

July 29, 2021

The Honorable Suzan DelBene  
2330 Rayburn House Office Building  
Washington, DC 20515

Dear Representative DelBene,

We the undersigned organizations offer our strong endorsement of the Seniors' Chronic Care Management Improvement Act of 2021 to ensure that more chronically ill Medicare patients receive access to high-quality care. By removing the patient cost-sharing obligations from the Chronic Care Management (CCM) code, potentially millions of chronically ill Medicare beneficiaries will 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. We continue to support this initiative to effectively manage chronic conditions and improve the health of patients. 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.

The creation of a separately billable code, however, created a beneficiary cost-sharing obligation for care management services. Under current policy, Medicare beneficiaries are subject to a 20% co-insurance 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. Consequently, only 684,000 patients out of 35 million Medicare beneficiaries with two or more chronic conditions benefitted from CCM services over the first two years of the payment policy.

We support your legislation to waive the beneficiary coinsurance amount to more effectively manage chronic care conditions and improve the health of patients. Providers and care managers report several 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.

We appreciate your leadership on this issue. Please let us know how we can be a resource to ensure that this co-insurance requirement is repealed so that more Medicare beneficiaries can benefit from coordinated care.

Sincerely,

American Academy of Family Physicians  
American College of Physicians  
American Diabetes Association  
American Medical Association  
AMGA  
American Osteopathic Association  
America's Physician Groups

Association of American Medical Colleges  
Health Care Transformation Task Force  
Healthcare Leadership Council  
Medical Group Management Association  
National Association of ACOs  
Premier healthcare alliance