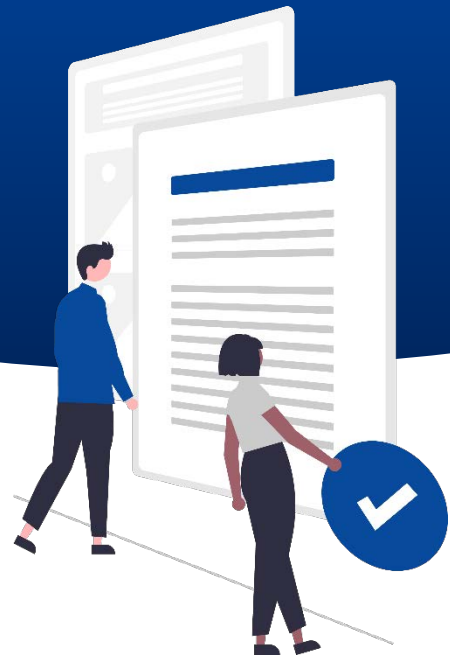


# The MDPP Bulletin

October 2024, Issue 3



Welcome to the Centers for Medicare & Medicaid Services (CMS) [Medicare Diabetes Prevention Program \(MDPP\)](#) quarterly supplier newsletter, *The MDPP Bulletin*! MDPP is an evidence-based behavioral intervention that aims to prevent or delay the onset of type 2 diabetes for eligible Medicare beneficiaries diagnosed with prediabetes, through a combination of diet, physical activity, and weight loss. MDPP beneficiaries may attend up to 22 sessions within a 12-month period.



## Upcoming Events

For a full list of upcoming events, please visit the [MDPP learning calendar](#).

## Announcements and Reminders

### American Medical Association (AMA) Update

The American Medical Association's podcast, [AMA Update](#), features subject matter experts who discuss a variety of health care topics. MDPP was highlighted in a recent AMA Update, [CMS final rule: Medicare diabetes screening changes and the Medicare Diabetes Prevention Program](#). Guests included Dr. Colleen Barbero, representing the CMS MDPP Model Team, and Dr. Kate Kirley, AMA Director of Chronic Disease Prevention and Programs. This episode addresses early detection for diabetes, Medicare coverage for diabetes screening, and diabetes prevention programs.

### MDPP Peer Learning Group

The **MDPP Peer Learning Group** is an ongoing learning opportunity for existing MDPP suppliers offered by the CMS MDPP Model Team. Group goals include creating a community for suppliers to share recommended practices and facilitating supplier networking. Meetings will be offered monthly for 60 minutes beginning in 2025. The CMS MDPP Model Team aims to recruit approximately 12 existing MDPP suppliers to participate in this group. If your organization would like to participate in a MDPP Peer Learning Group in 2025, please email [mdpp@cms.hhs.gov](mailto:mdpp@cms.hhs.gov), to express interest in joining an upcoming cohort.

## MDPP Supplier Enrollment Technical Assistance Cohort

The CMS MDPP Model Team has developed the **MDPP Supplier Enrollment Technical Assistance Cohort**, a peer-to-peer learning opportunity for organizations interested in enrolling as MDPP suppliers and receiving extensive technical assistance from subject matter experts. These meetings, hosted by the CMS MDPP Model Team, will be held on a monthly basis for approximately six months beginning in February 2025. The CMS MDPP Model Team aims to recruit approximately 12 organizations who are interested in becoming MDPP suppliers. These organizations should have leadership support to participate, as well as capacity for delivering the program and billing Medicare. Please email [mdpp@cms.hhs.gov](mailto:mdpp@cms.hhs.gov) if your organization is interested in participating.

## Supplier Summit Summary

The CMS MDPP Model Team hosted the inaugural MDPP Supplier Summit on September 18-19, 2024. Members of the CMS MDPP Model Team and guest speakers presented on a variety of topics relevant to prospective and current suppliers. Thank you to everyone who attended this virtual event! Session topics are outlined below. Event slides for [Day 1](#) and [Day 2](#) are also available on the [MDPP website](#) if you would like to review the content.

