

Reimbursement 101 for DSMES Programs and Medicaid Coverage Updates

Patty Telgener

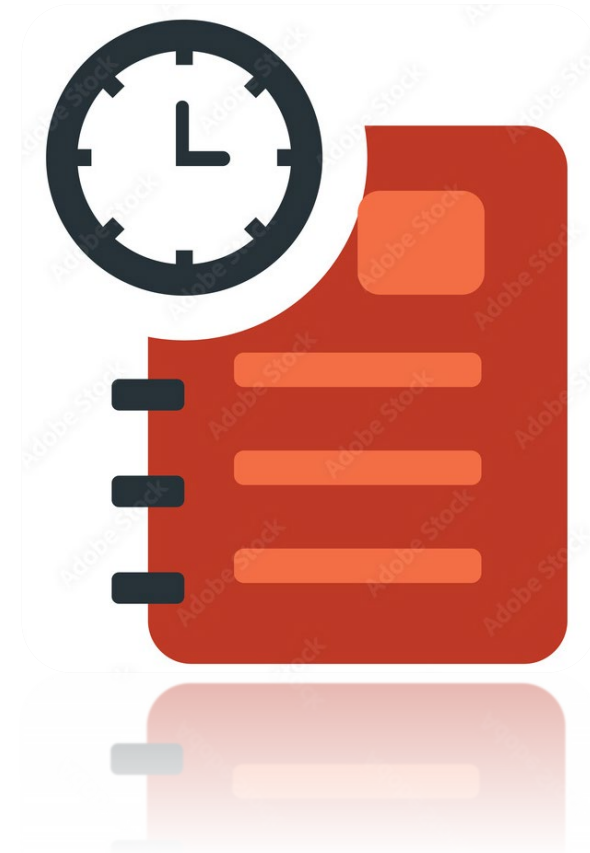
Date: March 24, 2026

Time: 2:00 PM – 3:00 PM (ET)

Virtual Platform: [WebEx](#)

Agenda

- ▶ Introductions/Icebreaker
- ▶ Learning Objectives
- ▶ Medicaid Coverage Updates
- ▶ Reimbursement 101 for DSMES Programs: Patty Telgener
- ▶ Q/A
- ▶ Closing/Announcements



Introductions/Icebreaker

- Please introduce yourself in the chat with your name, title, and organization
- What's the *one* reimbursement or billing challenge you wish could instantly disappear for DSMES programs?



Learning Objectives

- ▶ **Understand** the core requirements to become billing capable
- ▶ **Recognize** key Medicare and private insurance billing codes relevant to DSMES programs and understand how to submit claims
- ▶ **Identify** practical approaches for navigating payer contracts and enhancing reimbursement opportunities for in-person and telehealth encounters
- ▶ **Apply** current coverage updates to effectively track, manage, and troubleshoot reimbursement processes



Medicaid Coverage Updates

DC Health

Achieving Medicaid Coverage for Evidence-Based Programs that Support Diabetes Prevention and Management

- Goal: Include evidence-based lifestyle change programs as covered benefits in the FY28 Medicaid budget.
- Priority programs:
 - Diabetes Self-Management Education and Support (DSMES)
 - National Diabetes Prevention Program (DPP)
 - Healthy Heart Ambassador Self-Monitoring Blood Pressure Program (HHA-SMBP)
 - Self-Management Resource Center peer-led chronic disease self-management workshops (SMRC)

Pathway to Medicaid Coverage

Step 1 Conduct landscape analysis

- ✓ Analyzed State Reports and surveyed 23 diabetes service providers to assess program delivery status and compile prevalent barriers/facilitators to DSMES/DPP implementation.
- ✓ Mapped geographic distribution of DM support services in high-burden wards. Financial sustainability noted as a primary barrier to program implementation.

Step 2 Gather evidence of effectiveness and cost savings

- ✓ Finalized literature review of national data on health outcome impact and cost-savings attributed to decreased diabetes-related morbidity.
- ✓ Leveraged findings to present business case for coverage to DC Healthcare Finance (DHCF)

Step 3 Engage key stakeholders

- ✓ Formalized partnership DHCF to pursue case for coverage.
- ✓ Convened national subject matter experts (CDC MATCH, NACDD, ADCES, QI consultants) and other state health departments to inform and design DC's pathway to coverage.
- ✓ Funded 4 independent pharmacies, 1 pharmacist-led CBO and 1 FQHC to pilot DSMES delivery in alignment with billable guidelines.

