



One Prince Street
Alexandria, VA 22314-3318
☎ 703.838.0033
✉ 703.548.1890

2019 Issue Brief Promoting Access to Care for the Chronically Ill

Issue

According to the Centers for Medicare and Medicaid Services (CMS), an estimated 118 million adults have one or more chronic health conditions. Chronic Care Management (CCM) is a critical part of coordinated care, and as a result, Medicare began reimbursing physicians for CCM under a separate code in the Medicare Physician Fee Schedule. This code is designed to reimburse providers for non-face-to-face care management. AMGA supports this initiative to further manage chronic care conditions to improve the health of patients.

Providers and care managers have discovered several positive outcomes for CCM beneficiaries, including improved patient satisfaction and adherence to recommended therapies, improved clinician efficiency, and decreased hospitalizations and emergency department visits.

However, current guidelines from the U.S. Preventive Services Task Force do not classify CCM as a preventive service. Because of this, CMS requires that beneficiaries pay a 20% copayment for the service. Since AMGA member medical groups have long been providing these services without cost, it is difficult at best to begin charging beneficiaries for these services. As a result, only 684,000 patients out of 35 million beneficiaries eligible to receive CCM services benefitted from CCM services over the first two years of the payment policy. To avoid underutilization of this important service, CCM should be a preventative service, which should not have a copay requirement.

AMGA asks Congress to:

Congress should mandate that CMS waive the current CCM code copay for beneficiaries to ensure appropriate use of CCM services as well as maximum access for patients.