### Day 1: September 18, 2024

- Introduction to MDPP and CDC Diabetes Prevention Recognition Program (DPRP)
- Benefits of MDPP
- Partnering for MDPP
- CDC Umbrella Hub Arrangement (UHA) Networking and Q&A
- Networking Q&A Office Hour with MACs

### Day 2: September 19, 2024

- MDPP Supplier Support Updates
- Practices for Recruiting and Retaining MDPP Beneficiaries
- Discussion on Working with Medicare Advantage (MA) Plans
- Discussion on the Future of MDPP

## Medicare Advantage Update: Aetna and Elevance Health, Inc.

CMS has recently confirmed that both Aetna®, Inc. and Elevance™ Health, Inc. (formerly Anthem, Inc.) are now accepting claims from out-of-network MDPP suppliers. This change currently applies to all Aetna Health Plans nation-wide as well as Elevance Health affiliates, including Anthem® Blue Cross and Blue Shield plans (and affiliated blue plans), Wellpoint<sup>SM</sup> affiliated health plans and specialty companies, and others.

As with any Medicare Advantage (MA) enrollee, MDPP suppliers should confirm which type of insurance each beneficiary possesses prior to furnishing services by requesting and reviewing all medical insurance cards from a Medicare beneficiary. If the beneficiary is enrolled in an MA plan, the beneficiary will have an insurance card from that Medicare Advantage Organization (MAO). The MDPP supplier must seek guidance directly from the beneficiary's MAO on the procedure for requesting payment for services furnished to a plan's eligible enrollees.

MDPP suppliers should contact the beneficiary's MAO to gather details on the MA enrollee's eligibility for MDPP services prior to furnishing MDPP services. MDPP suppliers can do this by:

- Confirming that the enrollee has current coverage through the MA Plan
- Determining whether the MA Plan has previously covered MDPP services for the enrollee
- Determining whether Original Medicare has previously covered MDPP services for the enrollee

CMS also recommends that suppliers ask MDPP enrollees to keep them informed of any changes to their insurance over the course of services as these may impact coverage and reimbursement.

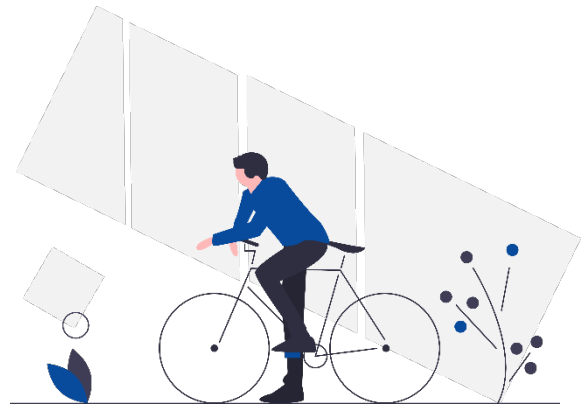


### Need Help with MA?

If your organization needs information or assistance with MDPP payment policy or the MA billing processes (such as determinations and appeals), you can submit your question to the [MDPP Supplier Support Center](#) and follow the steps to start a new inquiry.

## Beneficiary Engagement Incentives (BEIs)

[Beneficiary engagement incentives \(BEIs\)](#) are optional items or services furnished by an MDPP supplier to an MDPP beneficiary for free or at a reduced cost to support beneficiaries in achieving program goals. Specifically, BEIs must be either preventive care items or services, or items or services that advance one or more specified clinical goals for the MDPP beneficiary by engaging them in better managing their own health. The specified clinical goals of MDPP are (1) attendance at core sessions and/or core maintenance sessions; (2) weight loss; (3) long-term dietary change; and (4) adherence to long-term health behavior changes. Examples of BEIs include food-measuring devices, calorie tracking books, wearable activity tracking devices, and discounted gym memberships.



MDPP suppliers can opt to provide BEIs at their own expense. CMS will not fund or pay suppliers for BEIs offered as part of the MDPP expanded model. Any free item or service provided to an MDPP beneficiary by an MDPP supplier must meet the requirements for BEIs, listed below.

