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# 42 U.S. Code § 1395b-8

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## Chronic care improvement

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### **(a) Implementation of chronic care improvement programs**

#### **(1) In general**

The Secretary shall provide for the phased-in development, testing, evaluation, and implementation of chronic care improvement programs in accordance with this section. Each such program shall be designed to improve clinical quality and beneficiary satisfaction and achieve spending targets with respect to expenditures under this subchapter for targeted beneficiaries with one or more threshold conditions.

#### **(2) Definitions**

For purposes of this section:

##### **(A) Chronic care improvement program**

The term “chronic care improvement program” means a program described in paragraph (1) that is offered under an agreement under subsection (b) or (c).

##### **(B) Chronic care improvement organization**

The term “chronic care improvement organization” means an entity that has entered into an agreement under subsection (b) or (c) to provide, directly or through contracts with subcontractors, a chronic care improvement program under this section. Such an entity may be a disease management organization, health insurer, integrated delivery system, physician group practice, a consortium of such entities, or any other legal entity that the Secretary determines appropriate to carry out a chronic care improvement program under this section.

##### **(C) Care management plan**

The term “care management plan” means a plan established under subsection (d) for a participant in a chronic care improvement program.

##### **(D) Threshold condition**

The term “threshold condition” means a chronic condition, such as congestive heart failure, diabetes, chronic obstructive pulmonary disease (COPD), or other diseases or conditions, as selected by the Secretary as appropriate for the establishment of a chronic care improvement program.

##### **(E) Targeted beneficiary**

The term “targeted beneficiary” means, with respect to a chronic care improvement program, an individual who—

- (i) is entitled to benefits under part A and enrolled under part B, but not enrolled in a plan under part C;
- (ii) has one or more threshold conditions covered under such program; and
- (iii) has been identified under subsection (d)(1) as a potential participant in such program.

#### **(3) Construction**

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Nothing in this section shall be construed as—

- (A) expanding the amount, duration, or scope of benefits under this subchapter;
- (B) providing an entitlement to participate in a chronic care improvement program under this section;
- (C) providing for any hearing or appeal rights under section 1395ff, 139500 of this title, or otherwise, with respect to a chronic care improvement program under this section; or
- (D) providing benefits under a chronic care improvement program for which a claim may be submitted to the Secretary by any provider of services or supplier (as defined in section 1395x(d) of this title).

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