CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE AND MEDICAID INNOVATION

Medicare Diabetes Prevention Program (MDPP) Virtual Supplier Summit

Day 1

Date: September 18th, 2024

Disclaimer

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MDPP Virtual Summit Schedule (Day 1)

Time	Session
12:00-12:15 PM EDT	Opening Remarks
12:15-12:30 PM EDT	Introduction to Medicare Diabetes Prevention Program (MDPP) and Centers for Disease Control and Prevention (CDC) Diabetes Prevention Recognition Program (DPRP)
12:30-1:20 PM EDT	Benefits of MDPP
1:20-1:30 PM EDT	Break
1:30-2:30 PM EDT	Partnering for MDPP
2:30-2:50 PM EDT	CDC Umbrella Hub Arrangement (UHA) Networking
2:50-3:00 PM EDT	Break
3:00-4:00 PM EDT	Office Hour with Medicare Administrative Contractors (MACs)

Opening Remarks

Instructions for Virtual Supplier Summit Participation

Overview

- All attendees will be on mute during the Virtual Supplier Summit presentations.
- The slides and recordings will be posted to the CMS MDPP website in about a week.
- When leaving the event, you will be prompted to complete a short survey.

How to Submit Questions

- Please submit any questions you have using the Q&A feature.
- When submitting a question, please select “All Panelists,” so that all the presenters see your question.

Technical Assistance

- If you encounter any issues, please contact MDPP Support by using the “Chat” feature or by emailing MDPP-Outreach@acumenllc.com

Introduction to MDPP and CDC DPRP

MDPP Orientation Video

The National Diabetes Prevention Program (National DPP)

Diabetes Prevention Recognition Program (DPRP)

Recognition under the 2024 DPRP Standards

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CDC Recognition Overview

Recognition involves assuring quality by developing and maintaining a registry of organizations that are recognized by CDC's Diabetes Prevention Recognition Program (DPRP) for their ability to achieve outcomes proven to prevent or delay onset of type 2 diabetes.

Key Activities

Quality Standards

- DPRP Standards and Operating Procedures (updated every 3 years)

Registry of Organizations

- Online registry and program locator map
- Includes organizations with pending, preliminary, and full recognition

Data Systems

- Data analysis and reporting
- Feedback/technical assistance for CDC-recognized organizations

Changes in Recognition Timelines

- Preliminary and Full recognition no longer have expiration dates.
- Organizations in Pending, Preliminary and Full will not lose recognition if data submissions are made every 6 months.
- Full Plus recognition will expire 12 months after being awarded unless all requirements are met; organizations that do not continue to meet the requirements at 12 months will be placed in Full.

Note: Organizations already in Full Plus when the 2024 DPRP Standards went into effect will be allowed to keep that designation through the original expiration date.

Changes in Recognition – Preliminary

Three paths to achieving Preliminary recognition:

1. At the time of application approval.

Organizations will be considered for immediate advancement to Preliminary recognition at the time of application approval if they are serving a population that resides in a county classified as having “high” vulnerability according to the CDC/ATSDR Social Vulnerability Index (SVI).

Changes in Recognition – Preliminary

2. At the time of the Sequence 1 or Sequence 2 data submission.

Organizations will move into Preliminary recognition at the time of the Sequence 1 (6 month) or Sequence 2 (12 month) data submission if records indicate that:

- at least 5 eligible participants began in that sequence *and*
- they have attended at least 8 sessions in that sequence.

Changes in Recognition – Preliminary

3. At the time of evaluation.

Requirement 5: Organizations will move into Preliminary recognition when both of the following criteria have been met:

- The evaluation cohort includes at least 5 eligible participants *and*
- At least 30% of the eligible participants meet the definition of a completer.
    - participant attended at least 8 sessions in months 1-6 *and*
    - the time from the first session held by participant's cohort to the last session attended by the participant is at least 9 full months.

Changes in Recognition – Full

Organizations will move into Full recognition when all of the following criteria have been met:

- **Requirement 5.**
- **Requirement 6:** Organizations must show that there has been a reduction in risk of developing type 2 diabetes among completers in the evaluation cohort by showing that at least 60% of all completers achieved at least one of the following outcomes:
  - At least 5% weight loss, *or*
  - At least 4% weight loss and at least 8 sessions associated with an average of at least 150 minutes/week of physical activity (PA),* *or*
  - At least 4% weight loss and attended at least 17 sessions, *or*
  - at least a 0.2% reduction in A1C from baseline (recorded within one year of enrollment).
- **Requirement 7:** Organizations must show that at least 35% of completers in the evaluation cohort are eligible for the yearlong National DPP LCP based on either a blood test indicating prediabetes or a history of gestational diabetes mellitus (GDM).

PA should reflect all minutes performed since the last session.

Full Plus Recognition (unchanged)

Organizations will move into Full Plus recognition when all of the following criteria have been met:

- **Requirement 5.**
- **Requirement 6.**
- **Requirement 7.**
- **Additional retention criteria:** Eligible participants in the evaluation cohort must have been retained at the following percentages:
  - A minimum of 50% at the beginning of the 4th month since the cohorts' first sessions.
  - A minimum of 40% at the beginning of the 7th month since the cohorts' first sessions.
  - A minimum of 30% at the beginning of the 10th month since the cohorts' first sessions.

THANK YOU

Thank you for participating in the Diabetes Prevention Recognition Program (DPRP).

Visit the **National DPP Customer Service Center** at NationalDPPCSC.cdc.gov for more resources and to submit any questions you may have.

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 cdc.gov

Benefits of MDPP

Supplier Panel: Benefits of MDPP

Alex do Couto, CDC Lifestyle Coach
Nicole Cronin, DPP Program Manager
Johns Hopkins Brancati Center

Sara Kim, Director of Public Health and Research
Korean Community Services of Metropolitan New York

Caitlin McEvilly Rosenbach, Senior Program Manager
National Kidney Foundation of Michigan

THE BRANCATI CENTER
FOR THE ADVANCEMENT OF COMMUNITY CARE

JOHNS HOPKINS
MEDICINE

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Diabetes Prevention: Benefits of The MDPP

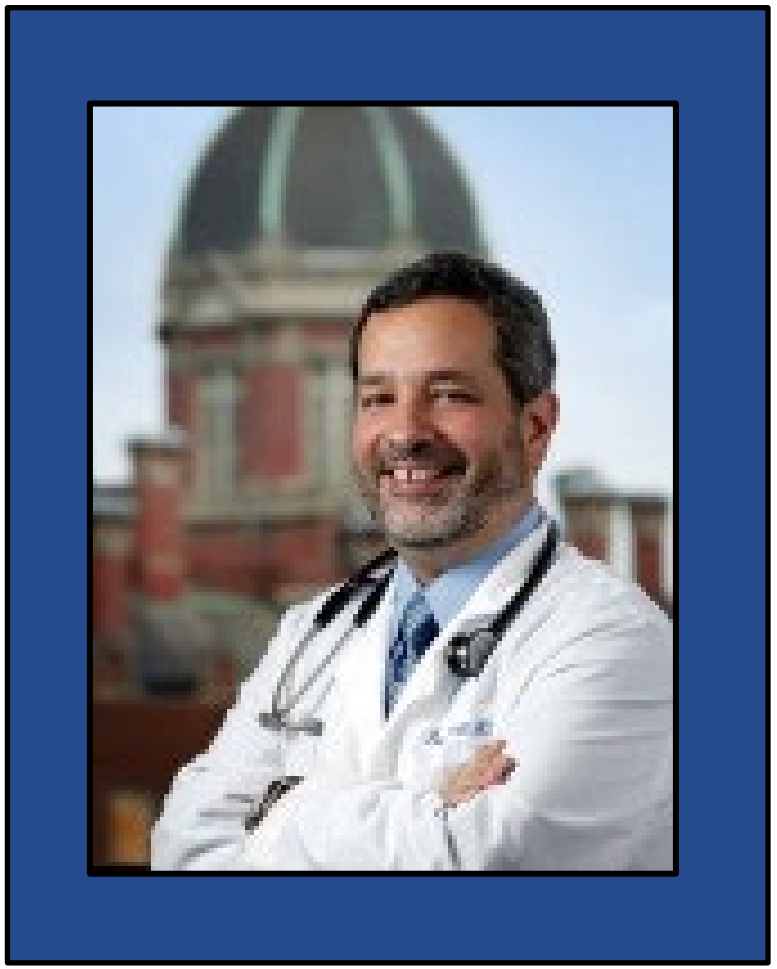
Alexandra do Couto, MS, CMPC, CDC Lifestyle Coach
Nicole Cronin, MA, DPP Program Manager

Brancati Center for the Advancement of Community Care
Johns Hopkins University

Outline

- Introduction to the MDPP at the Brancati Center
- MDPP Staffing & Program Operations
- Providing the MDPP virtually
- MDPP Outcomes and Program Successes
- MDPP Participant Needs and Engagement
- Coach and Participant Perspectives of the MDPP

