

September 6, 2016

Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
CMS 1654-P  
P.O. Box 8013  
Baltimore, MD 21244-8013

Re: Expansion of the Medicare Diabetes Prevention Program (“MDPP”)  
Docket No: FR 46162 (CMS-1654-P)

Dear Centers for Medicare and Medicaid Services:

On behalf of the National Association of County and City Health Officials (NACCHO), I am writing to provide comments on the proposed rule for the expansion of the Medicare Diabetes Prevention Program (“MDPP”). NACCHO is the voice of the 2,800 local health departments across the country. These city, county, metropolitan, district, and tribal departments work to make it easier for people to be healthy and safe. Obtaining access to quality preventive care is a principal component of these efforts. To date, eighty six million Americans now have prediabetes, equating to 1 out of 3 adults.<sup>1</sup>

NACCHO supports the proposed rule as an important step in protecting the health of Americans. Many people with prediabetes who do not change their lifestyle—by losing weight (if needed) and being more physically active—will develop type 2 diabetes within 5 years.<sup>1</sup> Type 2 diabetes can lead to serious health issues such as: heart attack, stroke, blindness, kidney failure, and the loss of toes, feet, or legs. Research conducted by the National Institutes of Health (NIH) has shown that successful implementation of the Centers for Disease Control and Prevention (CDC) recognized National Diabetes Prevention Program (National DPP) can reverse prediabetes and prevent the onset of Type 2 diabetes.<sup>2</sup> Many local health departments and community based organizations (CBOs) across the country are already making great strides to fight the diabetes epidemic by implementing this life-changing program. Federal regulation is needed to unite the efforts already begun at the local level and expand the program to reach communities at high risk for Type 2 diabetes including Medicare recipients.

NACCHO offers the following comments and recommendations in response to the proposed rule.

## **1. MDPP Supplier Participation Limitations**

The proposed rule places a strong limitation on the number of MDPP suppliers who can obtain Medicare reimbursement by requiring organizations to achieve “preliminary” or “full” recognition status. The requirements for a DPP provider to obtain the new “preliminary” status have yet to be



defined and the next update to the Diabetes Prevention Recognition Program (DPRP) standards is not scheduled to go into effect until January 1, 2018, after the program will take effect. In order to participate in the Medicare reimbursement program, suppliers will need one year of data, potentially delaying any implementation of the MDPP by a provider with “preliminary status” until January 1, 2019. Additionally, prohibiting the hundreds of organizations that are “pending” recognition from participating in the Medicare reimbursement program discredits the progress they have made towards becoming fully recognized and in overcoming the economic barriers that have delayed their recognition status (e.g., access to costly blood tests). **These issues can be resolved by clarifying the “preliminary” status requirement or allowing current providers with “pending” recognition status to be eligible providers until the DPRP is formally revised.**

## **2. Lifestyle Coach – NPI and Medicare enrollment requirements**

The proposed rule recommends all individuals who deliver the MDPP to obtain a National Provider ID (NPI), and potentially enroll as a Medicare provider. The concept of requiring Lifestyle Coaches to formally enroll in Medicare raises significant concern. If this is approved, the financial burden to local health departments and CBOs who already face annual budget cuts and a reduced workforce would be significant. It will likely cost \$500 per Lifestyle Coach to enroll in the Medicare program, which is a substantial expense for these organizations that strongly rely on grant funding and volunteer utilization. In addition, this particular expense was not factored into the cost of the DPP intervention that produced the Medicare cost savings. **NACCHO opposes requiring coaches to become formally enrolled in Medicare, and recommends that NPIs only be required at the organizational level.**

## **3. Submission of Claims for MDPP Services - IT Infrastructure and Capabilities**

The proposed rule will require all claims to Medicare be submitted through an electronic free software package called PC-ACE Pro32 or an alternative electronic submission package. The 2,800 local health departments across America range from small, rural health departments with little staff and access to technology, to large, urban health departments with adequate staffing and advanced technology. **NACCHO recommends that CMS develop guidance on this process that will account for the diverse range of MDPP suppliers and support their capacity to process claims.**

## **4. Timing of the MDPP expansion**

The proposed rule seeks comment on whether or not the MDPP should be expanded nationally in its first year of implementation. Currently there are over one thousand “fully” recognized DPRP organizations and hundreds with “pending” recognition that already have structure in place to offer MDPP through a type of seed funding mechanism. Sustainability of these programs is one of the major hurdles local organizations are facing, especially in low income areas that are at higher risk for Type 2 diabetes. Implementing MDPP nationally would afford many of these organizations the opportunity to continue offering the program to vulnerable populations. **NACCHO supports the expansion of the MDPP throughout the nation.**

NACCHO is pleased to support the proposed expansion of the Medicare Diabetes Prevention Program rule and recommends CMS do the following: define “preliminary” recognition or allow organizations with “pending” recognition to participate; revoke the need for coaches to be formally

enrolled in Medicare; develop an all-encompassing technical assistance plan for MDPP implementation; and expand MDPP nationally in its first year of implementation. Thank you for your attention to these recommendations.

If you have any questions or comments, please contact Eli Briggs, Senior Government Affairs Director at [ebriggs@naccho.org](mailto:ebriggs@naccho.org) or 202/507-4194.

Sincerely,

A handwritten signature in black ink, appearing to read 'L. Hasbrouck', with a stylized flourish at the end.

LaMar Hasbrouck, MD, MPH  
Executive Director

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<sup>1</sup> CDC. (2016). About Prediabetes & Type 2 Diabetes. Retrieved from <http://www.cdc.gov/diabetes/prevention/prediabetes-type2/index.html>

<sup>2</sup> CDC. (2016). Research-Based Prevention Program. Retrieved from <http://www.cdc.gov/diabetes/prevention/prediabetes-type2/preventing.html>