

## 2025 Issue Brief Promoting Access to Care for the Chronically Ill

### Issue

Chronic care management (CCM) is a critical part of coordinated care. As a result, Medicare began reimbursing physicians for CCM under a separate billing code in the Medicare Physician Fee Schedule in 2015. This code is designed to reimburse providers for non-face-to-face care management. 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.<sup>i</sup>

However, the current guidelines from the U.S. Preventive Services Task Force do not classify CCM as a preventive service, leading to the Centers for Medicare & Medicaid Services (CMS) requiring beneficiaries to pay a 20% coinsurance for this care. This is a significant barrier because these services are primarily non-patient-facing, and patients don't understand why they're being billed for them. The latest data reveals that only 4% of Medicare beneficiaries potentially eligible for CCM received these services, amounting to 882,000 out of a potential pool of 22.5 million eligible CCM beneficiaries.<sup>ii</sup> By reclassifying CCM as a preventive service and eliminating the coinsurance requirement, providers will increase the utilization of this important service, benefiting a larger proportion of eligible CCM beneficiaries.

### AMGA asks Congress to:

- **Mandate that CMS waive the current CCM code coinsurance for Medicare beneficiaries to ensure appropriate use of CCM services, maximum access for patients, and improved health outcomes.**

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<sup>i</sup> Schurrer, et. al., *Evaluation of the Diffusion and Impact of the Chronic Care Management (CCM) Services: Final Report*, CMS, 2017, [innovation.cms.gov/files/reports/chronic-care-mgmt-finalevalrpt.pdf](https://innovation.cms.gov/files/reports/chronic-care-mgmt-finalevalrpt.pdf)

<sup>ii</sup> Colligan, et. al., *Analysis of 2019 Medicare Fee-for-Service (FFS) Claims for Chronic Care Management (CCM) and Transitional Care Management (TCM) Services*, ASPE, 2022, [aspe.hhs.gov/sites/default/files/documents/31b7d0eeb7decf52f95d569ada0733b4/CCM-TCM-Descriptive-Analysis.pdf](https://aspe.hhs.gov/sites/default/files/documents/31b7d0eeb7decf52f95d569ada0733b4/CCM-TCM-Descriptive-Analysis.pdf)