

SENIORS' CHRONIC CARE MANAGEMENT IMPROVEMENT ACT

Sponsors: Reps. Suzan DelBene (D-WA), Jeff Duncan (R-SC), Peter Welch (D-VT)

Summary:

The *Seniors' Chronic Care Management Improvement Act* is bipartisan legislation that will allow for better coordination of care for Medicare beneficiaries. Chronic Care Management are behind the scenes services performed by providers to better coordinate care and keep patients with multiple chronic conditions healthier. These services include, pharmacy reconciliation, providing 24/7 access to providers, creating comprehensive care plans etc. These services are non-patient facing and the provider can bill monthly for these services. While CCM meaningfully lowers overall patient expenditures compared to patients who don't receive these services, utilization remains low in part due to patient cost-sharing requirements.

The *Seniors' Chronic Care Management Improvement Act* eliminates the cost-sharing requirements for CCM services.

Endorsements:

- American Academy of Family Physicians
- American College of Physicians
- American Medical Association
- AMGA
- American Osteopathic Association
- America's Physician Groups
- Association of American Medical Colleges
- Health Care Transformation Task Force
- Health Care Leadership Council
- Partnership to Fight Chronic Disease
- Medical Group Management Association.
- National Association of ACOs
- Patient-Centered Primary Care Collaborative
- Premier healthcare alliance
- Alzheimer's Assoc
- American Diabetes Association
- Federation of American Hospitals
- AARP
- Kidney Care Partners
- American College of Preventive Medicine
- American Kidney Fund
- American Geriatrics Society
- National Alliance on Mental Illness
- National Health Council
- Arthritis Foundation
- American Academy of Physician Assistants
- Dialysis Patient Citizens
- American Cancer Society Cancer Action Network
- American Association of Nurse Practitioners
- National Kidney Foundation
- Population Health Alliance
- National Patient Advocate Foundation
- Connected Health Initiative
- Bipartisan Policy Center

Frequently Asked Questions

What is Chronic Care Management?

Chronic Care Management is a relatively new set of Medicare services that allow providers to perform behind the scenes services that improves the health or delays further decline of patients with multiple chronic conditions. The codes were established in 2015 and include the below services:

- Recording of patient information using certified EHR technology,
- providing 24/7 access to providers,
- designating a team member to schedule future appointments,
- systematic assessment of the patient's medical, functional, and psychosocial needs,
- medication reconciliation and adherence,
- creation of a comprehensive care plan,
- transmission of documents to ensure continuity of care during care transitions,
- coordination with home and community-based providers, and
- enhancing communication options (secure messaging, etc.)

Who is eligible?

Medicare Patients with two or more chronic conditions are eligible for CCM services. According to the Centers for Disease Control (CDC), 25 percent of adults in the United States are living with two or more chronic conditions, with cancer and heart disease accounting for the most deaths.

How does billing work?

Providers bill Medicare for CCM services monthly. Patients are obligated to pay a 20 percent coinsurance for these services each month. Patients must consent to participate before a provider can bill.

Does CCM work?

Yes! In an [analysis conducted by Mathematica](#) for the Center for Medicare and Medicaid Innovation Center, analysts found that overall expenditures for patients receiving CCM services were significantly lower compared to patients not receiving CCM services.

After 12 months of CCM services, per beneficiary per month spending saw a \$28 dollar decrease compared to those who did not receive such services. When the lookback was extended to 18 months the savings jumped up to \$72 per beneficiary per month compared to those not receiving CCM.

What's the problem?

CCM can help improve patient outcomes by preventing acute care incidents but the use of CCM is sorely underutilized. Only a small percentage of patients are accessing CCM services. In the first two years of the CCM payment policy, of the 35 million eligible Medicare beneficiaries only 684,000, less than two percent of patients, received such services. The clear majority of patients are not benefiting from coordinated care.

How can we improve CCM access?

One of the biggest barriers to CCM is the required 20 percent coinsurance. For most patients this amounts to \$8 each month but for a senior on a fixed income this quickly adds up and many decide to forgo these services.

The *Seniors' Chronic Care Management Improvement Act* eliminates the cost-sharing requirements for these services and reimburses the provider at 100 percent of the payment.

But shouldn't patients have skin in the game?

Cost-sharing is used in every health insurance design to encourage patients to only seek care when they believe that they need it. CCM services are done behind the scenes when the patient isn't even in the doctor's office. Eliminating the cost-sharing for CCM services will not encourage patients to seek more care but will very likely help prevent acute care incidents.

In fact, patients with multiple chronic conditions already spend significantly more in cost-sharing compared to seniors without chronic conditions. According to a [Rand Corporation report](#), Medicare patients with 1-2 chronic conditions pay nearly double in out-of-pocket costs compared to their counterparts without a chronic condition.