The item or service **must**:

- Be furnished directly to an MDPP beneficiary by an MDPP supplier or by an agent of the MDPP supplier, such as a coach, under the MDPP supplier's direction and control.
- Be reasonably connected to the CDC approved DPP curriculum furnished to the MDPP beneficiary during a core session, core maintenance session, or ongoing maintenance session furnished by the MDPP supplier.
- Be a preventive care item or service or an item or service that advances a clinical goal for an MDPP beneficiary by engaging him or her in better managing his or her own health.

The item or service **must not**:

- Be tied to the receipt of items or services outside of the MDPP services.
- Be tied to the receipt of items or services from a particular provider, supplier, or coach.
- Be advertised or promoted as an in-kind beneficiary engagement incentive available to an MDPP beneficiary receiving MDPP services from the MDPP supplier except that an MDPP beneficiary may be made aware of the availability of the item or service at the time the MDPP beneficiary could reasonably benefit from it during the engagement incentive period.

The cost of the item or service **must not**:

- Be shifted to another Federal health care program.
- Be shifted to an MDPP beneficiary.

If any MDPP supplier is interested in providing these items and wants to determine whether the particular item or service they are interested in providing qualifies as a BEI per MDPP regulations, the CMS MDPP Model Team suggests that the MDPP supplier consult with legal counsel.

## Frequently Asked Supplier Questions (FAQs)

The CMS MDPP Model Team created a new [FAQ](#) in response to recent inquiries requesting guidance for National DPP cohorts with different types of payers.



**Some patients do not have insurance coverage for the CDC’s National Diabetes Prevention Program (DPP), while other patients have insurance that covers the DPP. Can MDPP suppliers furnish Medicare covered items and services for free to some patients but not others?**

Medicare does not make payment for Part A or B covered items or services that neither the beneficiary nor any other person or organization (by reason of such individual’s membership in a prepayment plan or otherwise) has a legal obligation to pay for or provide (See 1862(a)(2) of the Social Security Act and 42 CFR 411.4). We refer to this payment exclusion as the “no legal obligation to pay” payment exclusion. This exclusion applies where items and services are furnished for free without regard to the patient’s ability to pay and without expectation of payment from any source, such as free x-rays or immunizations provided by health organizations.

However, Medicare reimbursement is not precluded merely because a supplier waives the charge in the case of a particular patient or group or class of patients, as the waiver of charges for some patients does not impair the right to charge others, including Medicare patients. The determinative factor in applying this exclusion is the reason the particular individual is not charged. (See [Pub. 100-02 Medicare Benefit Policy Manual, Chapter 16, Section 40.](#))

Please review the new [FAQ](#) to learn more about the following examples illustrating the applicability of this payment exclusion to various situations for the purposes of the MDPP:

1. Supplier furnishes Medicare Part A or B covered items or services to all patients for free regardless of insurance or ability to pay and does not bill the patient or any of their insurer(s).
2. Supplier furnishes Medicare Part A or B covered items or services to non-Medicare patients for free and does not bill the patient or any of their insurer(s) but submits claims for Medicare beneficiaries.
3. Supplier has a policy to furnish items and services, including those covered by Medicare Part A or B, to indigent patients for free regardless of insurance and does not bill the patient or any of their insurer(s) and all non-indigent patients are billed.

Note that furnishing items or services for free to Medicare patients regardless of whether the patients are indigent may implicate certain fraud and abuse laws such as the Federal anti-kickback statute and the civil monetary penalty provision prohibiting inducements to beneficiaries (the “Beneficiary Inducements CMP”). Information about the fraud and abuse laws, including the Federal anti-kickback statute and the Beneficiary Inducements CMP, can be found on the HHS Office of Inspector General website: <https://oig.hhs.gov/compliance/>.