Step 4 Establish clinical and operational standards and test implementation workflows

- ■ ■ Standardize core service components, documentation requirements and competency expectations in alignment with ADCES/ADA guidelines to ensure program quality and readiness for reimbursement
- ■ ■ Test processes (intake, referral, data reporting and quality monitoring) to support sustainable reimbursement workflows.

Step 5 Provide ongoing TA to implement reimbursement models

- ■ ■ Convene bimonthly DPMP CoPs and deliver monthly 1:1 TA to execute and troubleshoot reimbursable care delivery models

Step 6 Submit formal budget proposal

- ■ ■ **January-June 2026:** DC Health/DHCF meet biweekly to draft budget proposal
- ■ ■ **August 2026:** DHCF submits budget recommendations
- ■ ■ **October 2026:** DHCF conducts Feasibility Review
- ■ ■ **December 2026:** Budget proposal due to Mayor
- ■ ■ **February/March 2027:** Proposal review with CA
- ■ ■ **April 2027:** Final DHCF proposal discussion
- ■ ■ **June 2027:** DC Council votes on budget proposal
- ■ ■ **October 2027:** Medicaid reimbursement for DSMES

DSMT Reimbursement and Sustainability

Patty Telgener, RN, MBA, CPC
PinPoint Access Consultants
ADCES Reimbursement Expert



Objectives

- Overview of DSMT reimbursement and most frequently asked questions
- How to counter denials and position the value proposition of DSMT
- Update on Telehealth
- Q&A

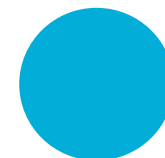
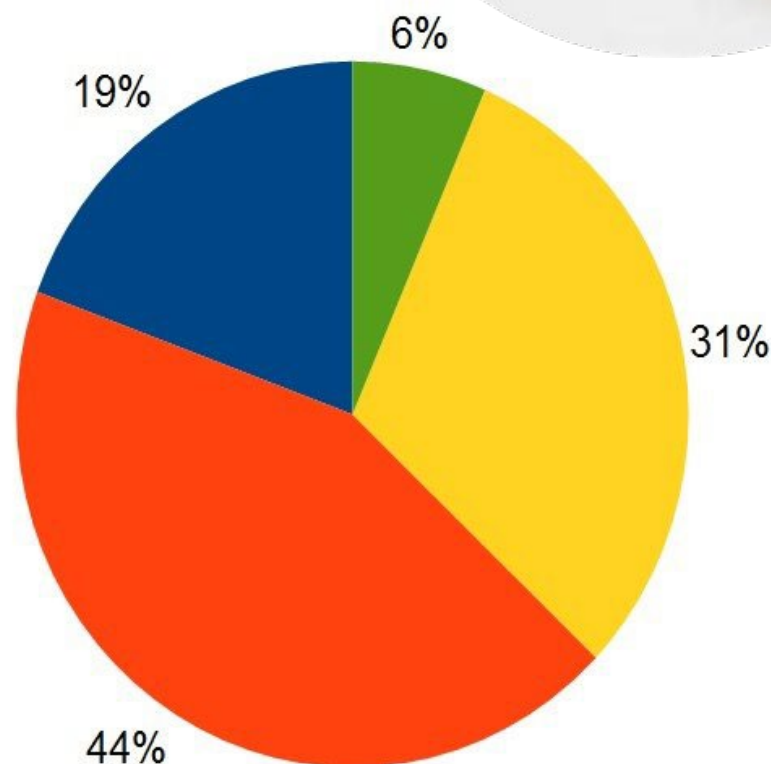
Basics of DSMT