The Brancati Center

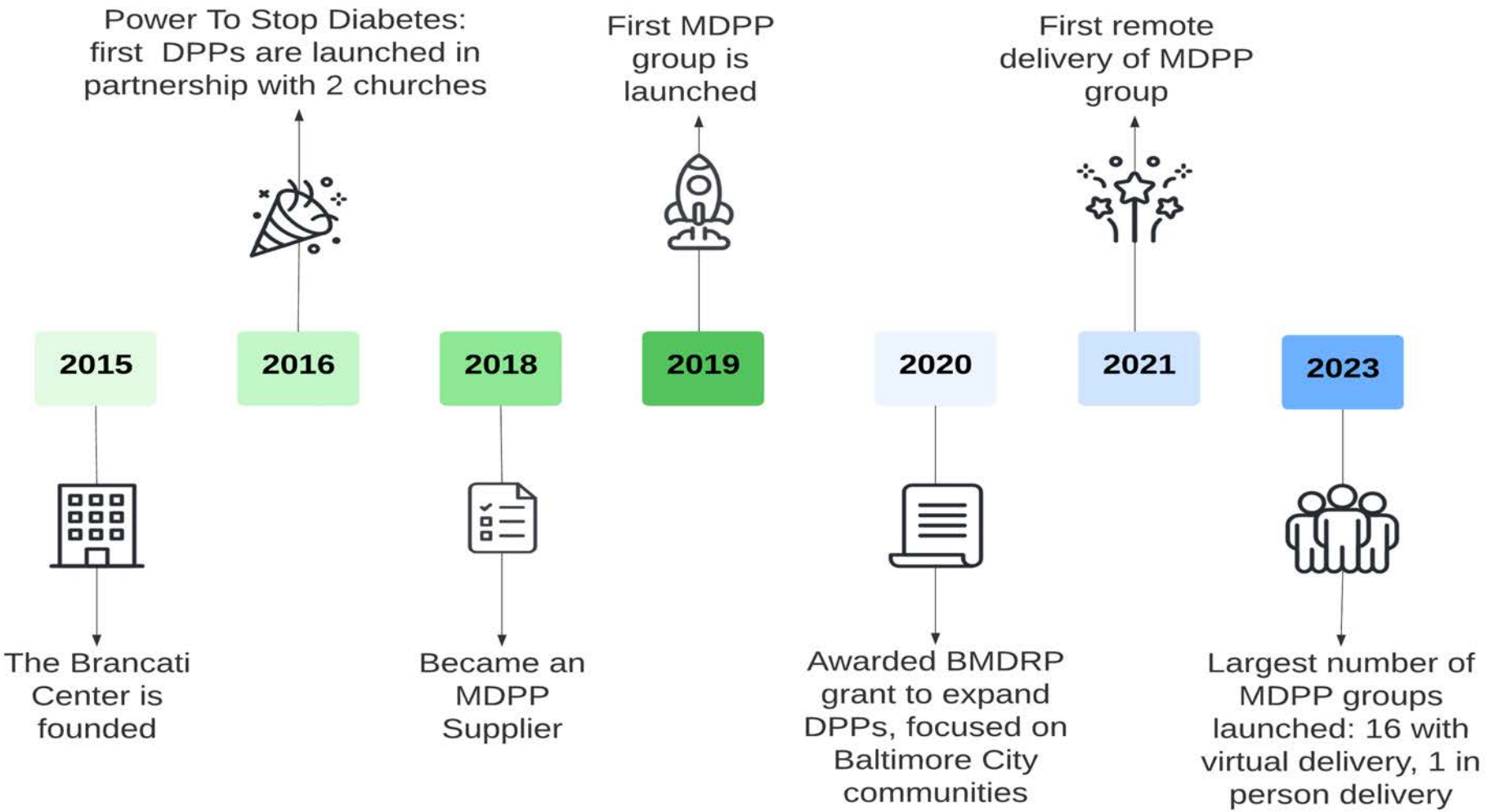


Johns Hopkins Brancati Center for the Advancement of Community Care

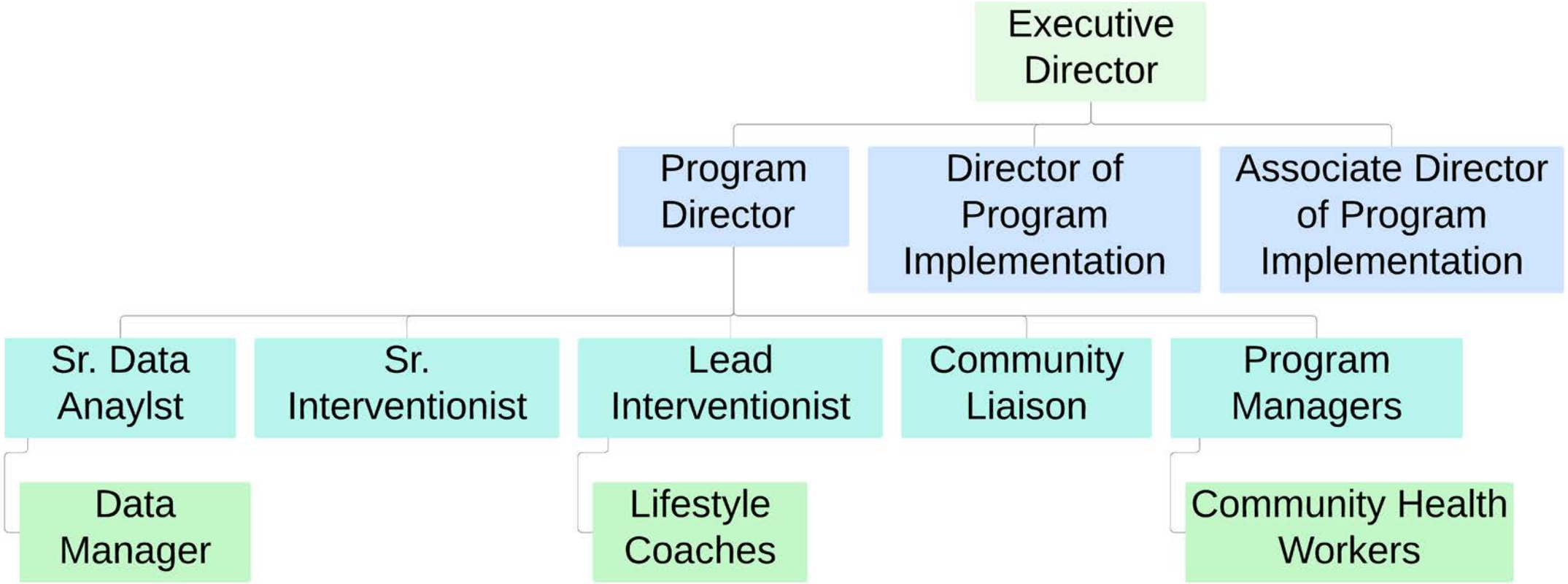
It is the mission of the Brancati Center to improve the health of communities by developing new models of healthcare in partnership with community organizations.

THE BRANCATI CENTER
FOR THE ADVANCEMENT OF COMMUNITY CARE

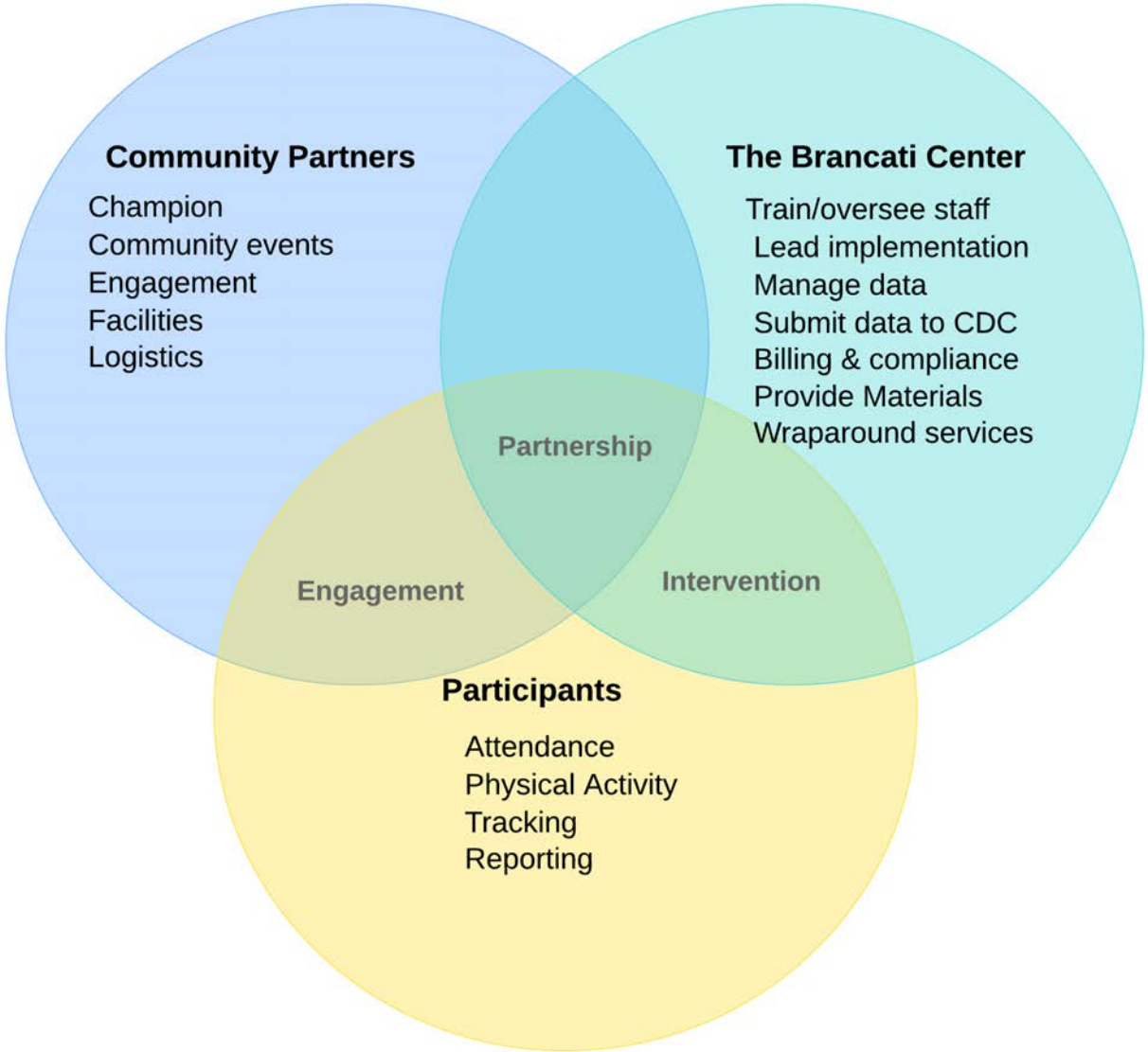
The MDPP at the Brancati Center



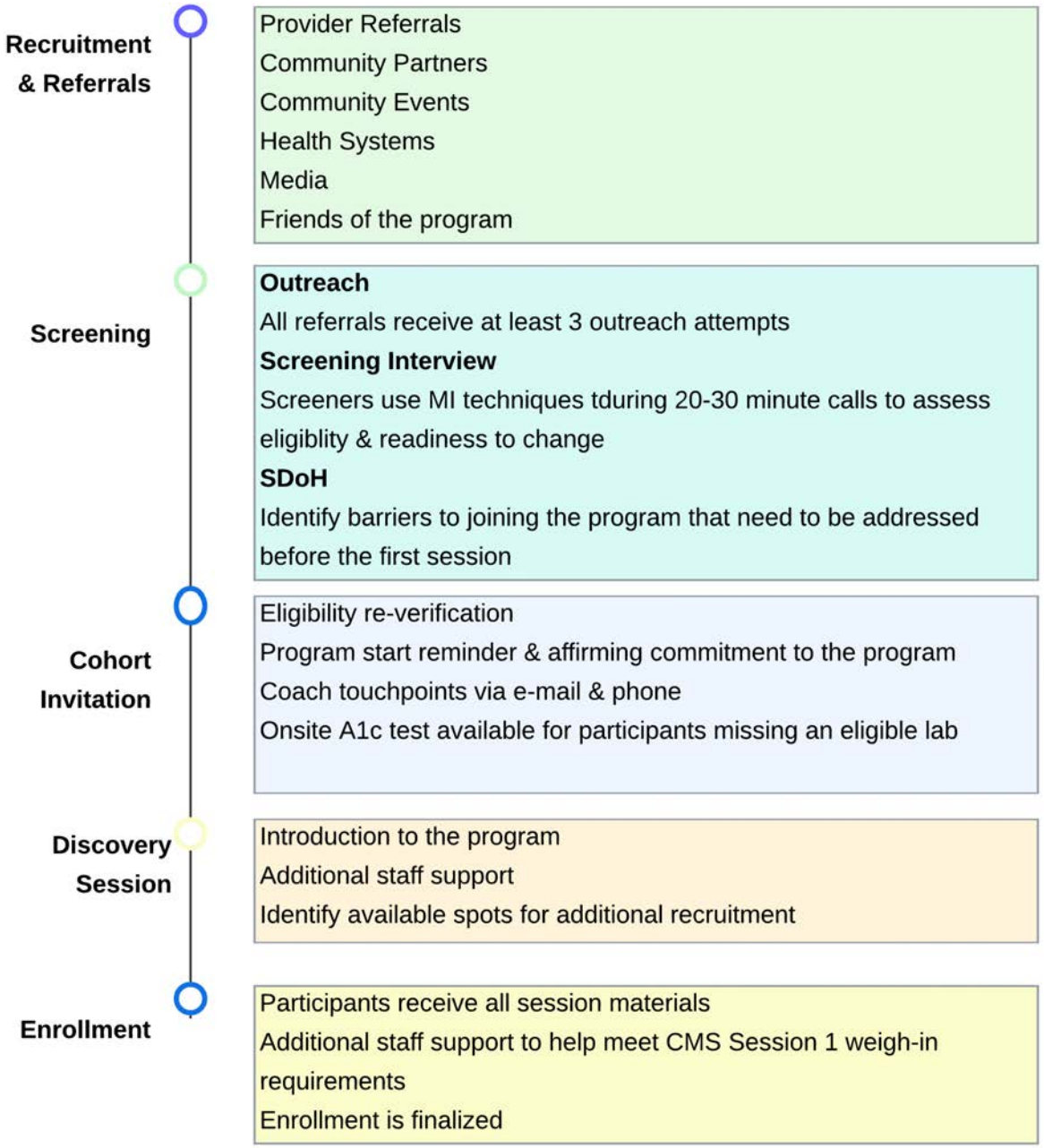
DPP Team


Executive Director
Program Director
Director of Program Implementation
Associate Director of Program Implementation
Sr. Data Anaylst
Sr. Interventionist
Lead Interventionist
Community Liaison
Program Managers
Data Manager
Lifestyle Coaches
Community Health Workers

