

Your Support is Needed for the Elimination of the Medicare Chronic Care Management Cost-Sharing Requirement

There is bipartisan legislation to waive beneficiary cost-sharing requirements for Chronic Care Management (CCM) services to improve care coordination for the more than 22.5 million Medicare beneficiaries with chronic disease. While Medicare has covered CCM services since 2015, beneficiary cost-sharing creates a barrier to care management services, as beneficiaries are being billed for services that do not always include interfacing with their provider, leading to confusion for patients.

Chronically ill patients face numerous challenges and are constantly interfacing with the healthcare system. Removing cost-sharing requirements from CCM services will encourage patients and providers to engage in the care coordination necessary to manage complex health conditions in the most appropriate setting for the patient.

In 2015, the Centers for Medicare & Medicaid Services began paying for CCM under a separate code (99490, 99487 and others) to reimburse providers for non-face-to-face care management in the Medicare Physician Fee Schedule. The code covers services such as structured recording of patient health information, maintaining comprehensive electronic care plans, managing care transitions and other care management services, as well as coordinating and promptly sharing patient health information within and outside the organization.

However, creating a separately billable code led to new cost-sharing obligations for Medicare beneficiaries and low utilization of the code. Only about 882,000 Medicare beneficiaries eligible for CCM received these services, or about 4% of eligible beneficiaries. Congress needs to eliminate the CCM code's cost-sharing requirement to ensure this population receives care in the best setting for the patient.

The "Chronic Care Management Improvement Act of 2026" (Bill H.R. 8261), introduced on April 16th, 2026 by Reps. Suzan DelBene (D-WA) and Mike Kelly (R-PA), would solve this problem by eliminating patient cost-sharing requirements for CCM services under Medicare. Removing this beneficiary cost-sharing requirement will improve care coordination and consequently result in better health outcomes for millions of senior citizens.

All health systems, medical groups, hospitals, clinics, providers and their Medicare beneficiaries and families should vigorously support the passage of the *Chronic Care Management Improvement Act of 2026* by contacting their Congressional representatives and Senators and telling them to vote YES on H.R. 8261.