April 11, 2024

The Honorable Ron Wyden  
The Honorable Mike Crapo  
U.S. Senate  
U.S. Senate  
221 Dirksen Senate Office Building  
229 Dirksen Senate Office Building  
Washington, DC 20510  
Washington, DC 20510

Dear Chairman Wyden and Ranking Member Crapo,

We, the undersigned organizations, appreciate all of your efforts to reform the Medicare system to encourage sustainability while ensuring patients continue to access the highest quality care. We strongly endorse efforts to remove the patient cost-sharing obligations from the Chronic Care Management (CCM) code. Millions of chronically ill Medicare beneficiaries stand to benefit from the care coordination and care management services the code supports.

Because CCM is a critical part of coordinated care, Medicare began reimbursing clinicians for primarily non-face-to-face chronic care management under a separate code in the 2015 Medicare Physician Fee Schedule to manage chronic conditions and improve patients’ health more effectively. Providers and care managers report many positive outcomes for beneficiaries who receive CCM services, including improved patient satisfaction and adherence to recommended therapies, improved clinician efficiency, and decreased hospitalizations and emergency department visits.

However, creating a separate billable code created a beneficiary cost-sharing obligation for care management services. Under current policy, Medicare beneficiaries are subject to a 20% coinsurance requirement to receive the service. This cost-sharing requirement creates a barrier to care, as beneficiaries are not accustomed to cost-sharing for care management services. The latest data reveals that only 4% of Medicare beneficiaries potentially eligible for CCM received these services. That amounts to 882,000 out of a potential pool of 22.5 million eligible CCM beneficiaries.1 Removing the coinsurance payment requirement would facilitate more comprehensive management of chronic care conditions and improve the health of Medicare patients. Additionally, removing patient coinsurance may facilitate greater care coordination for vulnerable patient populations.

We support waiving the beneficiary coinsurance to manage chronic care conditions and improve patients’ health more effectively and appreciate your leadership on this issue. Please let us know how we can be a resource to ensure that the coinsurance requirement is repealed so that more Medicare beneficiaries can benefit from coordinated care.

Sincerely,

The Alzheimer’s Association and Alzheimer’s Impact Movement
American Academy of Family Physicians
America’s Essential Hospitals
American Academy of Physician Associates
American Association of Nurse Practitioners
American College of Physicians
American Diabetes Association
American Geriatrics Society

American Hospital Association
American Kidney Fund
American Medical Association
AMGA
American Osteopathic Association
American Psychiatric Association
America’s Physician Groups
Association of American Medical Colleges
Connected Health Initiative
ACT | The App Association
Federation of American Hospitals

Health Care Transformation Task Force
Healthcare Leadership Council
Medical Group Management Association
National Association of ACOs
National Patient Advocate Foundation
Partnership to Fight Chronic Disease
Premier Inc.
Primary Care Collaborative

https://aspe.hhs.gov/sites/default/files/documents/31b7d0eeb7decf52f955d69ada0733b4/CCM-TCM-Descriptive-Analysis.pdf