

CMS Rejects Telehealth Services in Its Medicare Diabetes Prevention Program

Weight management is a crucial component of the prevention of type 2 diabetes. Overhauling one's diet can be a solitary, frustrating experience; it's no secret that maintaining new eating habits is more likely when support is in place. This is the reasoning behind weight management coaching in virtual healthcare, and namely for seniors, the Medicare Diabetes Prevention Program (MDPP).

NIH says modest weight loss bodes well for diabetes prevention

The MDPP is a program given the thumbs-up by the Centers for Disease Control and Prevention (CDC). Spread out over the course of a year, the program is structured around 16 weekly weight management coaching sessions at the outset, and then monthly sessions after that.

Informed by a study conducted by the National Institutes of Health (NIH), the program seeks to help patients shed between five and seven percent of their body weight. The NIH study showed that weight loss of that proportion lowers the risk of pre-diabetes patients developing the disease by more than 50%.

The CMS announced a proposed expansion of the MDPP over the summer, accepting comments through September. Supporters of remote weight management coaching (including the Council for Diabetes Prevention) encouraged the agency to include a telehealth platform for weight loss support in its MDPP Expanded Model.

CMS decides against covering virtual healthcare platform in MDPP

In recent telemedicine news, proponents of online MDPP coaching were met with disappointment earlier this month when the Centers for Medicare and Medicaid Services (CMS) again announced it would not provide reimbursement for such services. The agency's core reason for the recent rejection: it feels the telehealth platform lacks the reliability to earn reimbursement potential.

The California Medical Association (CMA) wrote the CMS a letter in September making a case for telehealth services in MDPP and included this statement: "With the influx of nearly 6 million potential MDPP enrollees in California, we believe that allowing virtual MDPP services is a necessity."

In another letter submitted that month, the Diabetes Advocacy Alliance (DAA) said about the virtual healthcare aspect of 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."

According to Omada Health's CEO Sean Duffy, patients living in rural, underserved areas will be the biggest losers in CMS's declination of virtual healthcare MDPP coverage. In a piece he wrote for *Morning Consult* earlier in the year, he said, "Diabetes and diabetes-related treatment is one of the biggest drivers of rising healthcare costs for every payer—with Medicare spending more on treating those with the disease every year. This is particularly true in rural America, as the prevalence of diabetes and coronary heart disease is approximately 17 percent and 39 percent higher in rural areas than urban areas."

Adam Brickman is a spokesperson for Omada Health. In response to the CMS decision that impacts virtual

healthcare in MDPP, he had this to say to *Politico*: “Without the inclusion of virtual providers in the benefit, millions of clinically eligible Medicare beneficiaries will not have viable options to access a service which could improve their lives based solely on the zip code in which they reside.”

Self-reported weight loss frowned upon by CMS

In the past, CMS has said that telehealth programs that allow participants to report on their own weight would not be eligible for reimbursement, saying “self-reported weight loss is not reliable for the purposes of performance payment.”

“A program is a program whether it’s being delivered in person or [on a telehealth platform] — the only difference is the delivery method,” Mary Pigatti, CEO of RetroFit and a member of that collation, as well as the working lead for the Council for Diabetes Prevention’s Digital Working Group, told *mHealthIntelligence.com*. She acknowledged that the CMS “has expanded coverage that will help reduce chronic diseases [...] That’s great. They’re already part-way there. They just need to get all the way there.”

Telehealth coaching platform may reappear in CMMI testing

However disappointing the current “no” is to telehealth advocates, the CMS did offer some solace regarding the future. Reportedly the agency has plans to use the Centers for Medicare and Medicaid Innovation (CMMI) program to test the weight management coaching telehealth platform. So perhaps there might be telemedicine news worth celebrating for MDPP virtual healthcare supporters down the road.

The CMS reports that in 2016 Medicare spent \$42 billion more on healthcare for enrollees with diabetes than it would have if they had avoided progressing to the disease stage.

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