BY ELECTRONIC DELIVERY

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1734-P,
P.O. Box 8016,
Baltimore, MD 21244-8016.

October 5, 2020

RE: CMS-1734-P: Medicare Program; CY 2021 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; **Focus on Medicare Diabetes Prevention Program (MDPP) Expanded Model Emergency Policy**

Dear Secretary Azar and Administrator Verma:

The Diabetes Advocacy Alliance (DAA) appreciates the opportunity to provide comments in response to the 2021 Medicare Physician Fee Schedule (MPFS) proposed rule, published August 17, 2020.

The DAA is a coalition of 25 diverse member organizations, representing patient, professional and trade associations, other non-profit organizations, and corporations, all united in the desire to change the way diabetes is viewed and treated in America. Since 2010, the DAA has worked with legislators and policymakers to increase awareness of, and action on, the diabetes epidemic. The organizations that comprise the DAA share a common goal of elevating diabetes on the national agenda so we may ultimately defeat this potentially devastating chronic disease.

Summary Observations on the Proposed Rule for the Medicare Diabetes Prevention Program Expanded Model Emergency Policy

The members of the DAA have long supported the development and implementation of the Medicare Diabetes Prevention Program (MDPP) and are pleased that CMS has provided flexibility for program participation and operations during the current public health emergency (PHE). We also appreciate that the MPFS proposed rule makes it clear that CMS intends to continue offering this flexibility for the duration of the PHE and outlines how the MDPP might operate in any future emergency situations. We ask CMS to think beyond the PHE and take the necessary steps to make the temporary PHE provisions permanent. Even after the PHE ends, Medicare beneficiaries at risk for diabetes may not feel comfortable resuming normal activities. CMS must take steps to ensure that these beneficiaries have the option to access the MDPP in a manner that best suits their needs, whether that be in-person, virtually, or through a combination of multiple delivery modes.

In this letter, we present comments specific to the content of the 2021 MPFS proposed rule related to the MDPP. However, we are disappointed that the proposed rule fails to address a number of other substantive problems that the DAA and its members have communicated several times to CMS/CMMI staff, in both meetings and letters. Here are issues important to the DAA that are not addressed in the 2021 proposed rule, but remain critical to ensuring the viability of the MDPP:

- CMS/CMMI should modify the expanded model to become a one-year program, with payment levels at least equivalent to the levels provided in the CMMI pilot test. Today, we estimate the average payment per participant in the first year is 56 percent of what was paid in the one-year pilot program.
- CMS/CMMI should address barriers to supplier participation and retention in the MDPP, including modifying the expanded model to cover the reasonable costs incurred by suppliers and developing a more appropriate payment model to cover program costs.
- CMS/ CMMI should provide targeted solutions for special populations of beneficiaries at higher risk of developing type 2 diabetes.

We have attached a copy of a letter we sent to CMMI staff (Elizabeth Ashley-Matthews, Director, Division of Health Care Delivery, Prevention and Population Health Group) dated May 13, 2020 that describes in detail the ongoing challenges that, if not addressed, could lead to failure of the MDPP to reach its potential in health benefits for Medicare beneficiaries and cost savings for CMS for the overall Medicare program.

Specific Comments to the 2021 MPFS Proposed Rule

The current COVID-19 PHE has underscored the need for and the promise of the MDPP: To help prevent or delay the onset of type 2 diabetes in as many older adults as possible, especially given that diabetes is one of the underlying health conditions that increases the risk of severe complications in those who contract the coronavirus. The DAA appreciates and applauds CMS for recognizing, in the 2021 MPFS proposed rule, the importance of the MDPP to the health and well-being of beneficiaries by allowing current MDPP providers to offer virtual sessions to beneficiaries who began with in-person program sessions, or to suspend sessions and continue them later. Additionally, we appreciate that for the duration of the PHE and in future PHEs, in-person suppliers also can initiate their programs virtually. As noted above, the DAA believes that many of the PHE provisions should be made permanent to ensure ongoing success of the benefit.

After reviewing the MDPP portions of the 2021 MPFS proposed rule the DAA has six overall recommendations:

- Since there will inevitably be beneficiaries who began MDPP sessions in-person, and tried but failed to successfully continue or complete their sessions virtually, the DAA recommends that CMS consider allowing such individuals to either restart the program entirely, or pick up with in-person sessions where they left off, once in-person sessions can be safely provided by their MDPP supplier.
- Because current MDPP suppliers can offer both in-person and virtual services for the duration of the pandemic and for future PHEs, the DAA believes that virtual-only National DPP suppliers, which have received preliminary or full recognition from

CDC through its Diabetes Prevention Recognition Program, should immediately be allowed to offer MDPP programs for the duration of the PHE or 1135 waiver.