Brancati Center DPP - Partnership



MDPP Enrollment Operations



JOHNS HOPKINS MEDICINE

THE BRANCATI CENTER FOR THE ADVANCEMENT OF COMMUNITY CARE

Providing the MDPP Virtually

JOHNS HOPKINS MEDICINE

Anticipated Challenges

- Technology barriers
  - Equipment/hardware
  - Zoom familiarity
- Remote Weigh-Ins
  - Session 1 weight
  - Accurate weight
  - Reporting
- Group connections
  - Creating community virtually

Meeting Challenges

- Wrap around services:
  - Provide tablets, webcams, microphones as needed
  - Support in finding/accessing internet services
  - Asked about Zoom familiarity during screening
  - Zoom introduction/practice sessions before Discovery Session
- Remote Weigh-Ins
  - Accept scale photos and virtual live weigh ins
  - Scale is mailed after Discovery with instructions
  - Survey link sent with weekly Zoom invite
- Group connections
  - Coach check ins, group names, supplemental sessions, optional virtual activities
  - Group organized connections (social media, accountability buddies, local meet ups)

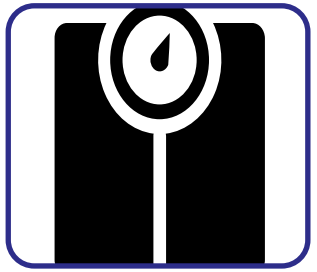
THE BRANCATI CENTER
FOR THE ADVANCEMENT OF COMMUNITY CARE

Brancati Center MDPP Outcomes

12 months

Retention: 187/248 (75.4%)

Session Attendance: 92.7%

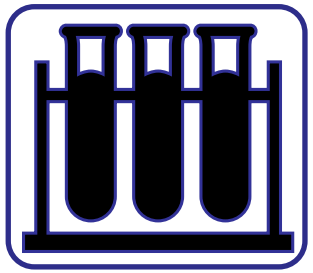


Average Weight Loss: 6.2%

Brancati Center MDPP Outcomes

12 months

Physical Activity Average:
183 min/wk



A1c Reduction: 0.2% (29.9%)

Total Meeting CDC
Outcomes: 136/187 (72.7%)

MDPP Participant Needs

- Increased medical needs beyond prediabetes
- Social connectedness vs. isolation
- Technology challenges
- Dependency on others for support
  - Financial, transportation, groceries, measuring weight, etc.
- Ability to pay for basic needs and home repairs
  - Assessed via SDoH surveys provided at program enrollment
  - Food pantries and SNAP benefits
  - Water leaks, handrails for stairs, and mold remediation

MDPP Participant Engagement

- Attendance: 92.7%
- More flexibility in their schedules
  - i.e. not working/retired, traveling, family caretaking
- Medical appointments
- Physical limitations affecting weekly PA
- Technology barriers and accessing in-person groups
- Readiness to change/motivation

MDPP Participant Perspectives

"The Diabetes Prevention Program was very helpful to me. I learned new strategies for healthy long term behavioral changes. I have struggled with my weight for most of my life. I found the weekly meetings very important. The coursework was structured; there was a warm comradery from both the participants and the coaches. The coaches created a year long non-judgmental place to work on changes in habits and returning to healthy practices. I progressed from 10 minute walks to joining the gym and swimming again. The bad cholesterol dropped, and the good cholesterol increased. Most importantly, my A1C is normal again without medication!"

"I would like to talk about how the DPP has changed my life. I was hesitant about joining but I am so glad that I did. First off, this program opened my eyes about so many things like portion control, calories, fat intake, servings as well as eating healthy overall. I can truly say that I have made a lifestyle change forever and this was the best decision I could have ever made!! I have lost over 40 pounds and counting. Thank you for allowing me to be a part of such a wonderful program."

MDPP Lifestyle Coach Perspectives

[The Medicare population] brings a wealth of knowledge with them as they approach lifestyle change. Many of them have previous experience with short-term diets, trying "all the things" to help them lose weight. My job as a lifestyle coach has been to point them back to balanced meals/snacks and moderate-intense activity. One of the challenges I face is that exact journey, moving away from diet advice they may find on social media or TV over the years and moving toward a different approach with sustainable results. Some participants are persistent, and as a coach we reflect on why our approach is appropriate for their long-term goals which are to prevent type 2 diabetes and living longer lives. The best advice I can give is to have fun and get to know the participants, they may surprise you!

MDPP Lifestyle Coach Perspectives

As a lifestyle coach, creating a welcoming environment {even virtually} where persons are highly regarded and encouraged to be their authentic self is key. The atmosphere is set in the beginning with them knowing there are no big I's or little you's. It's not a race or competition. Differences are acknowledged and respected, they are all the same in the diabetes prevention space. It doesn't matter who achieves the goals first, what matters is that they are each taking steps toward behavioral changes that improve their lifestyle.

What's great about this [Medicare] population is that they're willing to bring their life experiences to the table, some without hesitation and with other's it takes a little longer. However, over time it creates an atmosphere of openness, honesty, non-judgement and unity amongst the members of the group. They learn from each other, problem-solve together, and even get inspired to try something new. I am just there to guide them on this lifestyle journey which has included conversations from 'how to' on resistance bands, managing fat grams during birthday parties, the new take on broccoli salad, and the one that never fails is, "I hear your voice over and over again in my head when making healthy choices." I tell them, "It may be my voice, but it is YOU who is putting in the work! Make it count!"

However, some decisions are of a greater challenge especially when this seasoned group have been hit with tough times that affected their DPP journey: Limitations to being active due to health issues, lack of access to fresh fruits and vegetables, or simply being overwhelmed as a caretaker of an elderly parent. These barriers halt progress but not determination to ultimately continue the journey; remembering their 'why' propels them forward.
They are not the same, but they're all in it together.

MEDICARE

DIABETES PREVENTION PROGRAM

SARA KIM
DIRECTOR OF KCS PUBLIC HEALTH & RESEARCH CENTER

www.kcsny.org

About The KCS

- 1973
- Korean Community Services of Metropolitan New York, Inc. (KCS), a 501(c)(3) organization
- Serving underrepresented populations with an emphasis on the Korean immigrant and broader AAPI communities
- Providing a comprehensive array of client-tailored services in the areas of Aging, Education, Immigration and Legal Services, Workforce Development, Public Health & Research Center, and Mental Health Clinic
- Public Health & Research Center was added to KCS to address immigrants' health needs and problems.
- National/Medicare Diabetes Prevention Program is housed under the Public Health & Research Center.

NDPP History

- 2015, Partner with the Center for Health Equity of NYC DOHMH
- 2016, two staff trained
- 2017, 1st NDPP workshop
- 2019, Preliminary Recognition and enrolled in NY and NJ Medicare DPP
- 2020, 1st Virtual workshop due to the Public Health Emergency
- 2023, Full Plus Recognition
- 2024, have led 22 Korean workshops; 315 participants completed
- Fall 2024, recruiting for the 23rd workshop in NY and the 3rd for NJ Koreans

KCS

Health

Reduction in Diabetes Risk

Enhanced Mental Health

Weight Loss

Increased Physical Activity

About The Benefits

KCS

Community

Cultural Relevance

Community Engagement

Community Education

Community Awareness

About The Benefits

KCS

“ I am very proud of serving my community in my native language—Korean—after retiring after 30 years as an R.D., and I am happy to share my experiences and knowledge in delivering Korean DPP”.

Coach Chu

“ First and foremost, I don’t feel lonely anymore in dealing with prediabetes because I work with KCS lifestyle coaches and my peers sharing the same experiences as I have. Throughout 16 sessions, I followed the coaches’ guidance well to avoid diabetes development. All the sessions I learned were valuable and worked for me. I can keep it up and lead a healthy life”.

Participant Kim

Coach and Participant Quotes

Thank you!

RAIN OR SHINE, WE WALK TO PREVENT T2!

CONNECT TO KCS

INSTAGRAM
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Twitter
@kcsnewyork

Facebook
facebook.com/kcsnewyork

LinkedIn
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NATIONAL KIDNEY FOUNDATION®

of Michigan

Caitlin McEvilly-Rosenbach, Senior Program Manager

MDPP Supplier Summit

September 18, 2024

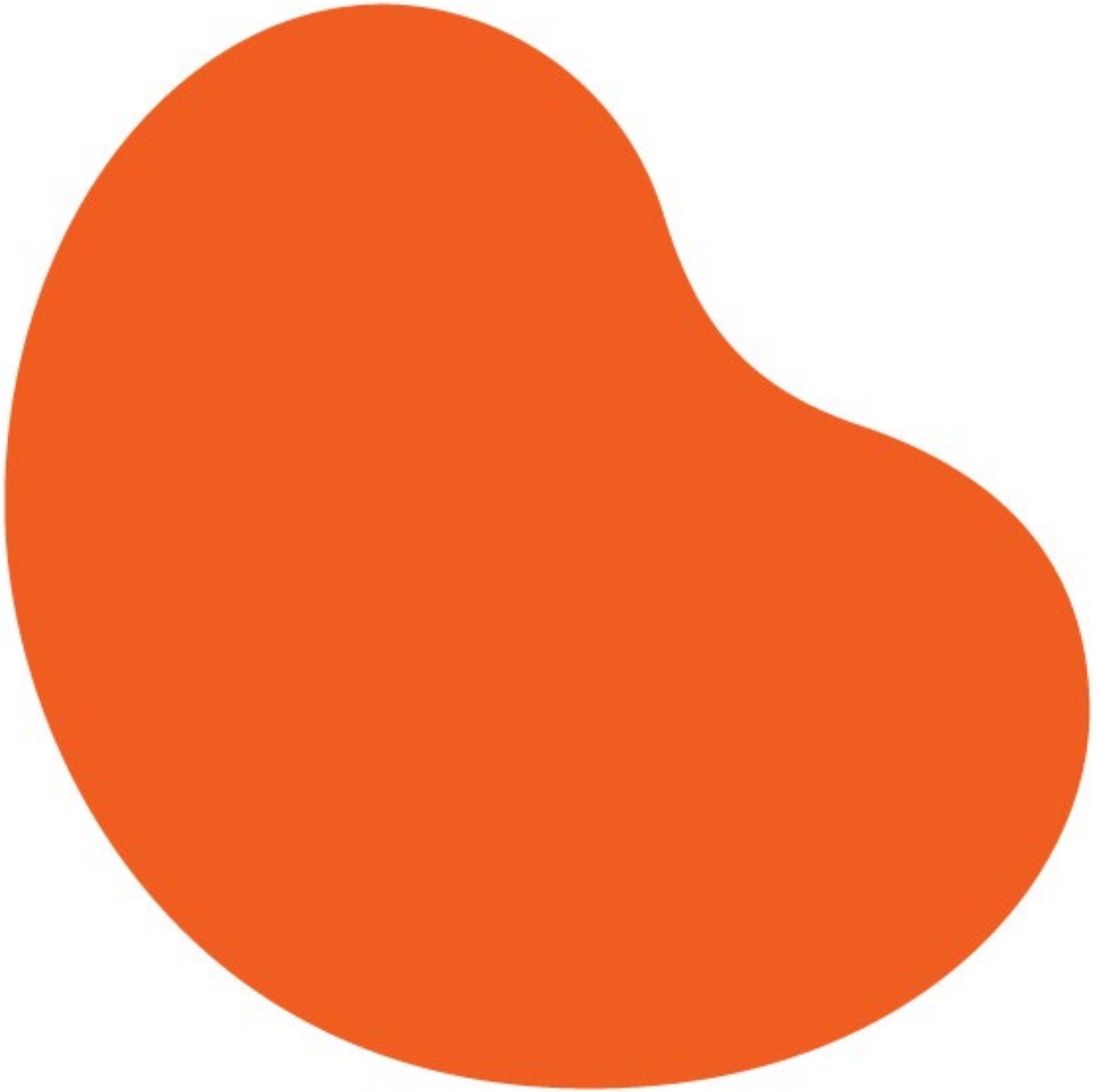
Overview

- National Kidney Foundation of Michigan
- Diabetes Prevention at NKFM
- Distance Learning
- Medicare DPP Outcomes and Benefits

National Kidney Foundation of Michigan

Mission: To prevent kidney disease and improve the quality of life for those living with it.

