

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

There is now bipartisan legislation to waive beneficiary cost-sharing requirements for Chronic Care Management services (Medicare CCM) 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 billed for services that do not include office visits and 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 Medicare 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, CMS began paying for CCM under a separate code (99490) in the Medicare Physician Fee Schedule. Reimbursement covers non-face-to-face telehealth interactions, and care management services. Which 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 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. Only about 882,000 Medicare beneficiaries eligible for CCM, receive program services (4% of the total eligible beneficiaries). The elimination of the cost-sharing requirement, will ensure this population receives care in the best setting for the patient.

The “Chronic Care Management Improvement Act of 2026” (H.R. 8261), was introduced on April 16th, 2026, by Representatives Suzan DelBene (D-WA) and Mike Kelly (R-PA). If passed, 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.

Many associations and foundations (including the AMA, AHA, ADA, NKF, AMGA, and the AARP) and healthcare provider organizations of all sizes, are supporting the bill. So, the chances are better than average that it will pass both houses and go to President Trump before the end of the summer. If passed, it will go into effect on January 1, 2027.

**All health systems, medical groups, hospitals, clinics, and their providers need to add their names to the list of supporters of the bill. In addition, all healthcare executives, physicians, workers, and their Medicare beneficiary patients (along with their families) should contact their congressional representatives and senators, and the House of Representatives switchboard in Washington D.C., and tell them to vote in favor of H.R. 8261. The contact information for congressional district representatives, senators representing each state, and the House of Representatives switchboard, can easily be found on search engines.**