September 11, 2017

Submitted via www.regulations.gov

The Honorable Tom Price, MD
Secretary of Health and Human Services
200 Independence Avenue SW
Washington DC 20201

Ms. Seema Verma
CMS Administrator
Center for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Re: CMS-1676-P: Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2018; Medicare Shared Savings Program Requirements; and Medicare Diabetes Prevention Program

Dear Secretary Price and Administrator Verma:

We are writing in response to the proposed plan to cover the Medicare Diabetes Prevention Program (DPP) in the CY2018 Physician Fee Schedule. Each of our organizations is fully supportive of the planned model expansion and applauds the Department of Health and Human Services and the Centers for Medicare and Medicaid Services (CMS) for taking a bold step that has the potential to save Medicare billions of dollars in preventable care costs, while empowering seniors with the tools to take control of their personal health.

However, we have serious concerns that excluding qualified virtual DPP providers from delivering the benefit will result in a critical lack of access to the program for the Medicare beneficiaries and physicians we represent.

Medicare coverage of DPP represents clear progress toward prevention and outcomes-based payment. As you know, the program includes intensive counseling on effective diet, exercise, and behavior modification and has been shown to reduce the risk of developing diabetes by 58%. This finding was true across all participating ethnic groups and for both men and women.

We strongly support interventions that benefit the health of seniors, give physicians additional tools to prevent and treat disease, and are a responsible use of taxpayer dollars. The DPP does all three, and we are committed to ensuring the program is accessible to seniors. If the proposed rule is finalized with only in-person programs paid, there will be vast areas of the country where DPP will be unavailable. Using CMS and CDC files, we estimated that in both Texas and Georgia more than 20% of Medicare beneficiaries do not live within 50 miles of a CDC recognized DPP. Examples like this can be found throughout the country. This lack of access will significantly limit the ability of the Medicare DPP benefit to achieve the clinical outcomes and financial savings of which the program is capable.

Furthermore, the Centers for Disease Control and Prevention (CDC) has been recognizing digital programs for more than two years while also collecting data demonstrating these programs' effectiveness – a resource that was not available to the CMS Actuary when the office pulled data to certify the program in September 2015. Given that the CMS Actuary must re-certify the program before the nationwide expansion next year, we strongly encourage CMS to include virtual data in your analysis and fully include qualified virtual DPP providers in the model expansion next year. Given that the payment structure is fixed by CMS for all DPP, whether in-person or virtual, the cost savings certified in the Actuary's analysis in 2016

will apply to virtual delivery if the engagement and outcomes in the updated CDC dataset are equivalent between in-person and virtual delivery modes.

We are confident a renewed analysis will demonstrate that virtual DPP providers, already recognized by CDC, demonstrate the same or better efficacy as in-person programs with a senior audience, and will only increase savings as more eligible beneficiaries enroll and succeed in the program.

If CMS agrees to include virtual DPP providers as qualified providers under the fee-for-service benefit, then any virtual provider with the proper level of CDC recognition should be eligible. This would include small practices and virtual providers that have received preliminary or full recognition from CDC, including continuity of care with the patient's usual source of primary care.

If virtual DPP is not included in the 2018 fee-for-service benefit, it remains critical for Medicare Advantage plans to make their own choices of DPP providers, including in-person or virtual, to best serve their populations and achieve network adequacy. If Medicare Advantage plans are unable to contract with virtual DPP suppliers, significant portions of the United States will lack access to DPP. We urge CMS to allow virtual DPP providers to register as Medicare Suppliers for the purpose of serving Medicare Advantage beneficiaries even if virtual DPP is not included in the 2018 fee-for-service benefit, and to deliver guidance to Medicare Advantage plans confirming that virtual DPP can be relied upon to meet network adequacy requirements and fulfill the plan's obligation to deliver DPP.

We welcome questions, and strongly encourage CMS to review this data, and include virtual providers in the model expansion.

Thank you for your consideration.

Sincerely,

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Tina Grande,
Senior Vice President, Policy

Health IT Now
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Executive Director

Omada Health, Inc.
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