



Advancing High Performance Health

July 29, 2021

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

Dear Representative DelBene,

On behalf of AMGA, I am writing to express our strong support for the Seniors' Chronic Care Management Improvement Act of 2021. We appreciate your championing this bill, which would waive the cost-sharing requirements for Medicare's Chronic Care Management (CCM) services. By removing the patient cost-sharing obligations from the CCM billing code, potentially millions of chronically ill Medicare beneficiaries will benefit from the care coordination and care management services the code supports. Your efforts to ensure that this vulnerable, chronically ill patient population has access to the best care are noteworthy, and AMGA and our members would be honored to work with you to achieve this goal.

Founded in 1950, AMGA represents more than 450 multispecialty medical groups and integrated delivery systems representing approximately 177,000 physicians who care for one in three Americans. Our members work diligently to provide innovative, high-quality, patient-centered care in an efficient and cost-effective manner. Managing and coordinating the care of the chronically ill is an essential part of their work.

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 more

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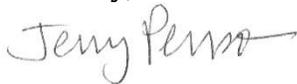
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effectively manage chronic conditions and improve the health of patients. Providers and care managers report many positive outcomes for beneficiaries who receive CCM services, including improved patient satisfaction and adherence to recommended therapies, 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% coinsurance requirement to receive the service. This cost-sharing requirement creates a barrier to care, as beneficiaries are not accustomed to sharing the cost for care management services. Consequently, only 684,000 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.

AMGA and our members support your legislation to waive the beneficiary coinsurance for CCM services, and we appreciate your leadership on this issue. Please let us know how we can be a resource to ensure the coinsurance requirement is repealed so that more Medicare beneficiaries do not face financial barriers to gaining access to providers who prioritize and coordinate care for patients with chronic illness.

Sincerely,

A handwritten signature in cursive script that reads "Jerry Penso".

Jerry Penso, M.D., M.B.A.
President and Chief Executive Officer
AMGA