Accreditation does not assure sustainability...but it is an important first step

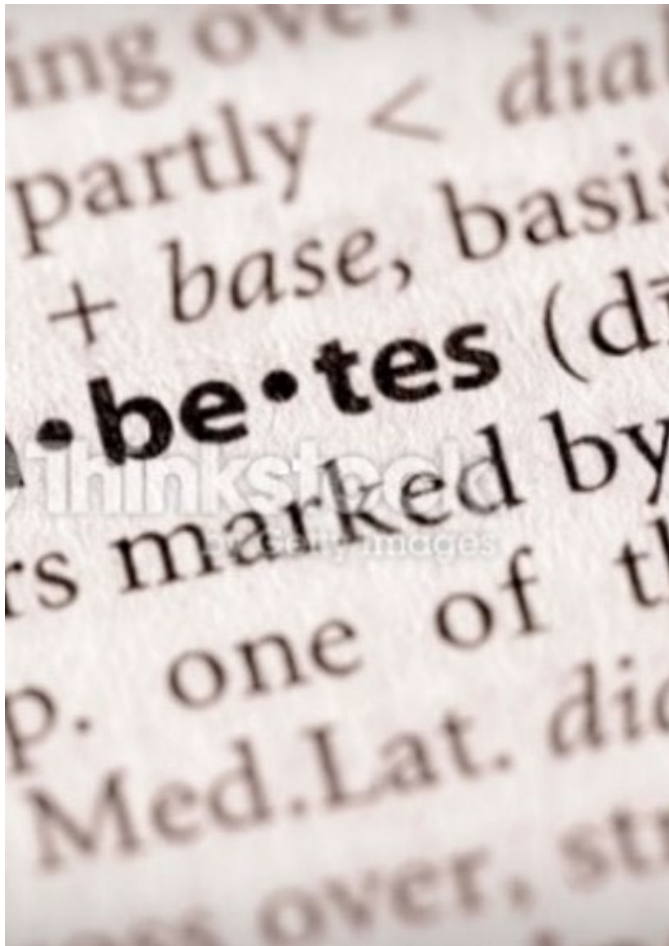
- Must be a Medicare provider, providing and billing Medicare for other reimbursable service before they can bill for DSMT (DSMES)
- DSMT (Medicare term for DSMES) must be accredited by AADE or recognized by ADA
- QC must inform MAC once accredited and submit a copy of certificate to MAC
- Accreditation is for 4 years and ends on last day of cycle
- In order to avoid a lapse in reimbursement coverage, it's important to submit renewal application at least 30 days prior to end of Accreditation.

Private Payers

- Many private payers also require accreditation, but coverage varies among payers and plans.
- Private payers may cover more than CMS at a higher rate of reimbursement.
- Know your payer mix!



Medicare Definition of Diabetes Diagnosis – Changed January 2024



- Medicare no longer requires blood tests to meet definition of diabetes
- Previously, one of the three blood tests were required:
 - Fasting blood sugar greater than or equal to 126 mg/dL on **two** different occasions
 - Two-hour post glucose challenge greater than or equal to 200 mg/dL on **two** different occasions
 - Random glucose test over 200 mg/dL on **one** occasion for a person with **symptoms** of uncontrolled diabetes

DSMT Referral Order Specifics

Obtain properly executed initial DSMT referral from physician or qualified non-physician provider (e.g., nurse practitioner).

- Must be Medicare provider or in opt out status
- Must be treating beneficiary's diabetes

Referral Required by Medicare

- Signed by provider overseeing diabetes care:
 - MD/DO, PA, NP, APRN
- # of hours
- Topics ordered
- Group or 1:1 training
 - If 1:1- special needs
- DSMT service must maintain a record of the original referral order
- If changed, the signature of referring provider required