Ann Arbor | Detroit | Grand Rapids

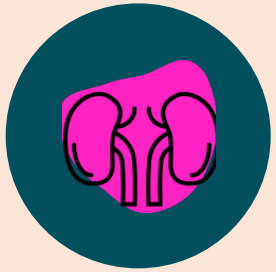


NKFM Programs and Services

COMMUNITY HEALTH

DISEASE MANAGEMENT AND PREVENTION

HEALTH SYSTEM CHANGE



PATIENT SERVICES AND SUPPORT

Diabetes Prevention at NKFM

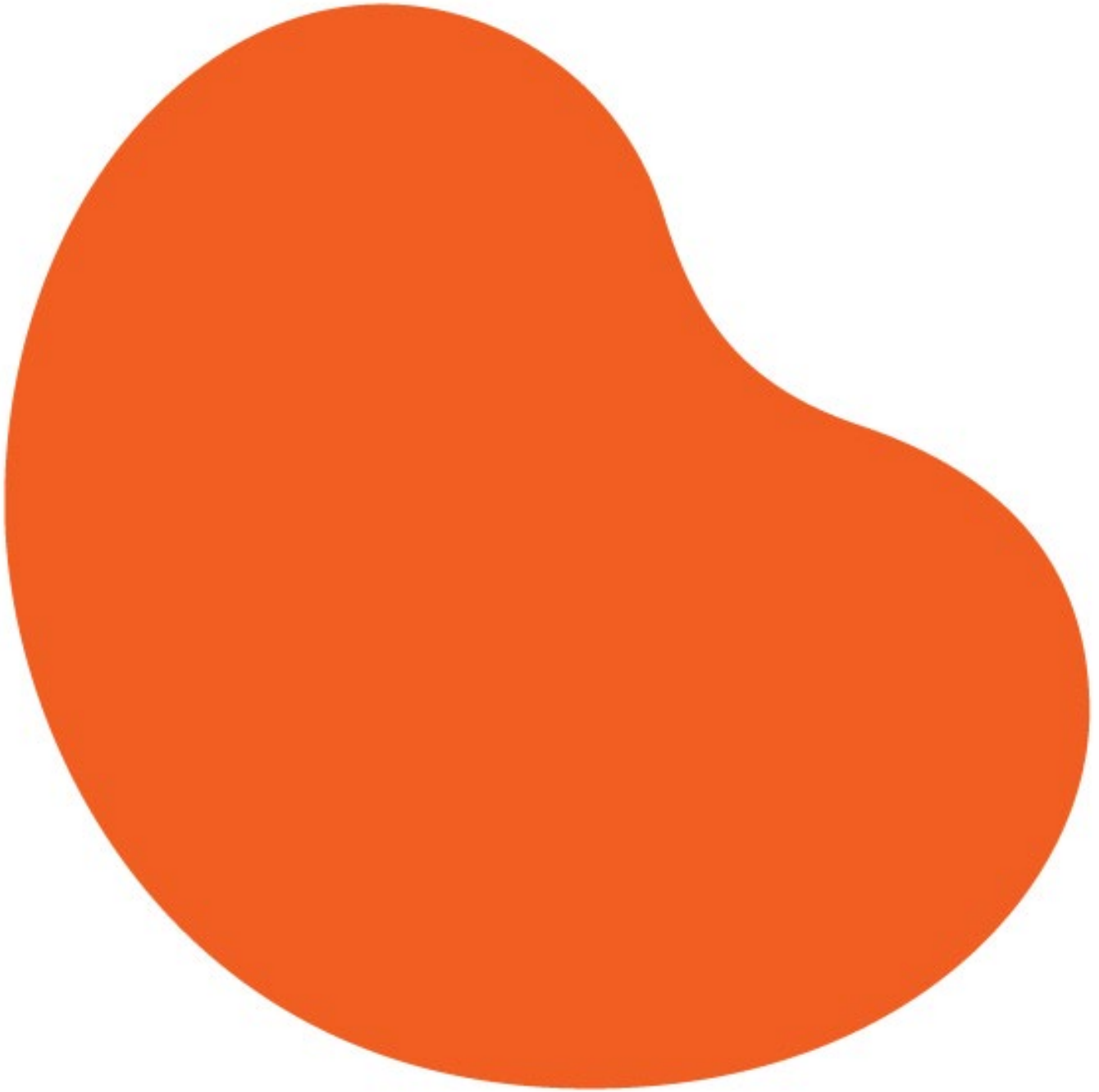
History & Experience

Referral Systems

Participant Experience

Lifestyle Coaches

Program Tailoring



Diabetes Prevention at NKFM

2012
Began implementation

2014
Became fully recognized by CDC DPRP

2018
Became Medicare DPP provider

2020
Built distance learning program in response to Covid-19

2024
Became Michigan Medicaid DPP Provider

NKFM Diabetes Prevention Program

OVER 5,000 PARTICIPANTS ALL TIME

OVER 60 WORKSHOPS IN FY 2024

PROGRAM OFFERED IN SPANISH AND ENGLISH

ROBUST DATA ANALYTICS TEAM AND INFRASTRUCTURE

FULL + CDC DPRP RECOGNITION

Referral Sources

Health Systems

Community based

Health Plans

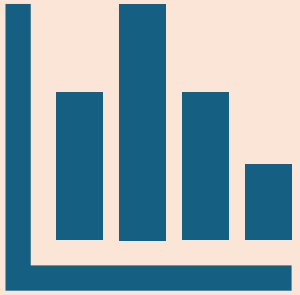
Word of Mouth

Health System Referrals

77% of 2023 MDPP registrants were referred by their health care provider

Referral Conversion Rates

Provider to participant outreach letter conversion rate estimated at 2%



Point of care referral conversion rate estimated at 12%

MDPP Participant Experience

Lifestyle Coaches

Community Representatives

Strategic and Thoughtful Recruitment

Coach Data Portal

Mentoring And Support

Program Tailoring

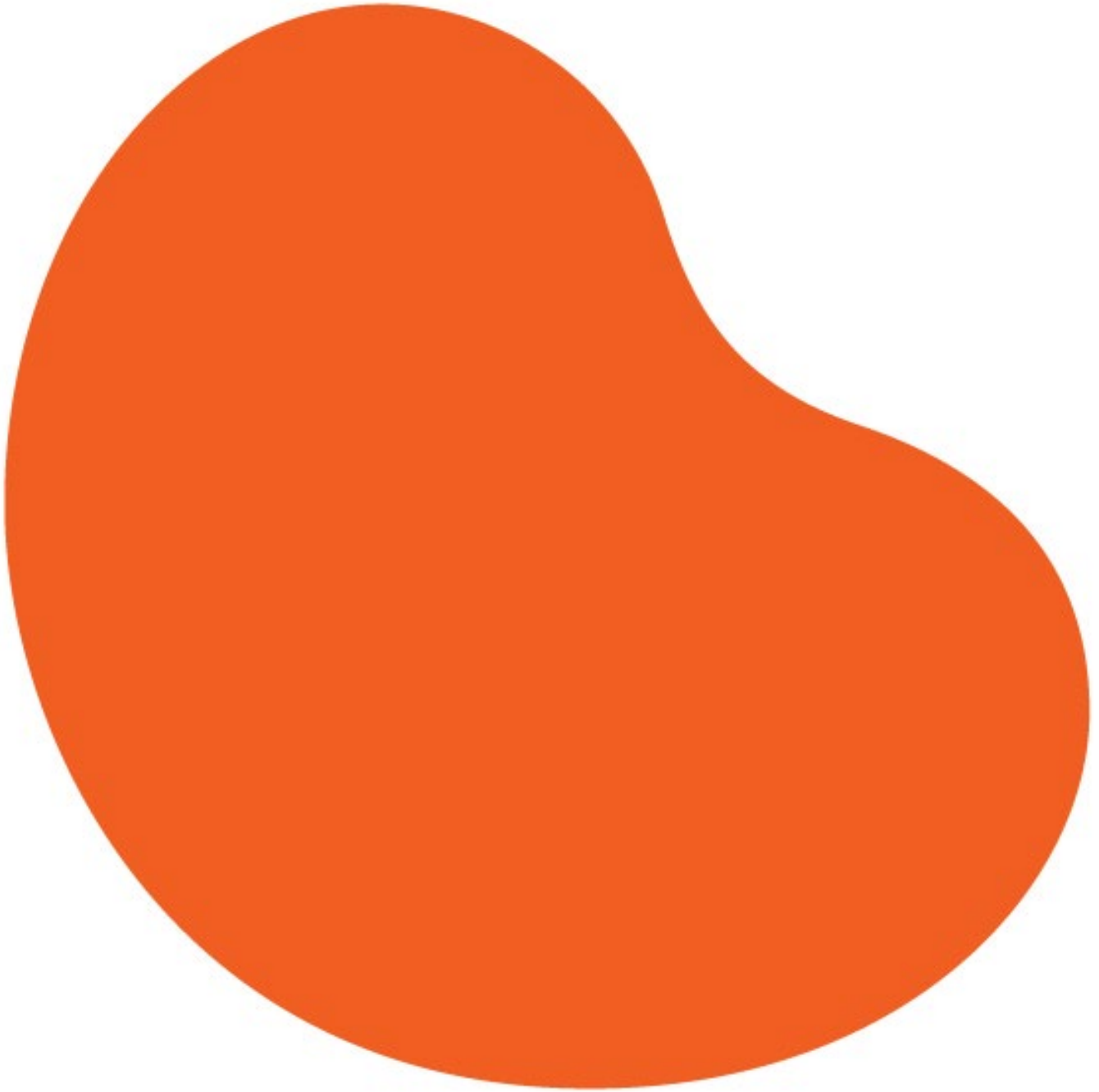
Culturally informed programming

Social Determinants of Health Support

Lifestyle coaches tailor program delivery within fidelity

Distance learning

Built out of necessity, turned into opportunity.



