

April 11, 2024

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

The Honorable Mike Crapo  
U.S. Senate  
229 Dirksen Senate Office Building  
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.<sup>1</sup> 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 Please let us know how we can be a resource to ensure that the coinsurance requirement is repealed so that more Medicare beneficiaries can benefit from coordinated care.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