ORDER FORM		Diabetes Self-Management Education & Support/Training & Medical Nutrition Therapy Services	
MEDICARE COVERAGE: Diabetes self-management education and support/training (DSMES/T) and medical nutrition therapy (MNT) are separate and complementary services to improve diabetes self-care. Individuals may be eligible for both services in the same year. Research indicates MNT combined with DSMES/T improves outcomes.			
DSMES/T: 10 hours initial DSMES/T in 12-month period from the date of first session, plus 2 hours follow-up per calendar year with written referral from the treating qualified provider each year.			
MNT: 3 hrs initial MNT in the first calendar year, plus 2 hours follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis with a written referral from the treating physician.			
Medicare coverage of DSMES/T and MNT requires the treating qualified provider to maintain documentation of a diagnosis of diabetes based on the following:			
☐ fasting blood glucose greater than or equal to 126 mg/dl on two different occasions ☐ 2 hour post-glucose challenge greater than or equal to 200 mg/dl on 2 different occasions ☐ random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes			
*Other payors may have other coverage requirements. (Source: Volume 68, #216, November 7, 2003, page 63261/Federal Register)			
PATIENT INFORMATION			
Last Name		First Name	Middle
Date of Birth ____/____/____		Gender: ☐ Male ☐ Female ☐ _____	
Address		City	State Zip Code
Home Phone		Cell Phone	Email address
DIAGNOSIS			
Please send recent labs that support diagnostic criteria for patient eligibility & outcomes monitoring			
☐ Type 1 ☐ Type 2 ☐ Gestational ☐ Diagnosis code _____			
Diabetes Self-Management Education & Support/Training (DSMES/T)			
Check type of training services and number of hours requested			
☐ Initial DSMES/T 10 or _____ hours			
☐ Follow-up DSMES/T 2 hours			
☐ If more than one hour individual initial training requested, please check special needs that apply:			
☐ Vision ☐ Physical ☐ Hearing ☐ No group sessions available ☐ Language within 2 months ☐ Cognitive ☐ Other (specify) _____			
☐ All content areas identified by DSMES Team on assessment OR			
Specific Content areas (Check all that apply)			
☐ Monitoring diabetes ☐ Goal setting, problem solving ☐ Psychological adjustment ☐ Prevent, detect and treat acute complications ☐ Nutritional management ☐ Prevent, detect and treat chronic complications ☐ Medications ☐ Diabetes as disease process ☐ Preconception, pregnancy, gestational diabetes ☐ Physical activity ☐ Device Training			
Medical Nutrition Therapy (MNT)			
Check the type of MNT requested			
☐ Initial MNT 3 hours ☐ Additional MNT hours for change in:			
☐ Annual follow-up MNT 2 hours ☐ medical condition ☐ treatment ☐ diagnosis.			
Signature of qualified provider certifies that he or she is managing the beneficiary's diabetes care.			
Signature and NPI # _____ Date ____/____/____			
Group/practice name, address and phone: _____			
© 2021 (Last revised on 09/14/2021) by the Academy of Nutrition & Dietetics, American Diabetes Association and the Association of Diabetes Care & Education Specialists			

<https://www.adces.org/diabetes-education-dsmes/dsmes-referral>

DSMT Coverage



- DSMT is a separate Medicare benefit - it is NOT considered “incident-to”
- Evaluation and Management code 99211 should not be used for DSMT
- RNs and CDCESs are part of the accredited team, but billing is done under NPI of the accredited program
- Billing NPI should be sponsor of accredited program (hospital, physician, advanced practitioner, RD etc..)

DSMT G-codes

- Must be accredited by ADCES DEAP or recognized by ADA ERP
- DSMT services are billed as an entity or an individual
 - All members of the DSMT team enter charges under one NPI assigned to an accredited service
 - Team members who have their own NPI# still bill under **program NPI#** for DSMT g-codes
- Billing Provider: all team members bill under one provider NPI# for G0108 and G0109 DSMT codes.
- Name on the certificate for accreditation matches NPI name



DSMT Recognized Entities

Hospitals

**Critical Access
Hospitals**

**Medical
Practice Groups**

**Federally
Qualified Health
Centers**

**Skilled Nursing
Facility**

**Home Health
Agency**

**Rural Health
Clinic**

Pharmacies

**Durable Medical
Equipment
Companies**



DSMT Service Billing Sponsors: INDIVIDUALS

Registered Dietitians and Nutrition Professionals

Physicians (MDs, DOs)

Physician Assistants

Nurse Practitioners

Clinical Nurse Specialists

Clinical Psychologists

Licensed Clinical Social Workers



Medicare Coverage for Initial DSMT

Medicare Part B

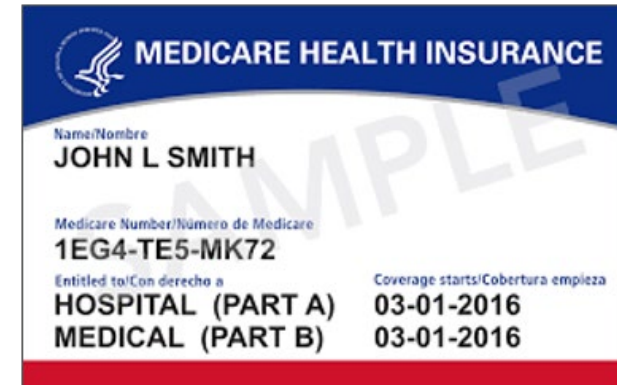
- Covers 10 hours of initial training (one time benefit) for a beneficiary with Part B diagnosed with diabetes
- Dx can be before entry into Medicare

1 hour individual +
9 hours of group

- Groups to be 2 - 20 patients; need not be all Medicare beneficiaries
- Not required to do 1 hr individual. All 10 hours can be done as all group.