Distance Learning

Launched in 2020, continues today

Live, synchronous Zoom meetings

Comparable outcomes to in-person

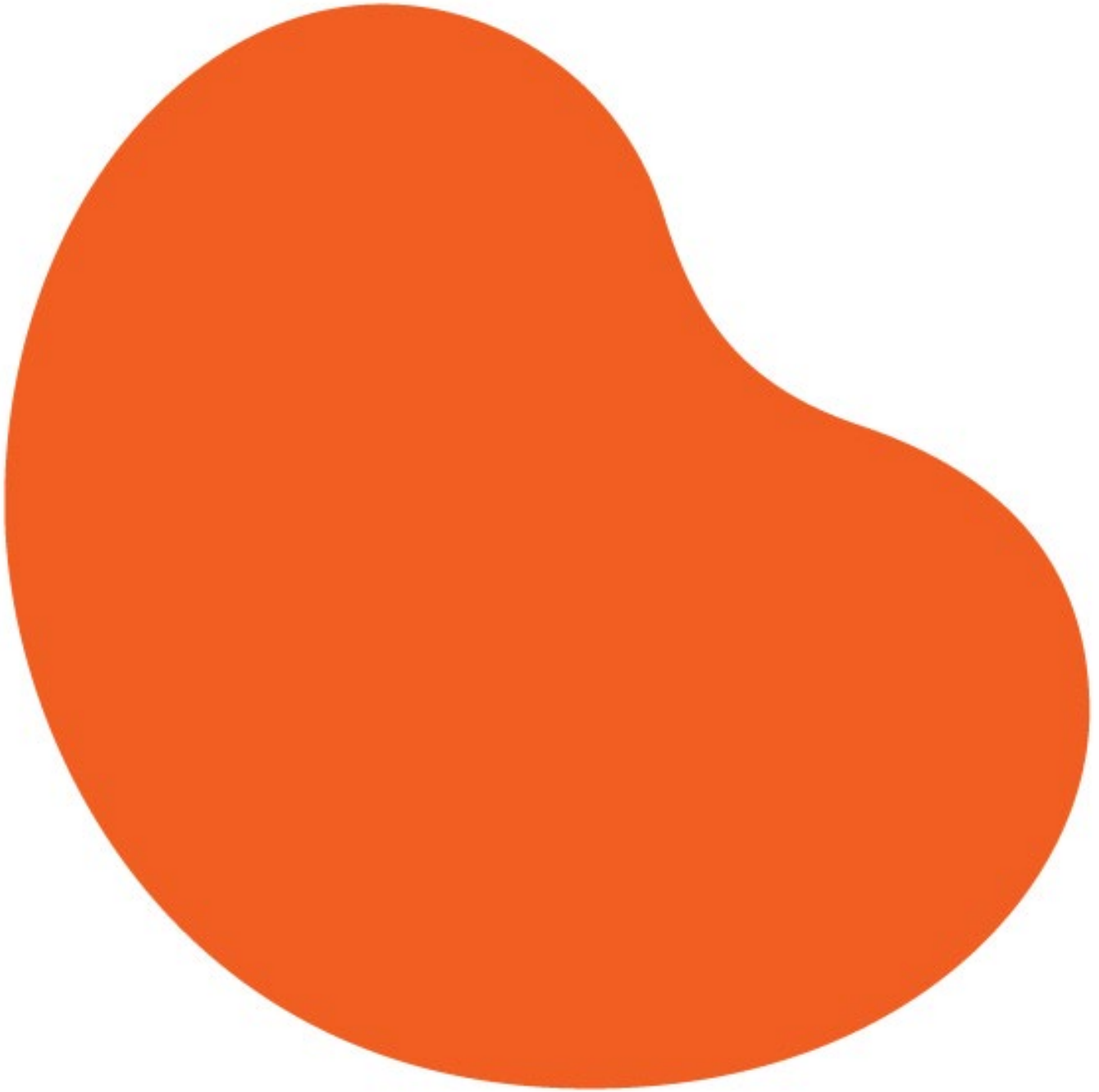
Outcomes Comparison

	In Person Jan 2018- Feb 2019	Distance Learning June 2020- Nov 2021
Participants	98	86
Weight Change	6.8%	5.6%
Average Physical Activity Minutes	177	152
Coach Satisfaction out of 5	4.86	4.87
Overall program satisfaction out of 5	4.79	4.77
Participant feedback	"On one blood pressure pill instead of two." "My family is working on healthy eating." "Lost 17.7 pounds."	"My A1C has gone down." "My doctor is satisfied with results and I'm still learning." "…feeling stronger mental attitude."

Medicare Diabetes Prevention Program

Outcomes

Benefit



Medicare DPP Implementation

Initial challenges

Cast a wide net for qualified beneficiaries

Success with cohorts from multiple funding sources

Medicare evolution on Distance Learning has been impactful

2023 MDPP Participant Engagement and Outcomes

Participant Engagement 2023	Total
Attended 1 Session	179
Attended 4 sessions	175
Attended 9+ sessions	166

42% lost 5%+

176 minutes average physical activity

Note: In order to gather the broadest assessment possible, outcomes were assessed at six months. Keep in mind that these outcomes are at a point in time. MDPP participants' journeys are at all different stages of the program.

MDPP Benefits

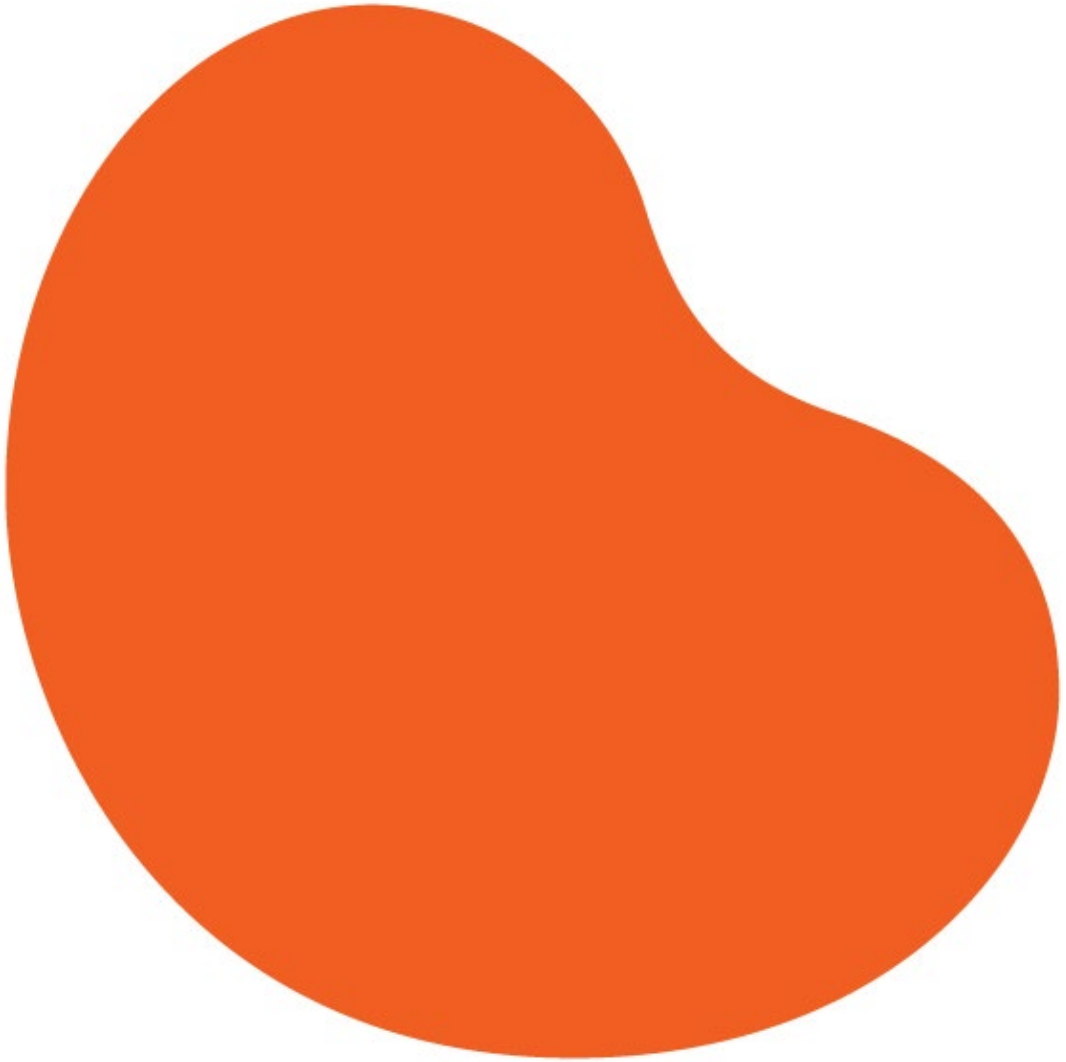
Service of NKFM Mission

Increased opportunity for sustainability

Expanded organizational capacity

Questions or Comments?

Thank you!



Questions for Panelists?

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Break

Partnering for MDPP

Presenters: Partnering for MDPP

Lavinia Goto, Operations Manager
Oregon Wellness Network

Cindy Lafond, Executive Director of Health Interventions
The Granite YMCA

Nikki Kmicinski, Executive Director
Western New York Integrated Care Collaborative

PARTNERING FOR MDPP

Presented by: Lavinia Goto

September 2024

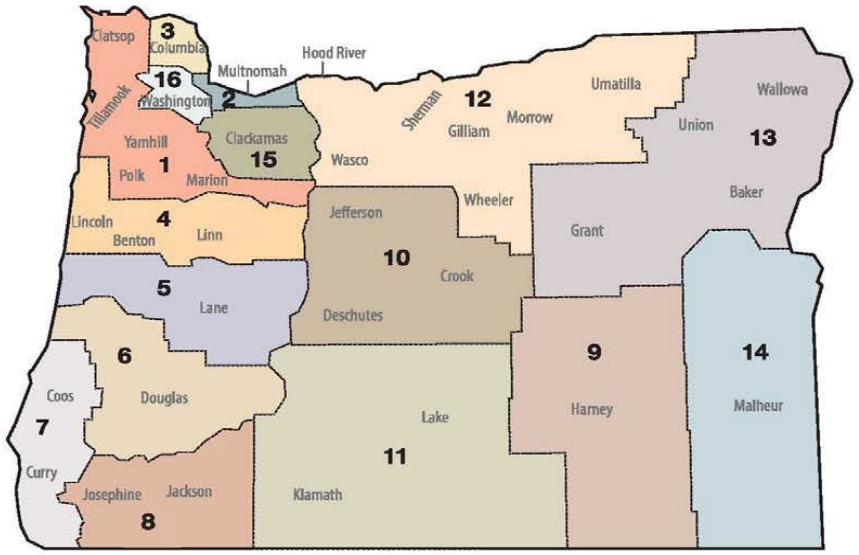
OREGON WELLNESS NETWORK
A COMMUNITY CARE HUB

OWN is a Community Care Hub that provides a number of administrative services for its network of provider partners; the 16 AAAs and Community-Based Organizations (CBOs)

These services include: centralized contracting and billing, centralized referral hub, statewide training, and umbrella licensing & accreditation

OWN is part of a larger integrated community network called CINO or Community Integrated Network of Oregon.

