

April 14, 2026

The Honorable Suzan DelBene
2311 Rayburn House Office Building
Washington, DC 20515

The Honorable Mike Kelly
1707 Longworth House Office Building
Washington, DC 20515

Dear Representatives DelBene and Kelly,

We, the undersigned organizations, strongly endorse the Chronic Care Management Improvement Act of 2026 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, millions of chronically ill Medicare beneficiaries stand to benefit from the care coordination and care management services the code supports.

Because CCM is vital to coordinated care, Medicare began reimbursing clinicians for primarily non-face-to-face CCM services under a separate code in the 2015 Medicare Physician Fee Schedule. CCM services include structured recording of patient health information, maintaining comprehensive electronic care plans, managing care transitions and other care management services, as well as coordinating and sharing patient health information promptly within and outside the practice.ⁱ These services allow care teams to address more aspects of a patients' health, thus increasing the chance of more positive outcomes. Providers and care managers report many positive outcomes for beneficiaries who receive CCM services, including greater patient satisfaction and adherence to recommended therapies, improved clinician productivity, and reduced hospitalizations and emergency department visits.

However, instituting a separate billable code created a beneficiary cost-sharing obligation for CCM services. Under current policy, Medicare beneficiaries are required to pay a 20% coinsurance to receive care management services. This cost-sharing requirement creates a barrier to care, as beneficiaries are being billed for services that do not always include interfacing with their provider, thus creating confusion for patients. Also, many of these beneficiaries consider any additional out-of-pocket expense for healthcare services untenable. The latest data reveals that only 4% of Medicare beneficiaries potentially eligible for CCM received these services, approximately 882,000 of a potential pool of 22.5 million eligible CCM beneficiaries.ⁱⁱ To further illustrate the impact, a study was commissioned by the Centers for Medicare & Medicaid Services that analyzed the cost of CCM patients compared to non-CCM patients to the Medicare program found that over an 18-month period, Medicare spent \$95 less per patient per month for CCM patients.ⁱⁱⁱ

We support your legislation to waive the beneficiary coinsurance for managing chronic care conditions and improving patients' health more effectively, and we appreciate your leadership on this issue. Please let us know how we can be a resource to help repeal the coinsurance requirement so more Medicare beneficiaries can benefit from coordinated care.

Sincerely,

Alzheimer's Association and the Alzheimer's Impact Movement
 American Academy of Family Physicians
 American Association of Nurse Practitioners
 American Association of Psychiatric Pharmacists
 AARP
 American College of Clinical Pharmacy
 American College of Lifestyle Medicine
 American College of Osteopathic Family Physicians
 American College of Physicians
 American College of Rheumatology
 American Diabetes Association
 American Geriatrics Society
 American Hospital Association
 American Medical Association
 American Medical Group Association
 American Osteopathic Association
 American Psychiatric Association
 American Society of Health-System Pharmacists
 America's Essential Hospitals
 America's Physician Groups

Association of American Medical Colleges
 Connected Health Initiative (CHI)
 Association for Competitive Technology (ACT)
 Cadence
 Healthcare Leadership Council
 Health Care Transformation Task Force
 Mental Health America
 Medical Group Management Association
 National Alliance on Mental Illness
 National Association of ACOs
 National Kidney Foundation
 National Patient Advocate Foundation
 National Rural Health Association
 Partnership to Fight Chronic Disease
 Premier Inc.
 Primary Care Collaborative
 Primary Care Development Corporation
 Remote Monitoring Leadership Council
 TapestryHealth
 The Alliance for Connected Care

ⁱ Office of the Assistant Secretary for Planning and Evaluation. (2022, March 1). *Analysis of 2019 Medicare fee-for-service claims for Chronic Care Management (CCM) and Transitional Care Management (TCM) services* [PDF]. U.S. Department of Health and Human Services.
<https://aspe.hhs.gov/sites/default/files/documents/31b7d0eeb7decf52f95d569ada0733b4/CCM-TCM-Descriptive-Analysis.pdf>

ⁱⁱ McDowell, A., Colligan, E., Clark Stearns, S., Sen, N., Hu, W., Waldo, D., Moiduddin, A., & Russell, M. (2022, March 1). *Analysis of 2019 Medicare fee-for-service claims for Chronic Care Management (CCM) and Transitional Care Management (TCM) services* (ASPE Descriptive Analysis) [PDF]. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.
<https://aspe.hhs.gov/sites/default/files/documents/31b7d0eeb7decf52f95d569ada0733b4/CCM-TCM-Descriptive-Analysis.pdf>

ⁱⁱⁱ Schurrer, J., O'Malley, A., Wilson, C., McCall, N., & Jain, N. (2017, November 2). *Evaluation of the diffusion and impact of the Chronic Care Management (CCM) services: Final report* (Final report). Centers for Medicare & Medicaid Services.
<https://www.cms.gov/priorities/innovation/files/reports/chronic-care-mngmt-finalevalrpt.pdf>