- Looking beyond the current PHE, CMS should make permanent the ability of current MDPP providers to offer in-person and virtual MDPP sessions, allowing beneficiaries to participate either in person or virtually, or in some combination thereof, throughout the course of the program, according to the needs and wants of the Medicare beneficiaries they serve;
- Post-PHE, CMS should allow providers of virtual-only prevention programs that have achieved preliminary or full recognition by the CDC through its Diabetes Prevention Recognition Program to become MDPP providers;
- CMS should waive the once-per-lifetime-limit for all MDPP beneficiaries regardless of PHE.; and
- CMS should reconsider the onerous proposal requiring that self-reported weight be captured via video.

Discussion

All Medicare beneficiaries who are eligible for the MDPP have at least one thing in common: elevated blood glucose levels in the prediabetes range. However, these beneficiaries can differ in many ways that are crucial to their ability to gain access to and participate in MDPP programs. Having both in-person and virtual program delivery options as a regular program feature would help CMS become more patient-centric in its offerings and help MDPP providers better navigate through the remainder of the pandemic and beyond. During the current PHE, suppliers of in-person programs have successfully switched to providing program sessions virtually. The DAA recommends that MDPP suppliers be allowed to continue to use a combination of in-person and virtual sessions for the duration of the PHE and for future PHEs. The DAA also believes that this flexibility to use a combination of channels to deliver program sessions should be made a permanent part of the MDPP.

Offering the choice of in-person or virtual-only MDPP programs, or some combination thereof, would help achieve two CMS priorities: reducing health inequities and increasing access. Many Medicare beneficiaries face transportation and mobility barriers, for example, that can keep them from attending in-person MDPP program sessions, or they may live in rural areas with no access to in-person programs. Offering choice to Medicare beneficiaries should help CMS increase rates of MDPP participation, which currently are quite low. Having both in-person and virtual program delivery options would also help CMS achieve the dual objectives of improved beneficiary health and cost savings for Medicare that were shown in the CMMI demonstration project – the very reasons this MDPP benefit exists.

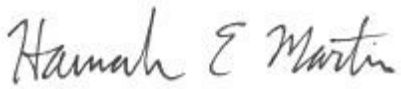
Regarding the once-per-lifetime limit, the DAA urges CMS to minimize confusion for both Medicare beneficiaries and MDPP suppliers by waiving this limit during the current and future PHEs, regardless of whether a beneficiary has received any MDPP sessions virtually. The current pandemic has had a negative impact on many, if not most, Medicare beneficiaries as well as the MDPP suppliers, and disruptions can happen, even to those beneficiaries that have access to the Internet and the technology needed to continue their in-person sessions virtually. Going further, the DAA believes that CMS should consider removing permanently the once-per-lifetime limit for MDPP participation. Research shows

that most individuals who attempt to lose weight need to make multiple attempts to achieve their weight loss goals[1]. Individuals who attempt to quit smoking also usually make multiple attempts to quit. CMS has recognized the need for these multiple attempts in its Medicare coverage for obesity counseling and tobacco cessation, respectively. The DAA asks that CMS consider treating MDPP beneficiaries similarly.

Regarding weight loss, the DAA urges CMS to drop the requirement that self-reported weight loss be submitted via video. This requirement would place an unnecessary burden on Medicare beneficiaries currently participating in MDPP programs and the current suppliers of these programs. There would likely be many participating beneficiaries who would not have easy access to video to record their scales, either due to lack of smart phones or inability to use them to record and upload files. Current MDPP suppliers would need to modify their data reporting processes to include video files, which may unnecessarily increase their reporting burden. We encourage CMS to work with current MDPP suppliers to identify a different and satisfactory way to report weight loss during the pandemic.

In conclusion, the DAA would like to thank CMS for the opportunity to provide comments on the 2021 MPFS proposed rule as it pertains to the MDPP. Please contact Hannah Martin at hmartin@eatright.org or Kate Thomas at kthomas@adces.org should you have any questions regarding DAA's comment letter.

Sincerely,



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[1] Wing RR and Phelan S. Long-term weight loss maintenance. American Journal of Clinical Nutrition 2005; 82: 2225-2255.