Oregon Area Agencies on Aging Planning and Service Areas



1. **NWSDS** - *(Type B Transfer)* Northwest Senior & Disability Services
2. **MCADVS** - *(Type B Transfer)* Multnomah County Aging, Disability & Veterans Services
3. **CAT** - *(Type A)* Columbia Action Team
4. **OCWCOG** - *(Type B Transfer)* Oregon Cascades West Council of Governments
5. **LCOG** - *(Type B Transfer)* Lane Council of Governments
6. **DCSS** - *(Type B Contract)* Douglas County Senior Services
7. **SCBEC** - *(Type A)* South Coast Business Employment Corp.
8. **RVCOG** - *(Type B Contract)* Rogue Valley Council of Governments
9. **HCSCS** - *(Type A)* Harney County Senior & Community Services Center
10. **COACO** - *(Type A)* Council on Aging of Central Oregon
11. **KLCCOA** - *(Type A)* Klamath & Lake Counties Council on Aging
12. **CAPECO** - *(Type A)* Community Action Program of East Central Oregon
13. **CCNO** - *(Type A)* Community Connection of NE Oregon
14. **MCOACS** - *(Type A)* Malheur Council on Aging and Community Services
15. **CCSS** - *(Type A)* Clackamas County Social Services
16. **WCDAVS** - *(Type A)* Washington County Disability Aging & Veteran Services

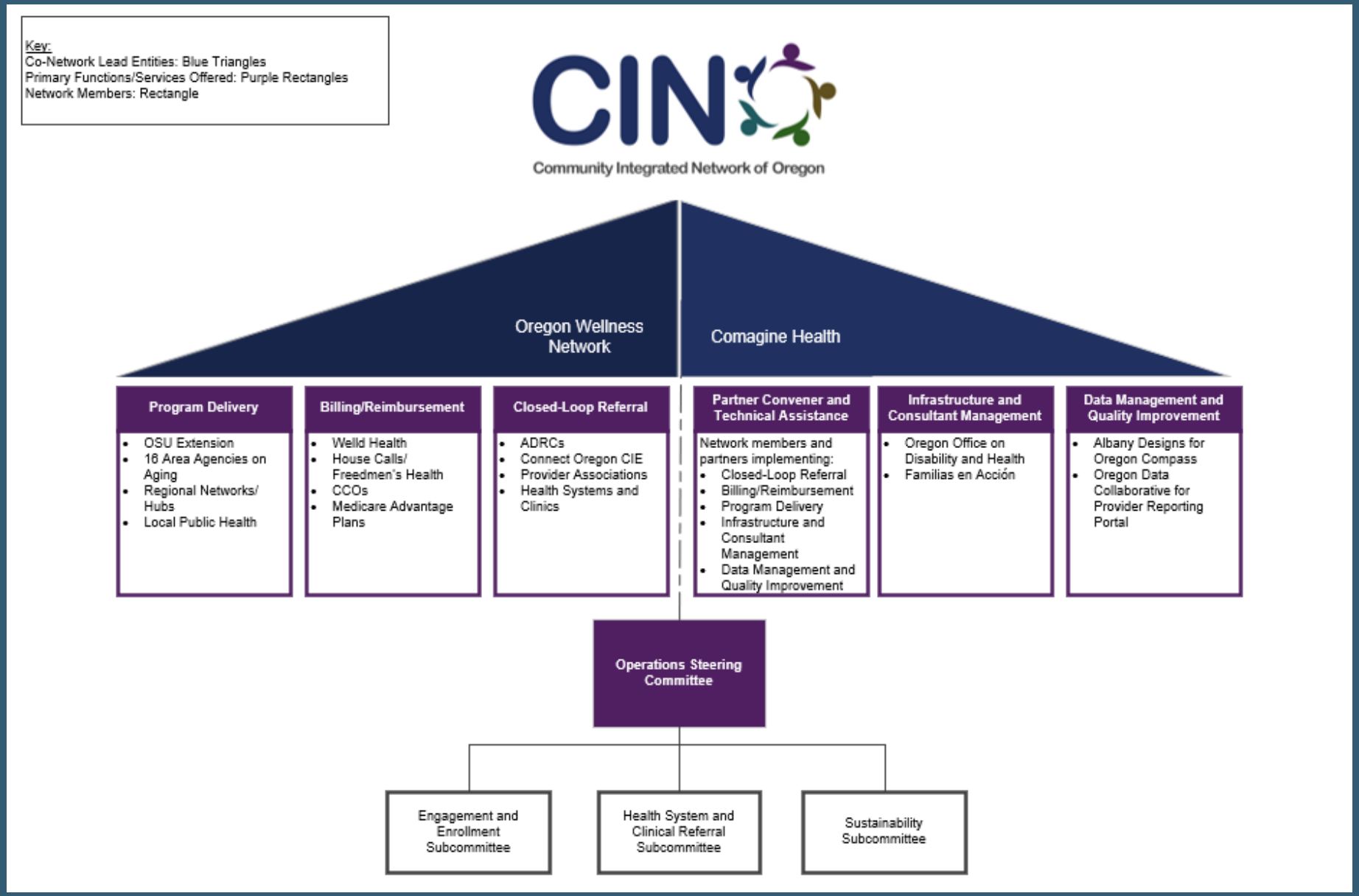
COMMUNITY INTEGRATED NETWORK OF OREGON (CINO)

Our Purpose: CINO serves all people in Oregon by designing an equitable integrated network that supports the collaborative work of improving lives and reduces the burden of chronic disease. CINO recognizes the system as it currently exists does not benefit everyone and strives to create a more equitable system for access to evidence based-health education and support programs

Our Vision: An integrated and equitable health model free, accessible, and inclusive to all people in Oregon by providing equal access to all individuals regardless of race, ethnicity, sex, gender, ability, religion, other background or identity, health status or chronic condition.

Our Mission: As a statewide network, we are building a sustainable, equitable, and accessible infrastructure to provide services that support engagement in and access to evidence-based health education with a goal to improve self-efficacy of all people in Oregon to manage their health now and into the future.

CINO Operational Structure



OWN'S MISSION & PURPOSE/ SERVICES OUR PARTNERS PROVIDE

- Build and sustain the capacity of our AAA and CBO partners to help adults and people with disabilities living with ongoing conditions to live and thrive in the homes and communities of their choice. This is done by providing evidence-based community services designed to empower consumers to better manage their chronic conditions.
- These services include but are not limited to:
  - National Diabetes Prevention Program (DPP) and Diabetes Self Management Services (DSMES)*
  - Health Related Social Needs (HRSN) and Social Determinants of Health (SDOH) Screening and Referral
  - Health Education and Lifestyle Management
  - Fall Prevention Programs (e.g. Tai Chi: Moving for Better Balance, Otago, Walk with Ease)
  - Behavioral Health Services (e.g. PEARLS, OPAL, Peer Mentoring)
  - Care Coordination e.g. Care Transition, Chronic Care Management
  - Nutrition Services and home delivered meals
  - Caregiver Support Services

* Explained in greater detail in the following screens

DIABETES PREVENTION AND MANAGEMENT SERVICES

This Category of Services includes:

1) National Diabetes Prevention Program (National DPP) – this is an evidence-based program, that uses a CDC-approved curriculum, and is covered by both Medicare and Oregon's Medicaid Program.

   Key elements:

   - Offered both in person and via distance learning in a group setting (up to 14 people)
   - Participants must be pre-diabetic or qualify by BMI as overweight or obese
   - Participants are in the program for up to two years under the State Medicaid program
   - Rendering providers are Lifestyle Coaches that have gone through specialized training
   - Oversight by Diabetes Care and Education Specialist and a Registered Dietician Nutritionist
   - Year 1 – allows up to 28 classes; Year 2- allows up to 24 classes Total: 52 classes/sessions

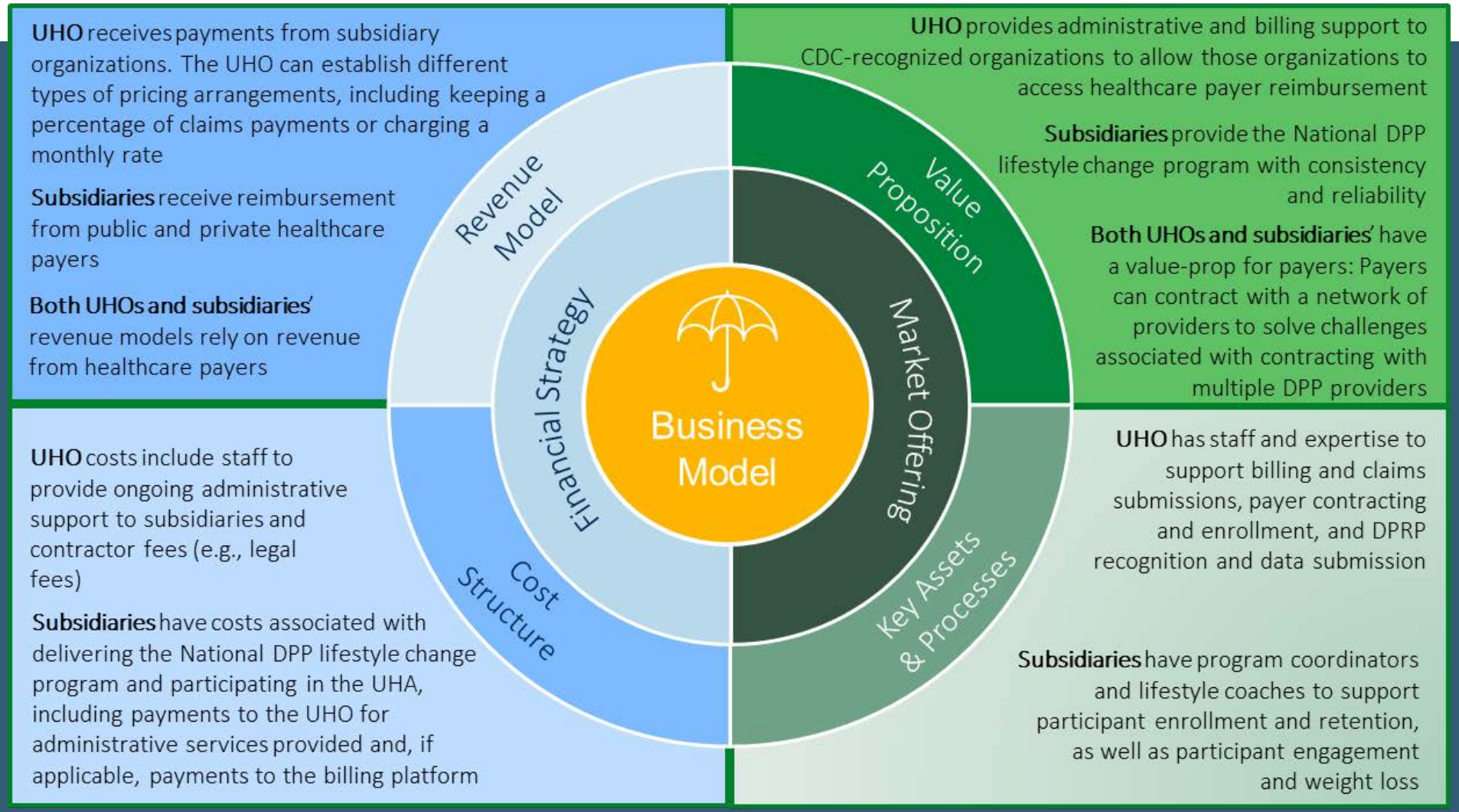
DIABETES PREVENTION AND MANAGEMENT SERVICES (CONT'D)

2) Diabetes Self-Management Education & Support Services (DSMES).

OWN's DSMES program is nationally accredited by the Association of Diabetes Care and Education Specialists (ADCES) includes two major components. These are:

- One –on-One meeting for Individual Care Planning and follow up; provided by a health coach. If medical nutrition therapy is needed, a referral by a qualified provider to OWN's Registered Dietician (RD) is requested. Provided Virtually at this time.
- 6-week Group Workshop on Diabetes Self Management & Education (DSMES). Uses a evidence-based curriculum that was developed by Stanford University for persons with diabetes. Offered virtually or in-person. Each session is 2.5 hours. Class leaders/facilitators have completed a >30-hour training program .
- All services are overseen by a Certified Diabetes Care and Education Specialist (CDCES) and/or a Registered Dietician.

UMBRELLA HUB ARRANGEMENT BUSINESS MODEL



ADDITIONAL INFORMATION

- Most of our services can be provided virtually or in- person. Please note that in some rural areas, virtual classes may be the only option.
- Most of our programs can also be offered in both English and Spanish.
- Use of technology may be a challenge for some participants; for that reason we can provide some degree of technical assistance and loan out tablets to allow participation in a class or an individual counseling session. Note that tablets come with "data" so patients can participate even if they do not have wi-fi.
- In terms of billing, we can do invoicing or medical billing using mutually agreed upon billing codes
- In terms of referrals, we can accept by fax, email or over the phone through 1-833-ORE-WELL. We can also accept referrals through ADRC & Connect Oregon

PARTNERS AT EVERY LEVEL

From OWN's inception, partners have played a key role and will continue to do so….

Alone we can do so little; together we can do so much

~ Helen Keller ~

QUESTIONS?

Contact: Lavinia.Goto@nwsds.org or
Call: 503-304-3408 (ofc) or 503-602-8384 (cell)

1-833-ORE-WELL or 1-833-673-9355

OregonWellnessNetwork.org

PARTNERSHIPS THROUGH THE GRANITE YMCA LENSE

Disclaimer: This presentation was developed by The Granite YMCA. CMS disclaims responsibility for the content in this presentation. No CMS endorsement is implied between cms.gov and this outside source.

