National LAN Event: Unanswered Questions

National Learning & Action Network Event:
Engaging Physicians & Care Teams to Prevent & Manage Diabetes
Wednesday, November 8, 2017, 3:00-4:30 PM ET

QUESTION	ANSWER
1. Why does Medicare not recognize A1C as a standard (OGTT are pretty outdated)?	Susan Fleck, Centers for Medicare & Medicaid Services (CMS): Medicare covers the FBS and OGTT as screening tests for diabetes. HbA1c is covered by Medicare if the beneficiary has been diagnosed with diabetes, and the test is ordered by a physician. Please reference: https://www.medicare.gov/Pubs/pdf/11022-Medicare-Diabetes-Coverage.pdf (page 22). Joan Bardsley, MedStar Health Research Institute: AADE does not have an exact answer for this but we have asked CMS on several occasions. The response we have received has been inconsistent. Studies have shown the A1C test result can be up to 0.5 percent higher or lower than the actual percentage. This means an A1C measured as 7.0 percent could indicate a true A1C anywhere in the range from ~6.5 to 7.5 percent, for more information please review: http://www.ngsp.org/. There have been recent studies that do support the A1c except in pregnant women. Medicare is utilizing the A1C with prediabetes.
2. Why can't a Medicare recipient receive education the day of a visit, or telemedicine at their home?	Susan Fleck, CMS: Medicare billing regulations are different for PPS FFS (prospective payment system fee-for-service), than for the AIR (all-inclusive rate) system. Under the FFS, reimbursement is for a specific service. Under the AIR system, reimbursement is per encounter, not per specific service. Examples of facilities under the AIR system are the IHS (Indian Health Service) and FQHCs (Federally qualified health centers). Under FFS, most times Medicare Part B billing does not allow for multiple services to be provided on the same day; therefore, DSMT cannot be provided on the same day as an office visit. Joan Bardsley, MedStar Health Research Institute: DSMT is a covered benefit the same day that the participant sees their doctor. It is more of a billing issue. DSMT and a doctor's visit can be billed on the same day if two different NPI numbers are used. Telehealth has very strict guidelines. A person's home would not meet those guidelines. Please reference the HHS Telehealth Services Fact Sheet.

3. Why is diabetes more common in beneficiaries living in rural counties vs urban?	Susan Fleck, CMS: Residents in most rural areas have less access to healthcare than those in urban areas; rural residents need to travel greater distances for healthcare, and frequently cannot afford transportation – less costly public transportation is usually not available. Residents in rural areas tend to have higher obesity rates due to more sedentary lifestyles. Within rural areas, access to walking tracks, safe sidewalks, exercise facilities, and grocery stores with affordable produce is sparse, which hinders the potential for prevention and successful self-management. Frequently, rural residents have limited access to education, which leads to lower incomes. Education level and income are two factors which have been cited in literature as indicators of overall health status. Joan Bardsley, MedStar Health Research Institute: There have been many studies on this. Here are a couple of resources: • https://www.medscape.com/viewarticle/729003_4 • https://www.ncbi.nlm.nih.gov/pubmed/22922043 • https://www.ruralhealthinfo.org/topics/rural-health-disparities Contributing factors are cited in these resources. Some include: poverty levels, obesity, and lack of access to primary care.
4. Regarding the Diabetes Prevention Program (DPP), do you have an approximate number of participant completers vs attendees, and race breakdown for the nation?	Kenneth Henriksen, American Medical Association (AMA): The CDC would be the source for these statistics collected from organizations offering the program and working to achieve the Diabetes Prevention Recognition Program (DPRP) standards.
5. Regarding the DPP, is the coverage expansion for Medicare only or does it include Medicaid?	Kenneth Henriksen, AMA: Only Medicare. Some states are testing DPP in demonstration projects, but the decision to cover DPP by Medicaid must be made state by state.
6. Do you know what the prediabetes reimbursement rate will be for Medicare?	Kenneth Henriksen, AMA: Total reimbursement is dependent upon achieving a combination of different milestones related to participant attendance and weight loss. Maximum possible total reimbursement is $670. Details about reimbursement rates can be found here: https://innovation.cms.gov/Files/fact-sheet/mdpp-cy2018fr-fs.pdf

7. I am concerned that when Medicare starts to compensate DPP programs that people who are not in Medicare will have to pay for these services that might be available now at a much lower cost to avoid running the risk of Medicare fraud. Is that correct?	Kenneth Henriksen, AMA: These services typically are not available at a lower cost than what Medicare will reimburse. Many organizations offer scholarships or have grant funds to cover the cost of participation. Medicare coverage should not change this.

ADDITIONAL QUESTIONS?

Questions for the QIN NCC can be submitted here: QINNCC@area-d.hcqis.org.

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