V1C in Action

Omada case study: Navigating payment and coding for virtual first care (V1C)

Profile | Omada diabetes & hypertension program

- Omada empowers members to manage and improve their diabetes and hypertension in a virtual cardiometabolic clinic by providing a virtual care team, including professional coaches, certified diabetes educators, and behavioral health specialists to support the team with expert input.
- Members have 24/7 access to behavior change support, diabetes education, support for diabetes or hypertension management and education, devices, and monitoring, all in one convenient platform.
- Omada's diabetes and hypertension programs support the individual in between regular checkups with their primary care physician (PCP) while leaving to the PCP for important functions like medication titration.

Scenario

At Mark's annual physical, his primary care physician diagnoses him with diabetes and high cholesterol. Through a program paid for by his employer's benefits plan, Mark realized he is covered by Omada's cardiometabolic program, which offers personalized support and guidance for individuals with diabetes and cardiovascular disease risk factors. He decides to enroll. Once enrolled, Omada sends him a digital blood glucose meter and a digital blood pressure cuff already connected to his Omada account. He logs into the Omada app, which allows him to track his meals, exercise, and weight, and connects him with a care team comprised of a professional health coach and, because Mark has diabetes, a Certified Diabetes Care and Education Specialist (CDCES).

The care team helps to set achievable goals and provides accountability, and the CDCES, in particular, helps Mark understand his glucose readings and how to manage specific aspects of his diabetes. With guidance from his health coach and educational resources, Mark started making small changes to his diet, engaging in daily physical activity, incorporating stress management techniques into his daily routine, monitoring his blood glucose, and understanding his personal journey managing his diabetes. He receives personalized feedback and support from his care team on improving and maintaining his lifestyle habits and managing his glucose. He also receives access to a supportive online community of individuals going through similar health journeys. Over time, Mark starts to notice that he is losing weight, has more energy, and feels better overall. At his next visit to his PCP, Mark's blood glucose is lower and better controlled.

The member journey

- **Enrollment & initial consultation:** Omada invites prospective members to enroll by contacting them on behalf of their insurance company or health plan. Once enrolled in the program, members complete a health history, which the care team uses to create a personalized care plan based on their goals, health concerns, and lifestyle.
- **Virtual health coaching & digital tools:** When members enroll in the program, they are assigned a care team (a health coach only for Omada's Prevention program) and placed into

a small cohort of 30-35 other members. Members also receive digital tools, such as a wireless scale, blood pressure cuff, or a digital blood glucose meter, depending on their health needs. Members with diabetes who are eligible for a prescription for a Continuous Glucose Monitor can also receive a CGM if their payer covers it. These tools allow the care team to monitor and track critical health measures for the members they care for.

- **Member resources & care team:** Members are connected with a team of healthcare professionals, including health coaches who monitor their progress, provide education and support, etc. Each care team for a member with diabetes also includes Certified Diabetes Care and Education Specialists (CDCES) for monitoring and interpreting glucose readings and providing expert insights. A CDCES with special training based on American Heart Association best practices is assigned for members with hypertension. The care team also includes access to a behavioral health specialist who may advise the care team on addressing behavioral or mental health needs. In addition to a comprehensive care team, members receive access to a library of health education resources. Each member also is supplied with relevant FDA-approved digital devices. For members with diabetes, these are digital glucometers and Continuous Glucose Monitors if covered and prescribed. Digital blood pressure cuffs are used for real-time tracking of the health status of members with hypertension.

Payment insights

Contracting, coverage, and coding

Omada **contracts with employers and commercial health plans** to offer diabetes and hypertension management services to their members. Employees or members who enroll in the program are connected with a comprehensive care team, including a health coach, dietitian, and behavioral health specialist.

Payment contracts for the cardiometabolic program follow an **activity-based model** in which Omada charges only if a member is actively engaged with the program. Member engagement can include logging into the app, using the messaging platform, sharing health data from monitors or scales, tracking meals, or communicating with their care team. Unlike traditional fee-for-service claims, the activity-based model is not grounded in time spent but is based on engagement markers likely to support a good clinical outcome.

Examples of successful coding practices include:

- **Digital evaluation & management (CPT 98970):** Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes. Omada uses this for services for Diabetes.
- **Remote patient monitoring (CPT 99454):** Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supplied

with daily recording(s) or programmed alert(s) transmission, every 30 days. Omada uses this for services for Hypertension.

- **Diabetes prevention program (CPT 0488T):** The provider educates a group of members using an intensive standard curriculum of behavior modification and lifestyle changes for preventing diabetes delivered online or via electronic technology at an interval of 30 days. Omada worked with the AMA to create this CPT code in 2018 specifically for the online delivery of DPP.

Challenges and future considerations

1. **Asynchronous Care Components:** Codes need to focus more on achieving the desired member outcomes safely rather than quantifying member interactions or limiting the continuum of care to physical locations. There are modifiers that may be applied to indicate virtual care, but overall the industry hasn't determined how to evolve the structure of time-based billing to consider asynchronous communication or interactions.
2. **Remote member monitoring codes:** Remote Patient Monitoring codes align closely with the hypertension program in that they allow payment for device setup, education, and the use of devices to collect, transmit, and monitor data. However, most are Category I codes that require a qualified health provider, require member cost share, and do not account for a holistic member model that includes coaches or specialists.

"Reimbursement structures should focus on how we safely achieve desired member outcomes rather than quantifying interactions or limiting where providers deploy their expertise. High-quality healthcare can occur in modalities that do not have physical locations or fit within time-based structures."

- Lucia Savage, Chief Privacy & Regulatory Officer