

Participants in the Medicare Diabetes Prevention Program: CMS Flexibilities to Fight COVID-19

At the beginning of the COVID-19 Public Health Emergency (PHE), CMS used emergency waiver authorities and various regulatory authorities to enable flexibilities so providers could rapidly respond to people impacted by COVID-19. CMS has developed a cross-cutting initiative to use a comprehensive, streamlined approach to reestablish certain health and safety standards and other financial and program requirements at the eventual end of the COVID-19 public health emergency.

This CMS cross-cutting initiative aims to evaluate CMS-issued PHE blanket waivers and flexibilities to prepare the health care system for operation after the PHE. This review is being done in three concurrent phases:

1. CMS is assessing the need for continuing certain blanket waivers based on the current phase of the PHE. Since the beginning of the PHE, CMS has both added and terminated flexibilities and waivers as needed. In doing so, CMS considered the impacts on communities — including underserved communities — and the potential barriers and opportunities that the flexibilities may address.
2. CMS is assessing which flexibilities would be most useful in a future PHE, such as natural and man-made disasters and other emergencies, to ensure a rapid response to future emergencies, both locally and nationally, or to address the unique needs of communities that may experience barriers to accessing health care.
3. CMS is continuing to collaborate with federal partners and the health care industry to ensure that the health care system is holistically prepared for addressing future emergencies.

As CMS identifies barriers and opportunities for improvement, the needs of each person and community served will be considered and assessed with a health equity lens to ensure our analysis, stakeholder engagement, and policy decisions account for health equity impacts on members of underserved communities and health care professionals disproportionately serving these communities.

The Medicare Diabetes Prevention Program (MDPP) expanded model aims to prevent progression to Type 2 diabetes in eligible individuals with an indication of prediabetes. The majority of services furnished under the MDPP expanded model are currently required to be furnished in person, except for limited virtual make-up sessions. Read more about MDPP at: <https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/>.

In addition, the program includes clear interval timeframes in which beneficiaries must attend a prescribed number of classes and meet weight loss goals in order to remain eligible for MDPP services. For example, a beneficiary who enrolled in MDPP in 2021 or earlier must meet the 5% weight loss goal in order to satisfy the eligibility criteria to move on to the second year of services. Starting in 2022, MDPP became a one year program to better align with the CDC's National Diabetes Prevention Program (National DPP).

CMS understands that the health and safety of MDPP staff and beneficiaries are paramount and realizes that concerns about COVID-19 may have resulted in the suspension of MDPP in-person class sessions during this national emergency. The CDC released guidance to CDC-recognized organizations on its National DPP, providing alternative delivery options during the COVID-19 national emergency, including encouraging organizations to use virtual make-up sessions as necessary, regardless of usual delivery mode. If virtual make-up sessions were not possible, organizations could pause offering classes. When classes resumed, CDC allowed DPP providers to pick up where they left off or to restart the program from week one. Our goal was to align MDPP expanded model-specific changes as much as possible to what the CDC released for the duration of the PHE. We have established flexibilities during the PHE through two rounds of rulemaking.

For suppliers and beneficiaries participating in the expanded model as of the beginning of the public health emergency, CMS has made the following temporary changes to MDPP:

- Extended the flexibilities, finalized in the March 31st COVID-19 IFC, to all beneficiaries who were receiving MDPP services as of March 31, 2020 instead of March 1, 2020.
- *Five percent weight loss waiver:* For participants enrolled in MDPP on or before 12/31/2020, we waived the 5% weight loss requirement for beneficiary eligibility to continue in the Ongoing Maintenance Session interval. CMS reinstated the 5% weight loss requirement to continue to ongoing maintenance for participants who started MDPP on or after 1/1/2021.
- *Waived the once-per-lifetime limit for certain beneficiaries:* Beneficiaries who were receiving MDPP services as of December 31, 2020, and whose in-person sessions were suspended due to the PHE, may elect to restart the set of MDPP services at the beginning or resume with the most recent attendance session of record. Once the COVID-19 PHE ends, beneficiaries who have not received MDPP services virtually, or for whom no MDPP claims with dates of service (DOS) occurring during the PHE, may restart the MDPP set of services at the first core session or elect to pick up the MDPP set of services where they left off. Participants who begin the set of MDPP services on or after January 1, 2021, who are in the first 12 months of the set of MDPP services as of the start of an applicable 1135 waiver event, whose in-person sessions are suspended due to the applicable 1135 waiver event, and who elect not to continue with MDPP

services virtually, may elect to restart the set of MDPP services at the beginning or may resume with the most recent attendance session of record.

- *Waived limit to number of virtual services:* The limit placed on the number of virtual make-up sessions described at 42 CFR § 410.79 will not apply **during the remainder of the COVID-19 PHE or during any future applicable 1135 waiver event** for MDPP suppliers to provide MDPP services virtually, as long as the virtual services are furnished in a manner that is consistent with the CDC DPRP standards for virtual sessions, follow the CDC-approved DPP curriculum requirements, and the supplier has an in-person DPRP organizational code. Virtual sessions may be used to achieve both attendance and weight loss goals.
- *Waived the requirement for in-person attendance at the first core session during an 1135 waiver event:* Allowing MDPP suppliers to obtain weight measurements in a number of ways ranging from in-person to virtual using Bluetooth™ technology. This allows suppliers to bill for participants achieving weight loss performance goals.

When the COVID-19 PHE ends, the above flexibilities will generally cease to be available and suppliers will be required to follow the MDPP supplier standards when delivering MDPP, which includes a primarily in-person format and limits on virtual make-up sessions.

Beneficiaries who began the set of MDPP services virtually, or who changed from in-person MDPP services to virtual during the PHE, may continue the MDPP set of services virtually even after the PHE has concluded. Beneficiaries whose in-person sessions were suspended due to the PHE may elect to restart the MDPP set of services at the beginning or pick up the MDPP set of services where they left off.

Additional Guidance

- MDPP Emergency Policy can be found in the Calendar Year 2021 Physician Fee Schedule at <https://www.govinfo.gov/content/pkg/FR-2020-12-28/pdf/2020-26815.pdf>.
- MDPP updates can be found in the Calendar Year 2022 Physician Fee Schedule at <https://www.govinfo.gov/content/pkg/FR-2021-11-19/pdf/2021-23972.pdf>.
- Correction Notice for the Calendar Year 2022 MDPP Payment Rates can be found at <https://www.govinfo.gov/content/pkg/FR-2021-12-27/pdf/2021-27853.pdf>.