How to determine if
bene had initial

- Bene calls 1-800-MEDICARE and asks
- Bene completes Authorization to Disclose Personal Health Information; then you ask
- You access secure portal of Medicare bene's transactions on your MAC's website



Initial Training Criteria, Cont.

- Furnished to a beneficiary who has not received initial training
- Furnished within a continuous 12-month period
 - Period starts with the date of 1st DSMT session
 - Can be provided in a combination of 30-minute increments over the 12-month period
 - No rounding up allowed. The entire 30 minutes must be face-to-face with the beneficiary.
- Does not exceed a total of 10 hours for the initial training
 - Patient or provider may be responsible for charges if exceeds

Individual Initial Training Over 1-hour Covered Under Three[3] Conditions

- Referring physician or NPP documents **on referral** that the beneficiary has special needs/barriers that would hinder effective participation in a group session...examples:
 - Vision, hearing, language, cognition limitations
 - Non-ambulatory
- No group session available within 2 months of referral date
- Physician or NPP orders additional insulin training



Follow-up Training

- Occurs after initial training
- Payable even if the beneficiary did not utilize the initial 10 hours of DSMT benefit
- Consists of no more than 2 hours of individual or group training in valid time period (no special conditions required for the individual)
- Furnished in a time period after initial training authorized by Medicare



Medicare Time Frames for Follow-up DSMT

- Initial DSMT: Spans 12 consecutive months
 - Follow up hours: Go by calendar year
 - Initial DSMT time period starts on the first date that DSMT was billed and ends 12 months later.
 - Eligible for follow up **next calendar year** after initial DSMT period
- For example...
 - If they complete all 10 hours by February of 2024
 - Eligible for follow up in January of 2025
 - If Initial DSMT spans Feb 6, 2023- January 2024
 - Eligible for follow up hours in March 2024



DSMT Time-Based Codes

Be sure you are billing the correct number of units

- G0108
- G0109
- Both 30 minutes per unit billed
- If providing 2 hours of DSMT – bill 4 units



DSMT Coverage

- DSMT is paid under the physician fee schedule (not hospital outpatient payment)
 - Hospital DSMT programs paid under physician fee schedule
- RNs and CDCESs are part of the accredited team, but billing is done under NPI of the accredited program
- Billing NPI should be **sponsor** of accredited program

A screenshot of the NPPES NPI Registry website. The browser address bar shows "https://npiregistry.cms.hhs.gov/". Below the address bar is a blue navigation bar with the text "NPPES NPI Registry" on the left and "NPPES", "Downloads", and "API" on the right. The main content area has a heading "Search NPI Records". Below this is a search form with several fields: "NPI Number" (text input), "NPI Type" (dropdown menu with "Any" selected), "Taxonomy Description" (text input), "First Name" (text input), "Last Name" (text input), "Organization Name (LBN, DBA, Former LBN or Other Name)" (text input), "City" (text input), "State" (dropdown menu with "Any" selected), "Country" (dropdown menu with "Any" selected), "Postal Code" (text input), and "Address Type" (dropdown menu with "Any" selected). There are also labels "for individuals" and "for organizations" next to the name fields.