Finally, when a supplier furnishes Medicare Part A or B covered items or services (which include MDPP services), it is subject to Medicare’s mandatory claim submission rules (see section 1848(g)(4) of the Act). Therefore, a supplier that treats a Medicare beneficiary for a covered item or service must either enroll in Medicare and submit a claim on that beneficiary’s behalf for those services or furnish the Medicare-covered services for free.

## MDPP Supplier Success Stories

Each issue of the *MDPP Bulletin* features an MDPP supplier who has experienced success implementing and administering MDPP. This month, we're thrilled to introduce **Juniper**, a program of **Trellis**, located in Minnesota. Special thanks to Ginger Carroll, Rachel Bremness, and Stacy Dunn from Juniper for sharing your story with the MDPP community!

### Juniper At-A-Glance

- MDPP supplier since 2022
- Launching 20 cohorts this year, average group size 8-12
- Supports 30 lifestyle coaches

[Juniper](#), a program of [Trellis](#), is a network of more than 40 community-based organizations and health systems. Juniper offers evidence-based health promotion programs, including MDPP, to Minnesota residents. They are an umbrella hub organization (UHO) with eight current subsidiaries who are a variety of community-based organizations in Minnesota, ranging from a small two-person organization to a larger health care system. UHOs support administrative functions (e.g., contracting) for subsidiary organizations within an [umbrella hub arrangement \(UHA\)](#). Juniper plans to add three additional subsidiaries to their UHA this year. By the end of 2024, Juniper will have a total of 11 subsidiaries. All subsidiaries are located in Minnesota, while one also operates within Wisconsin and Iowa.



#### Did you know?

Trellis is an Area Agency for Aging (AAA) and scales MDPP delivery by serving as an umbrella hub organization (UHO) in Minnesota.

Juniper also serves as a designated [Community Care Hub](#) for community-based organizations (CBO) throughout Minnesota, offering evidence-based health promotion classes and Home and Community Based Services (HCBS) such as home modification services and caregiver support.

Juniper will launch 20 MDPP cohorts in 2024, with an average group size of 8-12 participants. Currently, Juniper is offering 11 distance learning cohorts and 12 in-person cohorts, some of which began last year. Juniper is noticing interesting participation trends among these cohorts. For example, distance learning is more popular among beneficiaries living in metropolitan areas, while in-person cohorts are equally attended by beneficiaries living in metropolitan and rural areas, where many participants may already know one another socially.

### Recruitment and Retention

Juniper recruits MDPP participants through provider referrals, referral lists and eligibility files from managed care organizations (MCOs), and creative marketing strategies. These strategies have proven effective in reaching rural populations and include local radio broadcasts, newsletters distributed by community-based organizations, local newspaper articles, [video](#) clips, and word-of-mouth. One CBO and UHA subsidiary, [VINE Faith In Action](#), has a large presence in southern Minnesota and markets MDPP via a newsletter with over 7,000 subscribers.

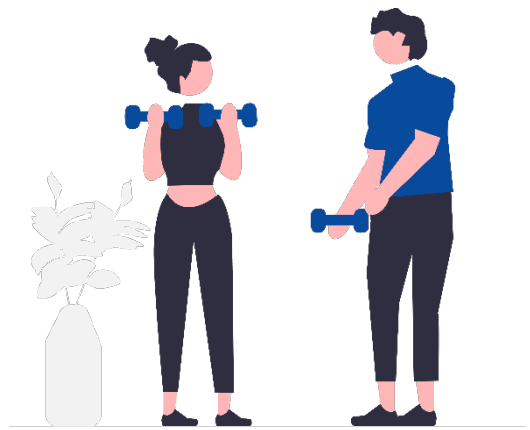


When individuals are referred to Juniper’s MDPP programs, a Wellness Engagement Specialist contacts each individual to discuss MDPP and other evidence-based programs offered through Juniper. Currently, Juniper offers 15 evidence-based programs, including MDPP and programs related to topics such as arthritis and caregiving.

