September 10, 2018

COMMENTS SUBMITTED ELECTRONICALLY: https://www.regulations.gov/

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

RE: CMS-1693-P: 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 Administrator Verma,

Thank you for this opportunity to comment on proposed revisions to Medicare Physician Fee Schedule payment policies for Calendar Year 2019 (CMS-1693-P). The National Diabetes Volunteer Leadership Council (NDVLC) appreciates Centers for Medicare & Medicaid Services (CMS) efforts to ease administrative burdens and ensure adequate reimbursement for Medicare providers; however, we are concerned about proposed revisions and rule change omissions that may compromise care for millions of Medicare beneficiaries with or at risk for diabetes:

- Proposed Evaluation and Management (E/M) changes do not reflect the complexity of diabetes care, and would not adequately reimburse specialists and primary care providers
- Proposed revisions do not address barriers to Diabetes Self-Management Training (DSMT) utilization, a cost-effective but under-utilized Medicare benefit
- Proposed revisions do not include establishment of a virtual Medicare Diabetes Prevention Program (MDPP) pilot to provide prevention education for beneficiaries who cannot access in-person programs

NDVLC is comprised of individuals who have served in a volunteer leadership position of a national diabetes organization. We actively engage in advocacy at the local, state and national levels to improve safety and quality of life for all people impacted by diabetes.

We leave it to CMS and medical professional societies to work out Medicare coding and reimbursement details. We offer our lay volunteer’s perspective in urging CMS to consult diabetes stakeholders before implementing any reductions in provider reimbursement or delaying promising Medicare diabetes coverage changes.
Medicare coverage and reimbursement simply have not kept pace with diabetes treatment advances and changes in care delivery models. Diabetes care providers are not adequately reimbursed for considerable time spent individualizing complex care plans or navigating appeals and paperwork so beneficiaries can access covered products and services. CMS will continue contributing to the shortage of endocrinologists in the U.S. if it undervalues diabetes care.

Lagging Medicare coverage and reimbursement also mean beneficiaries with diabetes have stable regimens disrupted and too often find it hard to pay for medicines, devices, accurate supplies and services they need to manage their diabetes and improve their long-term health and quality of life.

CMS should prioritize removal of these access barriers impacting Medicare beneficiaries with or at risk for diabetes. We urge the agency to improve beneficiary health and reduce diabetes-related Medicare costs by appropriately reimbursing care providers across all diabetes disciplines, and improving DSMT and MDPP utilization.

On behalf of the NDVLC, thank you for this opportunity to share our concerns and for your consideration. Please reach out to Erika B. Emerson, Policy and Advocacy Director, at 303-506-6106 or ebemerson@ndvlc.org if we can answer any questions or provide further information.

Sincerely,

Larry Smith
President, National Diabetes Volunteer Leadership Council
Past Chair of the Board, American Diabetes Association

cc: National Diabetes Volunteer Leadership Council Board of Directors