Trust for America's Health
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September 6, 2016

Andrew M. Slavitt, Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1654-P
P.O. Box 8013
Baltimore, MD 21244-8013

Re: Medicare Program: Payment Policies under the Physician Fee Schedule; Medicare Advantage Pricing Data Release; Medicare Advantage and Part D Medical Low Ratio Data Release; etc. (RIN 0938-AS81)

Dear Administrator Slavitt:

Trust for America's Health (TFAH) is grateful for the opportunity to comment on the Centers for Medicare and Medicaid Services' (CMS) proposed rule addressing changes to the physician fee schedule Medicare Part B payment policies, particularly with respect to the proposed expansion of the Medicare Diabetes Prevention Program (DPP) model. We continue to believe that scaled, sustained investments in community-based prevention should be a key strategy towards meeting the Triple Aim of improved patient experience of care, improved population health, and reduced per capita costs. We have been encouraged that the Center for Medicare and Medicaid Innovation (Innovation Center) has been willing to test some of these approaches. TFAH remains convinced that prevention-oriented interventions, policies, environments, and systems, both inside and outside the clinical setting, are imperative for sustained improvement in the health of Americans.

In TFAH and the Robert Wood Johnson Foundation's most recent edition of our annual report, *State of Obesity 2016: Better Policies for a Healthier America* report,[1] we outlined the severity of the obesity epidemic. Although there have been encouraging signs of progress in the fight against obesity in recent years, there is still much work to be done. Approximately 17 percent of children and greater than 30 percent of adults in the United States are obese and millions more are overweight. Obesity and its comorbidities including heart disease, hypertension, diabetes, stroke, cancer, asthma, and osteoarthritis account for billions of dollars in preventable healthcare spending every year. Most troublingly, low-income communities bear a disproportionate burden of obesity compared to their higher-income counterparts.

We foremost want to applaud the Innovation Center for its work in funding and evaluating the Health Care Innovation Award (HCIA) to the YMCA of the USA (Y-USA). We are pleased that the findings of these evaluations matched the conclusions reached by earlier studies – that participation in the DPP significantly lowers the incidence of type 2 diabetes and results in improved health and lower health care spending. Based on these results and the certification of

[1] Segal, L. M., Martin, A., & Rayburn, J. (September 2016). The State of Obesity: 2016. *Better Policies for a Healthier America*.

the CMS actuary, we support the proposal to expand coverage of the DPP model to all Medicare beneficiaries. As you know, this proposal would align Medicare payment policy with other private health insurance companies that have embraced this model.

Proposed "Preliminary" Status

General support for this proposal notwithstanding, we do have some significant concerns about the proposed expansion as it is published. For example, we have concerns that the proposed rule would not permit reimbursement for any provider that has not achieved "preliminary" or "full" recognition under the Centers for Disease Control and Prevention (CDC) Diabetes Prevention Recognition Program (DPRP). While we understand and support the desire to use CDC's DPRP as a clearinghouse for potential providers, we respectfully submit that the current DPRP standards do not go into effect until January 1, 2018; this would effectively prevent any providers from billing CMS until that time. The creation of this new "preliminary" category of recognition will likely delay the implementation of the Medicare Diabetes Prevention Program a year beyond its scheduled start date of January 1, 2018. We respectfully request that the final rule clarify that providers with a "pending" recognition status be deemed eligible providers during a phased-in approach period prior to DPRP becoming formally revised.

Other Concerns

We also question the requirement in the proposed rule that certain organizations seeking supplier status for DPP, including local YMCAs, would be placed in the "high categorical risk" category and would thus be subject to significant administrative burdens, including fingerprint and background checks. Community-based organizations (CBOs), such as local Ys, often have a broad and relatively high number of individuals and partners in leadership positions as compared to for-profit providers. We are thus concerned that this requirement may be disproportionately burdensome for CBOs. We also recommend that Medicare enrollment (to procure a National Provider ID) only be required at that organizational level (the local Y), versus requiring Lifestyle Coaches, many of whom train and participate in the DPP on a part-time basis, to participate in enrollment.

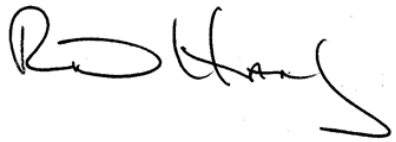
Finally, we have some initial concerns that requiring all organizations who bill for the DPP meet an average weight loss of 5 percent or greater may be a more burdensome challenge for organizations that are providing this intervention to communities with a disproportionately large number of low-income beneficiaries, many of whom face significant barriers to achieving and maintaining a healthy weight. We recommend that both CMS and CDC carefully monitor the DPP benefit to ensure that DPRP does not inadvertently restrict access to those at greatest need.

Conclusion

Thank you for the opportunity to comment on CMS's proposed updated physician fee schedule. We look forward to further developments that focus clinical providers' attention on prevention, health promotion, and upstream determinants of health, both for Medicare beneficiaries and within CMS's other programs.

If you have any questions, please contact Jack Rayburn, TFAH's Senior Government Relations Manager, at (202) 864-5942 or jrayburn@tfah.org.

Sincerely,



Richard Hamburg
Interim President and Chief Executive Officer
Trust for America's Health