2026 Physician Fee Schedules

- DSMT Payment:
 - G0108 \$55.78 (increase from \$53.05)
 - G0109 \$16.03 (increase from \$15.20)
- MNT Payment
 - 97802 \$36.74 (increase from \$35.58)
 - 97803 \$31.73 (increase from \$31.05)
 - 97804 \$17.03 (increase from \$16.50)
- Time-based codes so not impacted by 2.5% efficiency reduction

FQHC Billing for DSMT

- Must be an accredited by DEAP or recognized by ERP as DSMT service
- DSMT is considered a medical visit in FQHC all-inclusive rate (AIR)
- All DSMT is billed under ONE NPI: Health Center NPI#
- All members of the team provide DSMT as members of the accredited program – DSMT services are billed under the NPI of the program
- Quality Coordinator assigns the NPI# that will be used for DSMT on accreditation application
- DSMT Accreditation Certificate identifies NPI# to be used
- 10 hours of initial training
 - Only reimbursed for individual, one-on-one session
 - Group training is **not** reimbursable for DSMT in FQH

<https://www.adces.org/docs>

Off-site Locations

- You must notify the accrediting body such as ADCES of the additional off-site location.
- Inform the payers that you now provide services at another location.
- Be aware of the Stark Law or other legal considerations such as inducements.
 - **Stark Law** is a set of United States federal laws that prohibit physician self-referral, specifically a referral by a physician of a Medicare or Medicaid patient to an entity for the provision of designated health services ("DHS") if the physician (or an immediate family member) has a financial relationship with that entity. https://en.wikipedia.org/wiki/Stark_Law



RD Starting DSMT Program

- RD must be billing Medicare Part B for services other than DSMT (i.e. providing MNT)
 - Certified Diabetes Care and Education Specialist (CDCES) credential not required
 - If not CDCES, educator must have recent educational and experiential preparation in DSME/T and diabetes management
- Must get program ADCES accredited or ADA recognized
- Must obtain NPI and then enroll in Medicare Part B
- Create business plan; hire others? (CDCES, RN etc...)

Pharmacy Starting DSMT Program

- Must get program ADCES accredited or ADA recognized
- Billing provider is Pharmacy....not pharmacist
- Must have Medicare Part B provider number
 - DME and Part D Medicare number cannot be used for billing DSMT
 - May already have a Part B number if providing urgent care, flu vaccines
- Will need private payer contracts to be reimbursed for DSMT

Commercial Payer Reimbursement for DSMT & MNT

Self-insured plans are not required to comply with state mandates

- It's often the **employer groups** and not the insurance companies that decide coverage policies and rules

- Health plans **may** cover all DSMT/MNT visits or hours provided by educator upon a physician's referral for subscriber with T1, T2, gestational diabetes, non-dialysis kidney disease, and post kidney transplants.
- Or may copy the Medicare DSMT coverage and rules

Best practice:
Verify coverage directly with each commercial payer.

Virtual DSMES

- Must meet all 6 standards as outlined in ADCES's Interpretive Guidance
- CMS does not recognize virtual programs at this time, therefore Medicare reimbursement does not apply
- ADCES accredits virtual DSMES programs



Basic Differences Between DSMT and MNT Medicare Benefits

DSMT initial episode of care period is 12 continuous months

MNT episode of care period is calendar year

DSMT referral can be from physician or qualified non-physician practitioner; referral for MNT must be from physician (MD or DO)

Units procedure code billed:

- DSMT: 30-minute units for individual and group
- MNT: 15 min. units for individual; 30-minute units for group

DSMT and MNT services will not be paid by Medicare if furnished on the same day

DSMT vs. MNT Benefit, Cont.

DSMT consists of 10 different possible topics of which **nutrition** is only 1 topic

Intent of DSMT: provide overall training related to all aspects of diabetes. Designed to ↑ knowledge and self-management skills.

DSMT Follow-up: not necessarily focused on nutrition

- **DSMT** covered for diagnoses of T1, T2 diabetes and GDM
- **MNT** covered for above, plus non-dialysis renal disease and post kidney transplant

DSMT is billed under certified DSMT provider's NPI # (individual or entity)

Can Patients Receive Both DSMT & MNT?

Yes. In first year, Medicare beneficiary can receive full 10 hours of initial DSMT and the full 3 hours of initial MNT

However: DSMT and MNT cannot both be billed on the same date of service

Yes. In subsequent years, beneficiary can receive 2 hours of DSMT (with another referral) and 2 hours of MNT (with another referral)

New ICD-10 Diagnoses Codes – Effective October 2024

- E16.A1, Hypoglycemia level 1
 - E16.A2, Hypoglycemia level 2
 - E16.A3, Hypoglycemia level 3
-
- Level 1 is a glucose concentration less than 70 mg/dL and should be used as an "alert value" to help individuals avoid more severe hypoglycemia
 - Level 2 is a glucose concentration less than 54 mg/dl and is the threshold at which neuroglycopenic symptoms begin to occur
 - Level 3 is a severe event characterized by altered mental and/or physical functioning

Telehealth

BEFORE COVID-19:

Medicare beneficiaries must live in a rural area and travel to a local medical facility to get telehealth services from a provider in a remote location.

