

United States Senate

WASHINGTON, DC 20510

October 30, 2019

The Honorable Alex M. Azar II
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

The Honorable Seema Verma, M.P.H.
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Secretary Azar and Administrator Verma:

We are writing in regard to the Medicare Diabetes Prevention Program (MDPP) expanded model launched in April 2018. First, we would like to recognize the Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) for your historic investment in community-based prevention. The expansion of this program has the potential to reorient the way CMS addresses one of the most pervasive and costly conditions among the population you serve. By some estimates, CMS spends one in every three dollars caring for beneficiaries with diabetes. Successful, accessible, and scalable preventive interventions have the potential to deliver significant cost savings to the program.

We also write to share our thoughts on ways to make the MDPP scale more effectively, reaching a larger percentage of the clinically eligible population and providing even greater savings for the Medicare program. We encourage you to make CDC-recognized virtual DPP providers eligible for reimbursement in the MDPP expanded model.

A Medicare beneficiary's access to this life-improving program should not, and cannot, be determined solely by the zip code in which he or she lives. Furthermore, lack of access for eligible beneficiaries has the potential to not only depress enrollment, but also to reduce potential cost savings. CMS has done outstanding work developing online resources to show where MDPP suppliers are located, but these resources make clear that there are geographic regions where eligible beneficiaries lack reasonable access to a qualified supplier. Including virtual providers could empower these beneficiaries with feasible options for preventive, value-based care.

We applaud the Administration's embrace of digital health tools to empower patients, deliver better health outcomes, and drive savings across the healthcare system. We believe including virtual DPP providers in MDPP is a perfect opportunity for the administration to make that vision a reality.

We recognize the concerns stated in the 2017 Medicare Physician Fee Schedule related to the Secretary's authority to include virtual providers. However, we believe that the statute provides ample authority to include virtual providers in the expanded model. In addition, we recognize that of more than 300,000 enrollees in the CDC's National Diabetes Prevention Program, more than 60 percent participated in a virtual program. The CDC currently holds verified data on thousands of Medicare-age individuals who have participated in virtual DPP programs. These results are at least comparable to the CDC data originally considered by the CMS Actuary in that office's March 2016 letter authorizing the Secretary to expand the program.

In the event that your agency believes it needs additional authority to include virtual providers in the MDPP expansion, we request additional information on the statutory changes that would be necessary. In the meantime, we also ask you to update us on the status of your consideration of a virtual MDPP demonstration. While our preference is the inclusion of virtual providers in the existing model expansion, if an additional demonstration project is required, we request information on the plan for the launch of this demonstration project.

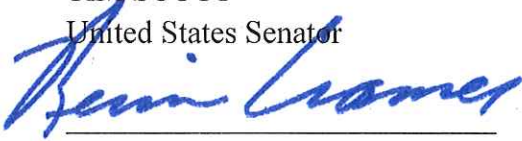
Virtual delivery of MDPP has the ability to empower beneficiaries to access MDPP regardless of where they live, and in the format of their choosing. Because of the outcome-focused reimbursement structure, CMS is insulated from reimbursing for ineffective treatment. Medicare Advantage plans have also been vocal in their desire to deploy virtual DPP for their beneficiaries. Given this, we also encourage CMS to consider ways for Medicare Advantage plans to use virtual providers to ensure that all Medicare beneficiaries have access to a CDC fully-recognized DPP.

Again, we thank you for your commitment to MDPP, a program that has transformed diabetes prevention for seniors. CMS and HHS have already taken a critical and impressive step towards expanding access to this preventive benefit, and we look forward to working with your teams to make this benefit even more accessible. We strongly support the inclusion of virtual providers in the expanded MDPP, and we look forward to your response on a path forward.

Sincerely,



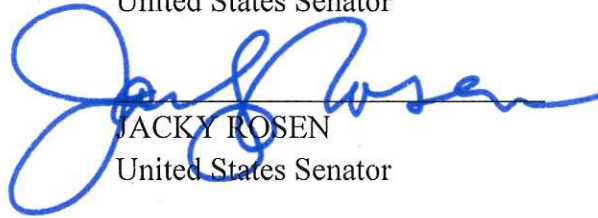
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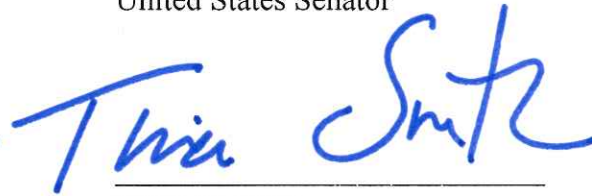
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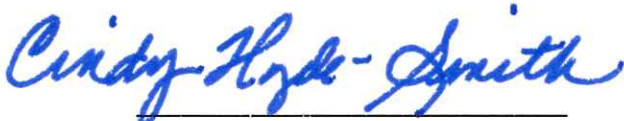
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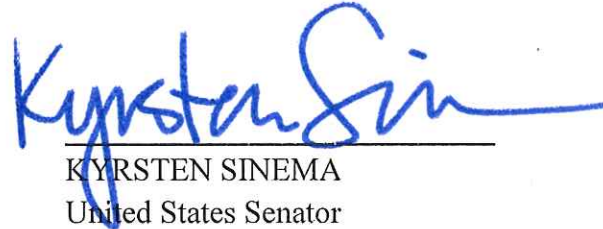
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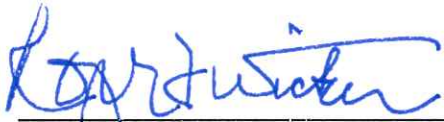
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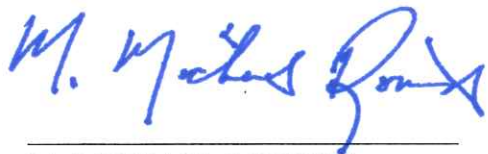
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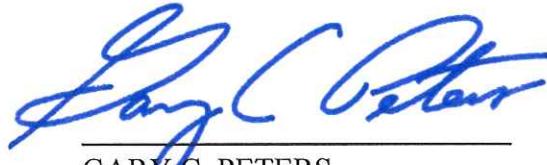
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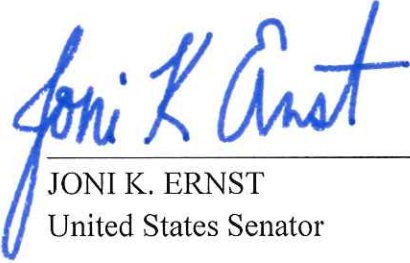
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