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Date: June 12, 2020

To: Regional Partnership Catalyst Grant Program Applicants

From: Tequila Terry, Deputy Director

Re: Use of MDPP and DSMT Virtual Services

This memo is intended to provide additional clarity for the Regional Partnership Catalyst Grant Program on the use of virtual services for Medicare Diabetes Prevention Program (MDPP) and Diabetes Self-Management Training (DSMT).

DPP and DSMT Virtual Services

The Centers for Medicare and Medicaid Services (CMS) has issued two separate waivers for DSMT and MDPP during the COVID-19 pandemic. Each of these have varying implications for Regional Partnership Catalyst Grant Program applicants. Regional Partnerships should note that these waivers only extend through the federal Public Health Emergency (PHE) Declaration and may not apply for the full span of grant funding. As a result, these waivers may only partially contribute to the development of programming and progress towards Scale Targets in the short term.

For DSMT, CMS is now allowing virtual provision of diabetes education services with billing modifier codes as explained in the guidance [here](#), and in the American Diabetes Association's overview [here](#). Regional Partnerships exploring telehealth options for DSMT provision should note these allowances and bill as usual so that HSCRC staff can still measure claims associated with the service and progress on Scale Targets. In the long term, though virtual services may be preferred for DSMT provision, Regional Partnerships should note that virtual services will only contribute to the PQI93 scale target. Additionally, Regional Partnerships must abide by CMS fraud protection requirements which prohibit offering a service free of charge to some (i.e., virtual beneficiaries once the COVID-19 waiver expires), while billing Medicare for others, (i.e. those beneficiaries still receiving DSMT in person). HSCRC staff regularly monitor CMS waivers and updates and will plan to follow this issue closely in case of a permanent waiver, new provisions, or further guidance.

For MDPP, CMS is not allowing virtual provision of services, unless the beneficiary was already enrolled in the program at the beginning of COVID-19 and needs to participate in a “make-up” session virtually. The guidance can be found [here](#). HSCRC staff do not recommend that Regional Partnerships build this waiver into their grant planning for Medicare beneficiaries as it will not allow for the application of virtual services with new MDPP suppliers or beneficiaries. Additionally, the current CMS guidance only allows for some sessions to be provided virtually, which would not create a consistent program for all beneficiaries. However, Regional Partnerships should note that Maryland Medicaid allows for virtual service provision and therefore a partial dual/in-person model is feasible for planning and proposals.

The State of Maryland recognizes the value of virtual services and submitted a waiver request to the CMS Innovation Center for virtual MDPP provision in September of 2019. This waiver request was not approved. The State is also in regular contact with the Centers for Disease Control (CDC) who is in charge of certifying National DPP programs and the Centers for Medicare and Medicaid Innovation (CMMI) who runs the MDPP demonstration. As the COVID-19 pandemic continues to evolve, should there be any updates to this policy and/or changes in the provisions for virtual MDPP, HSCRC staff will update Regional Partnerships accordingly.

Additionally, please continue to visit the [Regional Partnership Catalyst Grant Program webpage](#) for additional resources and updates.