People could not get telehealth services in their home.

Smart phones with audio/video were not allowed

Under PHE

All Medicare beneficiaries can get telehealth services by any health care provider including a physician's office, hospital, nursing home or rural health clinic, **as well as from their homes.**



2026 Telehealth Services Overview

- Telehealth flexibilities that began during Covid-19 Public Health Emergency (PHE) were extended through December 31, 2027. Congress will need to intervene for further extension
- Without the telehealth flexibilities being extended:
 - Patients can continue to receive telehealth services in their home
 - No geographic restrictions
 - Audio only is allowed if patient is not capable or consents to video
- DSMT and MNT will remain on the telehealth list of approved services

2026 Telehealth Services Overview

- Services on the Medicare Telehealth Services List will no longer be designated “permanent” or “provisional”. All services listed or added on the Medicare Telehealth Services List will be considered included on a permanent basis.
- Group Behavioral Counseling for Obesity (CPT Code G0473) added to the Medicare Telehealth Services List, beginning in CY26.
- Flexibility for telehealth practitioners to use their currently enrolled location instead of their home address will expire. When providing services from their home, CMS clarified that they have provided information on how to suppress street address details so they do not believe that additional "extensions" are required.

Know What Your Billers Need to Know!

Are you talking to them?
Most common coding errors or billing errors....

Not a billing expert? It's OKAY!

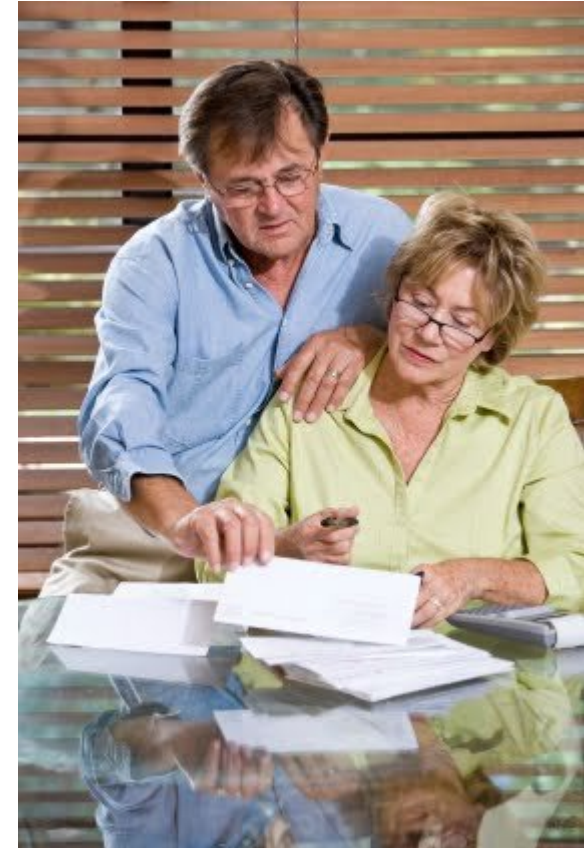
- Meet with your billing specialist
- Meet with your finance person
- Know your administrators
- Know your compliance department
- Know your contracts department
- Find stakeholders who can guide
- ADCES Members: Ask the Reimbursement Expert!

adces.org/practice/ask-the-reimbursement-expert



Know the Rules & Policies

- Medicare cost-sharing applies: 20% co-pay for Medicare beneficiaries
- MNT cannot be billed on the same day as DSMT services
- Know your organization's policy with ABN (Advanced Beneficiary Notice)
- Know your organization's policy for under and un-insured participants
- Be knowledgeable about common questions – who to refer to
- Be sure you are billing and getting reimbursed for your DSMT services



[This Photo](#) by Unknown Author is licensed under [CC BY-ND](#)

When Patients Can't Pay

1. For Medicare, if a service is covered (i.e., DSMT) services should be billed to Medicare and not offered for free.
2. As far as the co-pay, you need to do “diligence” to collect
3. Programs can create a self-pay/uninsured policy where services are discounted (must be consistent in charges and discounts etc.)
4. If you offer a “community service” like at a community fair and there is no billing and no insurance information collected, that should be okay, again assuming all patients are treated the same.