At Juniper, the MDPP completion rate is high. In 2023, the overall program completion rate was 76 percent. Juniper’s MDPP enrollment calculation is based on whether participants completed the first MDPP session. One of Juniper’s subsidiaries, VINE Faith in Action, offers a readiness to change assessment with eligible beneficiaries prior to MDPP enrollment. A [readiness to change assessment](#) measures a participant’s willingness to commit and adhere to a lifestyle change program such as MDPP and asks a participant to rate their current habits (e.g., healthy eating and physical activity). Juniper believes that the readiness to change assessment, along with MDPP information sessions, contribute to strong retention rates. VINE Faith in Action’s retention rate for MDPP programs is approximately 93%.

## Addressing Health Related Social Needs (HRSNs)

Juniper’s staff members include a Provider Relations Manager and Provider Relationships Coordinator. Both staff members work closely with community-based organizations in Minnesota while focusing on assisting residents gain equitable access to their MDPP programs. Currently, over 40 area health care providers engage with Juniper’s Provider Relations Managers in regard to providing referrals. Additionally, Juniper’s team includes one Wellness Engagement Specialist and two Community Health Workers (CHWs) who perform a variety of tasks to connect MDPP participants to Social Determinants of Health (SDOH) services. Additionally, Juniper’s Wellness Engagement Specialists use motivational interviewing to communicate with MDPP participants about HRSNs.



Juniper’s CHWs frequently conduct SDOH screenings to connect MDPP participants to resources that address concerns such as transportation and food insecurity. CHWs join MDPP information sessions and often attend the first session to introduce themselves to each MDPP cohort. These efforts regarding the provision of wrap-around care contribute to strong and timely rapport between CHWs and MDPP participants.

Initially, Juniper’s SDOH screenings were included in the enrollment process. Juniper adapted their SDOH screening approach to be ongoing throughout MDPP participation, after determining that screening throughout enrollment may not always be sufficient since participants’ needs change over time. Ongoing conversations between MDPP participants, coaches, and CHWs have led to trusted relationships whereupon MDPP participants consider Juniper staff to be a helpful resource. Coaches often identify SDOH needs when interacting with MDPP participants, making frequent referrals to CHWs. In other instances, Juniper identifies MDPP participants who may need ongoing SDOH screenings through eligibility files. Juniper believes that these approaches concerning SDOH assessment contribute to their high participant retention.

Juniper partners with the [Minnesota Department of Health \(MDH\)](#), which received a [CDC 2320](#) grant. Through the MDH Project, Juniper collaborated with MDH to create an umbrella hub arrangement while making enhancements to their data management system. From a SDOH perspective, MDH offered incentive funding to Juniper’s MDPP participants who needed assistance paying for groceries or gas to travel to an in-person MDPP session. For example, funding through this partnership provided \$20 for groceries up to three times for MDPP participants with needs that were identified during SDOH screenings.



Funding from MDH also allowed Juniper to provide items such as pedometers and stretch bands to MDPP participants. While the MDH Project ended in June 2024, Juniper continues to provide community referrals outside of grants for a wide range of services. Additionally, the state-funded [MinnesotaHelp.info](https://www.mn.gov/help) resource lists state-wide HRSN resources. Juniper uses this resource to connect MDPP participants with assistance related to HRSNs.

## Working with Mixed Payers

Juniper offers MDPP to mixed payers. Their participants include those with Medicare Fee-for-Service (FFS), Medicare Advantage, Medicaid, and one commercial plan. They contract with three MCOs to bill MA claims. Additionally, through their partnership with MDH, Juniper enrolled in Medicaid and began outreach to Medicaid MCOs to initiate contracts. Juniper currently has four contracts with Minnesota MCOs for Medicaid MDPP provision. Juniper has established direct connections with staff members within the MA plans where they have contracts, reducing Juniper’s administrative burden when working with MA plans.



### Thank You

Thank you for reading *The MDPP Bulletin*. The CMS MDPP Model Team hopes this information will be helpful to your organization. We welcome feedback from MDPP suppliers! If you have suggestions for future newsletter topics or events, or if you’d like your organization to be featured in an MDPP success story, please email us at [mdpp@cms.hhs.gov](mailto:mdpp@cms.hhs.gov). Have a great day!