Cindy Lafond
Executive Director of Health Interventions
clafond@graniteymca.org

WHO WE ARE

Established in 1854, The Granite YMCA is part of the worldwide non-profit Y organization. Our association has five branches in Manchester, Goffstown, Londonderry, Portsmouth, and Concord and two overnight camps in Alton and Strafford.

OUR MISSION
The Granite YMCA creates a community where all are welcome and builds a healthy spirit, mind and body based on the values of caring, honesty, respect, and responsibility.

OUR CAUSE
At the Y, strengthening community is our cause. Every day, we work side by side with our neighbors to create the support and opportunities that empower people and communities to learn, grow and thrive. The Granite YMCA is, and always will be, dedicated to building healthy, confident, connected, and secure kids, adults, families, seniors, and communities.

OUR IMPACT

- The YMCA has over 2,700 locations in 10,000 communities across the country. *The Granite YMCA serves the following communities in NH: Manchester, Hooksett, Bedford, Goffstown, Weare, New Boston, Dunbarton, Londonderry, Derry, Windham, Chester, Portsmouth, Greenland, Rochester, Dover, Somersworth, and more.*

- 21 million people (12 million adults and 9 million youth) of all ages, incomes, backgrounds and abilities come to the Y to learn, grow and thrive. *The Granite YMCA serves 35,000 individuals each year.*

- More than 500,000 volunteers – kids, parents, individuals, and business and community leaders – are personally invested in strengthening their communities. *The Granite YMCA has support of over 1,400 volunteers.*

- **The Granite YMCA provided financial aid and/or free services valued at $1.6 million dollars to more than 26,189 individuals across NH.** This outreach included: sliding scale fee structure for programs and services, free use of facilities to a broad range of non-profits, camp scholarships and reduced fee or free child care services.

5 KEY STRATEGIES TO BUILD STRONG PARTNERSHIPS THAT BUILD EQUITY

1. Identify the Right Partners:

The first step in building a strong partnership is to identify the right partners. Look for businesses or individuals that share your values and complement your strengths. Consider factors such as their values, their expertise, and their existing network..

2. Define Clear Goals and Expectations:

Before entering a partnership, it is important to define clear goals and expectations. What are you hoping to achieve through this partnership? What are the roles and responsibilities of each partner? What resources will each partner contribute? By setting clear expectations from the outset, you can avoid misunderstandings and build a solid foundation for your partnership.

3. Communicate Effectively:

Effective communication is key to building and maintaining strong partnerships. Make sure to establish regular check-ins as well as open channels for communication. Be openly transparent about your needs and concerns - encourage your partner to do the same. Listen actively and seek to understand their perspective. By fostering a culture of open communication, you can build trust - strengthening your partnership and ensuring that everyone is on the same page moving forward.

4. Collaborate and Innovate:

Partnerships are all about collaboration and innovation. Look for opportunities to collaborate on projects, share knowledge, swap expertise, and co-create new products or services..

5. Maintain the Relationship:

Building a strong partnership is just the first step. It is equally important to maintain the relationship over time. Regularly check in with your partner and provide feedback. Celebrate your successes together and learn from your failures, that is the only way to grow - together..

YMCA LOCATIONS IN NH

The Granite YMCA Association

- Manchester, Concord, Goffstown, Londonderry, Portsmouth, Somersworth, Rochester

Greater Nashua YMCA Association

- Nashua, Westwood Park, Merrimack

Independent YMCA's

- Keene Family YMCA
- Plaistow YMCA
- Exeter YMCA

Meeting Waters YMCA

HEALTH CARE - PREVENTION

Chronic Disease Programs: Evidence Base Programs

Diabetes **Prevention** Program

Diabetes Self-Management Education & Support - **Type 2 Diabetes**

LIVE**STRONG** at the Y - **Cancer**

Blood Pressure Self-Monitoring - **Hypertension**

Mood Lifters- **Mental Health**

Healthy Weight and Your Child - **Family Prevention**

Enhance Fitness, WWE, TJQMBB, Aquatic - **Arthritis**

Hospitals, FQHC, Family Practices, Cancer Centers

Outcomes, Data, Bi-directional communication, sustainability

OTHER PARTNERSHIPS:

- **Y USA**
  - The Y is a powerful organization serving kids, adults and families. Together, we're committed to creating personal and social change—from nurturing the potential of kids, to improving the nation's well-being, to advocating for our communities.
  - The YMCA aims to improve our nation's health by providing programs and activities that promote overall well-being, no matter where you are on your journey toward better health. And when people feel their best and have fulfilling lifestyles, their communities become stronger, too

- **Payors:**
  - Medicaid -Working relationships with all 3 MCO's in NH for DPP, DSMES, BPSM, Mental Health, Childcare, Social Support
  - Medicare- payment for DPP, DSMES
  - Recipients of federal funding

OTHER PARTNERSHIPS (Cont.):

- **State Department of Public Health:**
  - Contracts to support Diabetes, Heart Disease, Arthritis, Cancer, WiseWoman, Asthma
  - Covering infrastructure, trainings, technology, program support

- **Mass College of Pharmacy:**
  - 2 years planning
  - Goal to educate students in pharmacy about community to clinical linkage
  - Chronic Disease, Motivational Interviewing, hands on experience
  - Summer of 2024 completed 2nd year, additional departments Nursing, Occupational Therapy

THE GRANITE YMCA UMBRELLA HUB

Name of YMCA (7 States)	**Number of Branches** (44 Locations)	**Diabetes Prevention Classes** (total of 48 classes with impact of over 500 people)
The Granite YMCA (NH)	10	24
YMCA of Greater Nashua (NH)	3	3
Regional YMCA of Western CT	5	3
Rye YMCA (NY)	1	2
Valley of the Sun YMCA (AZ)	12	4
YMCA of Kingston & Ulster (NY)	1	2
Saratoga Regional YMCA (NY)	5	2
Lakelands Region YMCA (SC)	2	2
Foothills Area YMCA (SC)	2	2
Greater Holyoke YMCA (MA)	1	2
Central Lincoln County YMCA (ME)	2	2

THANK YOU

Western New York
Integrated Care
Collaborative

WESTERN NEW YORK INTEGRATED CARE COLLABORATIVE: PARTNERING FOR MDPP

Nikki Kmicinski,
Executive Director

WESTERN NEW YORK INTEGRATED CARE COLLABORATIVE (WNYICC)

Community Integrated Health Network: since 2016

- WNYICC is the **Community Care Hub** of the Network
- WNYICC is a non-profit 501(c)3 agency

81 Network Members

- 2 Departments of Health
- 1 Independent Living Agency
- 9 Area Agencies on Aging (AAA)
- 69 Social Care Agencies (non-profits)

www.wnyicc.org

Western New York Integrated Care Collaborative

The John A. Hartford Foundation BUSINESS INNOVATION AWARD 2023 WINNER

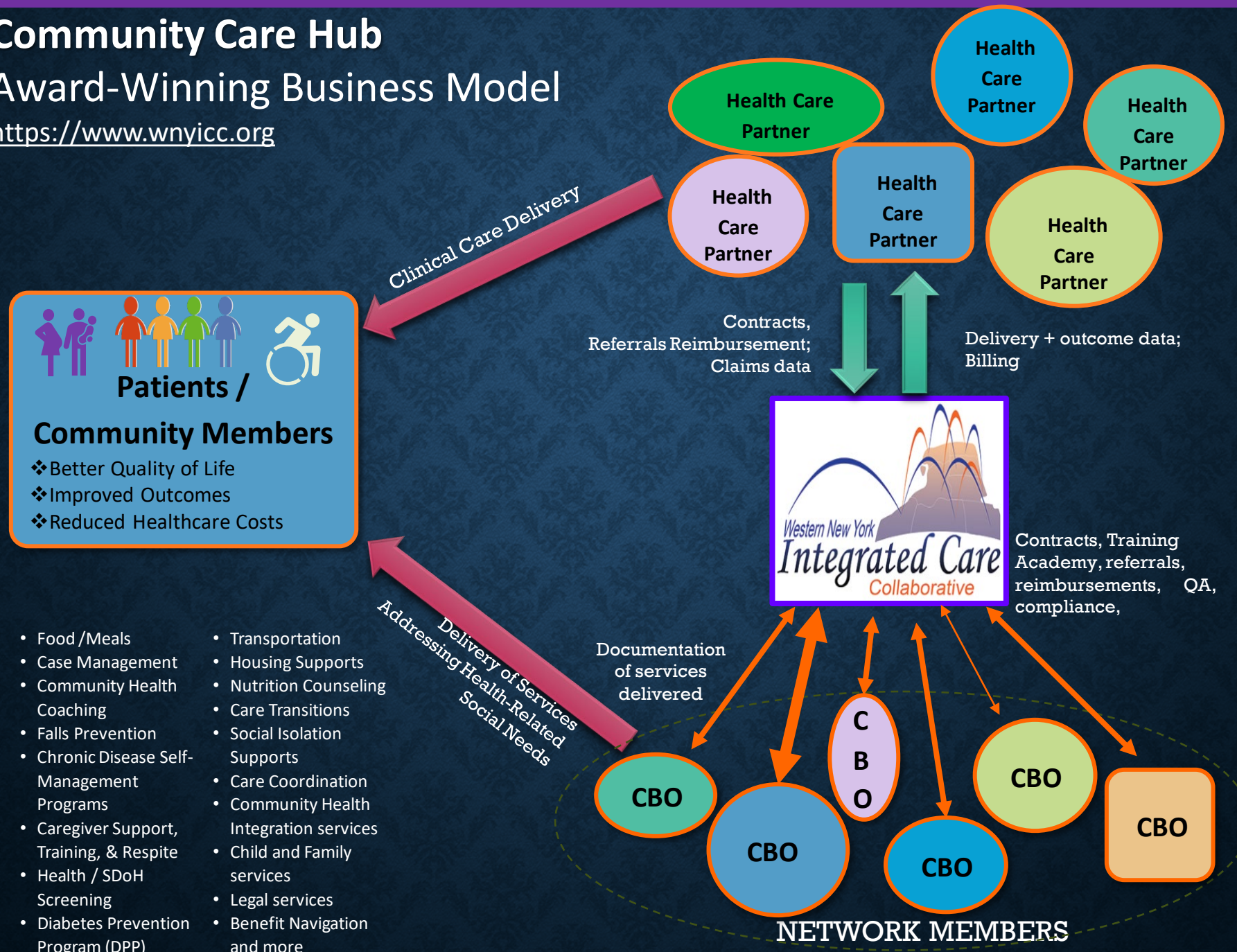
The John A. Hartford Foundation | USAging Leaders in Aging Well at Home | Aging and Disability BUSINESS INSTITUTE Connecting Communities and Health Care

WNYICC was selected as 1 of 9 regional Social Care Networks for the new NYS Medicaid 1115 Waiver.

Community Care Hub

Award-Winning Business Model

https://www.wnyicc.org



CURRENT CONTRACTED PROGRAMS:

- Community Health Coaching
- Meal Delivery Program
- Healthy I.D.E.A.S. Program
- Diabetes Prevention Program (M/DPP)
- Diabetes Self-Management Education and Support (DSMES)
- Medical Nutrition Therapy
- Falls Prevention Coaching
- Caregiver Support Coaching
- Care Coordination 30-90 days
- NY Medicaid 1115 Health-Related Social Needs Services (care management, navigation, housing, nutrition/food delivery, transportation)

WNYICC MDPP Partnerships

Community Based Organizations

Community / University

Health Plans

Regional Forums

Healthcare Providers

NY State Department of Health

Local Government Agencies

WNYICC MDPP Partnerships

Community Based Organizations

- WNYICC holds CDC Full-Plus Recognition for region
- WNYICC sub-contracts with CBOs to provide workshops through out region (8 counties) & virtually
- WNYICC provides training, on-going education, supplies, billing, reporting
- CBOs conduct outreach to their clientele.