HHS Office of Inspector General Fact Sheet

Potential Reasons for DSMT Denials

- Referral not from “physician treating the patient’s diabetes”
 - Examples of not-treating the patient’s diabetes would be hospitalist or podiatrist
- Medicare Administrative Contractor does not know that DSMT program is ADCES accredited or ADA recognized
 - Must submit accreditation as well as any off-site locations that have been added

Potential Reasons for DSMT Denials

- Denial of initial 10-hour benefit:
 - Patient already used 10-hour initial benefit
 - More than 1-hour of 1:1 billed
 - Not furnished within 12-month continuous period
- Denial for 2-hour follow-up DSMT:
 - Time when beneficiary is eligible not adhered to (calendar year)
 - Can be provided either 1:1 or group, but several Medicare Contractors are denying 1:1 training without additional documentation

Potential Reasons for DSMT Denials

- When legitimate claims for >1 hour of 1:1 visits are denied, billers do not initiate claims appeals process and submit documentation of special needs
 - Medicare stipulates that only 1-hour of initial training is 1:1 – the other 9 hours are group
 - 2 hours of annual DSMT follow-up can be done 1:1 or group

Potential Reasons for DSMT Denials

- RN's or pharmacist's NPI used as rendering provider on CMS 1500proessional claim
- RNs and pharmacists can furnish DSMT, but cannot be Medicare providers, and thus cannot bill Medicare
- Billing should be done under NPI of the sponsor of the accredited program

Potential Reasons for DSMT Denials

- DSMT and MNT are provided on same day
 - Patients are eligible for DSMT and MNT at same day – just not on same day
- Both individual + group DSMT are furnished on the same day



Promote the Value of DSMT

- Increased engagement with other departments/primary care
 - Gets labs at recommended times
 - Attends follow up visits with primary care
 - Fills prescriptions and takes medications as prescribed
- Helps physician and/or hospital achieve pay for performance metrics
- May result in fewer unscheduled visits or ER encounters
- Reduce length of hospital stays and reduces readmissions



Focus on Billing and Collections



Are all
DSMT &
MNT visits
being
billed?

Is coding
correct on
all claims?

Are all
co-pays
&
deductibles
collected?

Is action
being taken
on denied
& rejected
claims?

**MUST TRACK ANSWERS
ROUTINELY!
HOW?
REQUEST
“REIMBURSEMENT
TRACKING REPORT” FROM
EITHER IT DEPT.
OR BILLING DEPT. FOR
ALL SERVICES
RENDERED!**

Staying Sustainable: Don't Stop at G-Codes!

- Grant funding can support start up costs and supply needs, but think about sustainability long term
- Pump training contracts with device companies may be more reliable than insurance reimbursement
- Maximize your reimbursement potential by knowing the right billing codes for the services you are providing:
 - DSMT G Codes
 - MNT Codes (dietitians)
 - MTM Codes (pharmacists)
 - CGM Codes
 - CCM Codes
 - RPM Codes



Open Discussion Questions

- ▶ What are some of the biggest challenges your organizations faces when billing for DSMT/DSMES services?
- ▶ How confident do you feel in understanding the current reimbursement rules?
- ▶ What parts of the reimbursement process feel most unclear or difficult to navigate?'
- ▶ Where do you still have questions?



Closing/Announcements

- Partners: please share any announcements or upcoming events
- Today's session will be available on livingwell.dc.gov
- Our next DPM CoP session is on **Tuesday, May 26, 2026, 2:00 PM – 3:00 PM**
- Please take a moment to complete the quick evaluation poll



The slide features a white background with two dark teal vertical lines on the left and right sides. The bottom of the slide is composed of three overlapping geometric shapes: a large red triangle on the left, a dark red triangle in the center, and a grey triangle on the right.

THANK YOU

DC | HEALTH

GOVERNMENT OF THE DISTRICT OF COLUMBIA

2201 Shannon Place SE, Washington, DC 20020

 dchealth.dc.gov

 @_DCHealth

 dchealth

 DC Health

 dchealth

 DCHealth