

BY ELECTRONIC DELIVERY

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1693-P
Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

September 10, 2018

RE: Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B for CY 2019; Medicare Shared Savings Program Requirements; Quality Payment Program; and Medicaid Promoting Interoperability Program

Dear Secretary Azar and Administrator Verma:

The Diabetes Advocacy Alliance (DAA) appreciates the opportunity to provide comments related to the CMS CY 2019 Physician Fee Schedule Proposed rule (the “Proposed Rule”), published July 27, 2018.

The DAA is a coalition of 24 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 to increase awareness of, and action on, the diabetes epidemic among legislators and policymakers. The organizations that comprise the DAA share a common goal of elevating diabetes on the national agenda so we may ultimately defeat diabetes.

Streamlining Evaluation and Management (E/M) Payment and Reducing Clinical Burden

The DAA urges CMS to carefully evaluate changes to E/M Payment codes. The changes proposed by CMS would significantly alter the current payment and the implications of those changes for providers, including endocrinologists who treat patients with diabetes, are unclear. As you know, diabetes is a complex disease requiring ongoing treatment and management and can result in severe and costly complications if not managed appropriately. Any changes to the E/M payment system must ensure that providers treating patients with complex diseases like diabetes are reimbursed adequately so as not to disincentivize providers from taking on new complex Medicare patients. The DAA urges CMS to ensure patients with prediabetes and diabetes receive the full range of evidence-based care they need as they consider changes to the E/M payment system.

Modernizing Medicare Physician Payment by Recognizing Communication Technology-Based Services

The DAA supports CMS' proposal which aims to increase access for Medicare beneficiaries to physician's services that are routinely furnished via communication technology and we agree communication technology-based services will provide new options for physicians to treat patients. The new virtual communication "G Code" and proposal allowing patients to receive technology-based and remote evaluation without a face-to-face visit is a step in the right direction. Additionally, we support CMS' proposal to make separate payment for these services when furnished by rural health centers (RHCs) and federally qualified health centers (FQHCs). The establishment of these new codes lays the groundwork for future expansion of technology-based services, like virtual coaching. However, we request that CMS confirm that the new code would not impact current reimbursement for services including diabetes self-management training (DSMT) at a RHC or FQHC.

eCQM Reporting Requirements for EPs under the Medicaid Promoting Interoperability Program for 2019

The DAA supports CMS' aim to align measures by proposing that the electronic clinical quality measures (eQMs) available for Medicaid Eligible Professionals (EPs) in 2019 would consist of the list of quality measures available under the eCQM collection type on the final list of quality measures established under MIPS for the CY 2019 performance period. We believe this proposal will advance alignment between measure selection and reporting for Medicare and Medicaid programs. While states can always opt for other measures, it is likely states will choose measures that have been prioritized through federal or national programs, such as MIPS and Healthcare Effectiveness Data and Information Set (HEDIS). Alignment of measures across programs is an important component in achieving a harmonious measure set and reducing provider burden, which will ultimately benefit patients.

Improvement Activities Bonus Score under the Promoting Interoperability Performance Category and Future Reporting Considerations

DAA supports CMS' intent to create Merit-based Incentive Payment System (MIPS) public health priority sets across the four performance categories (quality, improvement activities, promoting interoperability, and cost). We are pleased that CMS has identified diabetes as one of the first few public health priority sets to develop and we encourage the development of measures that move beyond hemoglobin A1c. DAA also encourages CMS to consider a public health priority set that expands beyond a single condition, to those that are common comorbidities, such as prediabetes, diabetes, obesity and cardiovascular disease, and encourage a more holistic approach to identification and management of the set of conditions. The DAA would be happy to serve as a resource as CMS moves forward with development of the diabetes public health priority set.

Virtual Medicare Diabetes Prevention Program

The DAA is disappointed CMS did not include rulemaking on a virtual Medicare Diabetes Prevention Program (MDPP) pilot as was suggested in the Final Medicare Physician Fee Schedule rule published in November 2017. The DAA has long supported Medicare coverage of the diabetes prevention program and the MDPP and its potential to completely transform the trajectory of this chronic disease. Given that half of all seniors have prediabetes and could

benefit from the program, virtual delivery of MDPP is essential for beneficiary choice as well as access (particularly for vulnerable populations, individuals with transportation needs or those in rural areas with no access to an in-person program). We stand ready to work with CMS on a model test of virtual MDPP services since coverage of virtual programs will ensure Medicare beneficiaries have access to MDPP regardless of where they live and in the format of their choosing. Virtual MDPP also aligns with CMS' focus on addressing social determinants of health since certain patient populations may be unable to access the benefit if transportation or other factors pose a barrier to them.

Diabetes Self-Management Training

The DAA would also like to express disappointment that CMS did not address barriers in Medicare impacting beneficiary utilization of the diabetes self-management training (DSMT) benefit. CMS solicited comments from stakeholders in the CY17 Medicare Physician Fee Schedule proposed rule and DAA has had ongoing conversations with CMS about this issue, through in-person meetings and written communications, over the past two years. We were hopeful CMS would use this opportunity to address barriers to DSMT given that utilization of the DSMT benefit stands at only 5% of eligible Medicare beneficiaries. The DAA will continue to work with CMS to address these barriers and improve utilization of this important benefit.

Thank you for the opportunity to provide comments on the Proposed Rule and for considering our comments. We look forward to continuing to engage with the agency as the regulatory process proceeds. If you have any questions or need additional information, please free to contact Amy Wotring at awot@novonordisk.com.

Sincerely,

Academy of Nutrition and Dietetics
American Association of Diabetes Educators
American College of Preventive Medicine
Diabetes Patient Advocacy Coalition
Healthcare Leadership Council
Novo Nordisk, Inc.
Omada Health
Weight Watchers International, Inc.
YMCA of the USA