Western New York Integrated Care Collaborative

www.wnyicc.org

WNYICC MDPP Partnerships

Health Plans

- WNYICC contracts with Medicaid, Medicare Advantage, and Commercial plans in our region.
- WNYICC and plans develop outreach strategy together (ie co-branded letters)
- WNYICC provides reports on beneficiaries in program

Western New York Integrated Care Collaborative | Independent Health

Western New York Integrated Care Collaborative

www.wnyicc.org

WNYICC MDPP Partnerships

Healthcare Providers

- WNYICC conducts outreach to provider offices.
- WNYICC meets with provider office staff to train on referral process.
- WNYICC provides reports on patients in program.

Western New York Integrated Care Collaborative

www.wnyicc.org

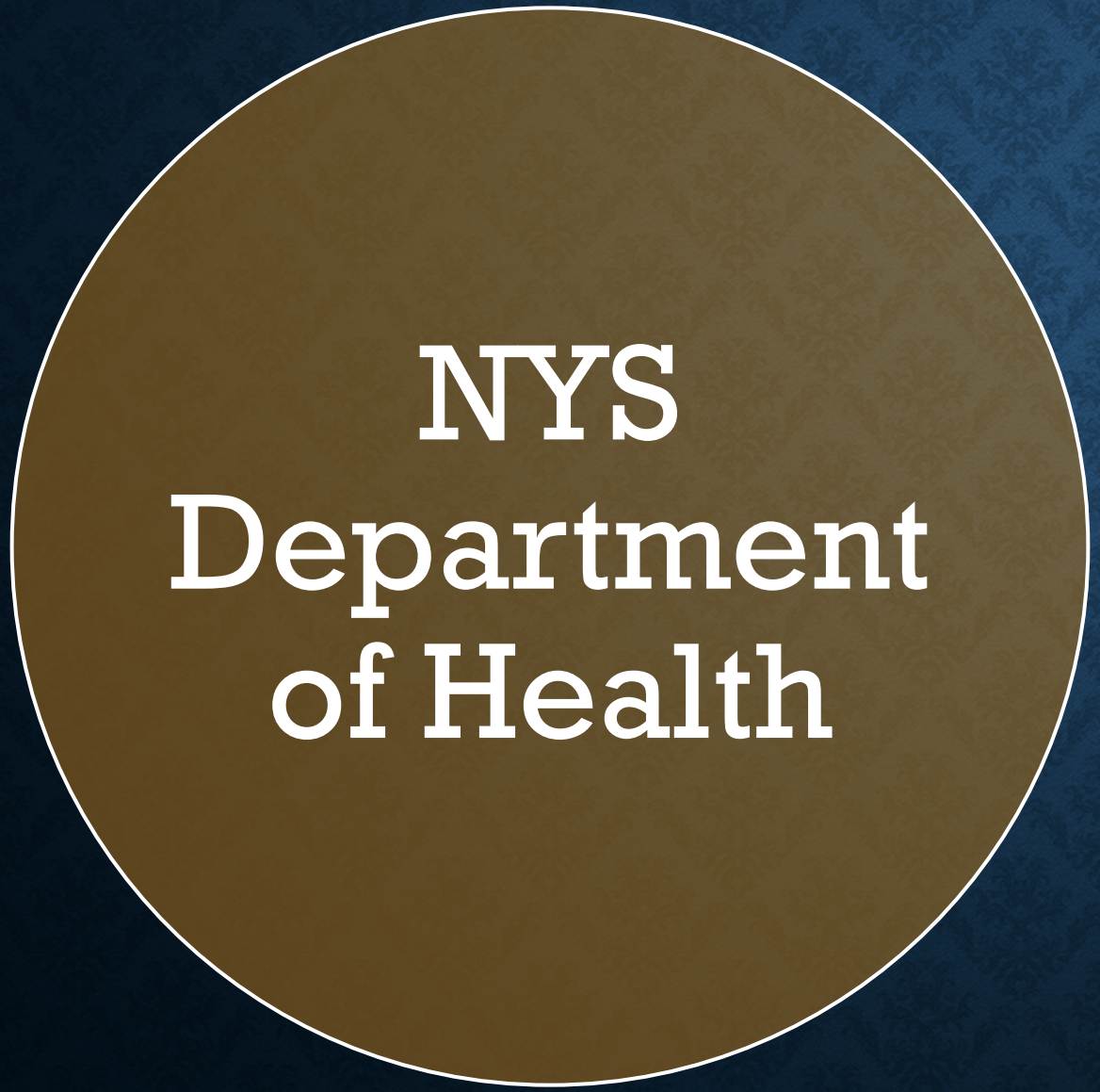
WNYICC MDPP Partnerships

- Niagara County Public Health Department is one of our sub-contracted delivery partners
- Health Department includes DPP in their annual community health assessment goals.
- Erie County Senior Services is an Area Agency on Aging (AAA) and one of our sub-contracted delivery partners.
- ECSS conducts outreach to Seniors throughout County

Western New York Integrated Care Collaborative

www.wnyicc.org

WNYICC MDPP Partnerships



- NYSDOH has provided guidance & Support on MDPP.
- NYSDOH has provided state-wide training for Lifestyle Coaches.
- WNYICC received grant from NYSDOH which help fund cultural marketing and training on Health Equity.

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WNYICC MDPP Partnerships

Regional Forums

- Live Well Erie
- WNY Food As Medicine Coalition
- WNY Dietetic Association
- Niagara Falls Health Equity Task Force
- African-American Health Equity Taskforce
- Erie County Hub Workgroup
- Starting Line Healthy Births Coalition
- Fellows Action Network
- Exhale Caregiver Respite Programs
- Chautauqua Co. Community Meetings
- Allegany Co. Community Meetings

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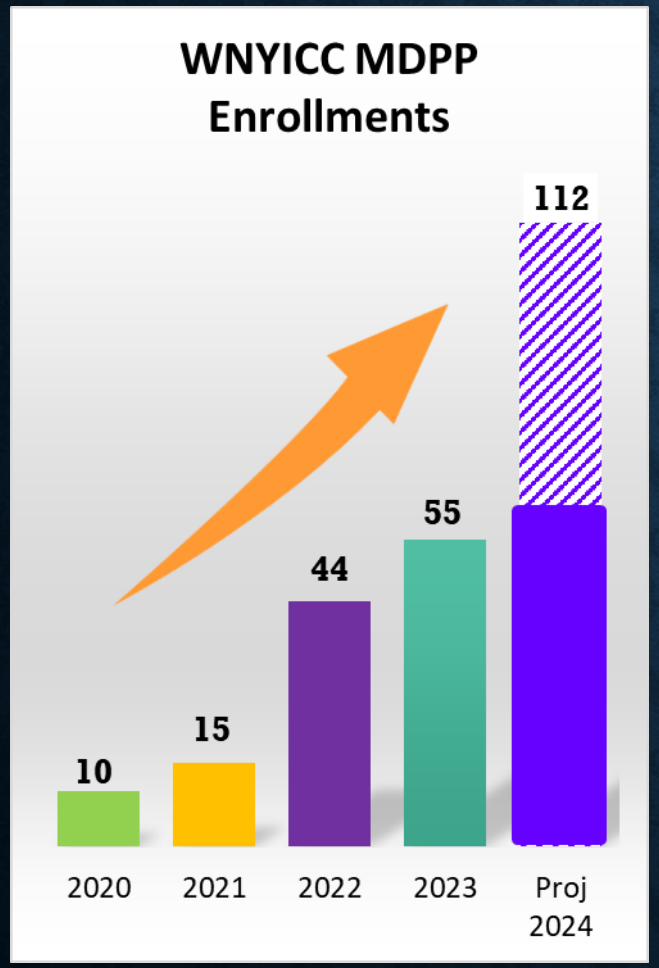
WNYICC MDPP Partnerships

- Community Wellness Ambassador Program
- Outreach Events:
  - Health Fairs
  - Community Events
  - Libraries
  - Senior Centers
  - Gyms
  - Grocery Stores
- University to study and refer to program

Western New York Integrated Care Collaborative

www.wnyicc.org

WNYICC MDPP QUICK STATS



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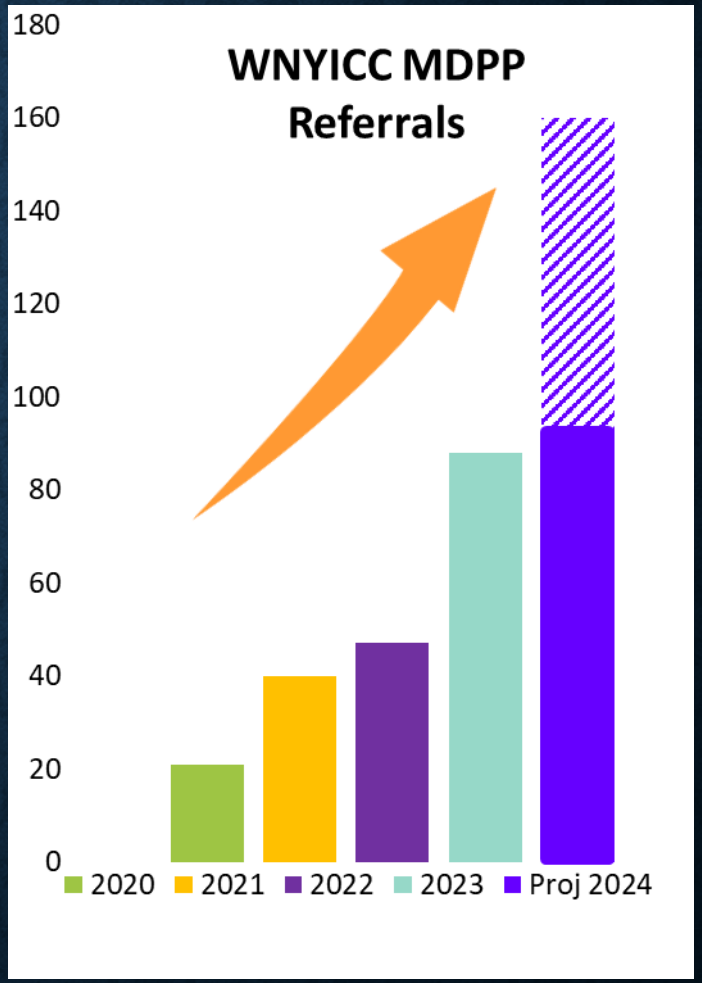

Western New York
Integrated Care
Collaborative

742 Delaware Ave | Buffalo | NY | 14209

716-431-5100

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844-620-0739 (fax)

THANK YOU!

Nikki Kmicinski, MS, RD, CDN
CEO
Western New York Integrated Care Collaborative
nkmicinski@wnyicc.org

Questions for Presenters?

How to Submit Questions

- Please submit any questions you have using the Q&A feature.
- When submitting a question, please select “All Panelists,” so that all the presenters see your question.

Technical Assistance

- If you encounter any issues, please contact MDPP Support by using the “Chat” feature or by emailing MDPP-Outreach@acumenllc.com

CDC Umbrella Hub Arrangement Networking

NATIONAL DPP UMBRELLA HUB ARRANGEMENTS
MDPP SUPPLIER SUMMIT
SEPTEMBER 18-19, 2024

Disclaimer: This presentation was developed by the Centers for Disease Control and Prevention. CMS disclaims responsibility for the content in this presentation. No CMS endorsement is implied between cms.gov and this outside source.

CDC’s Commitment to Scaling Umbrella Hub Arrangements

Purpose of Umbrella Hub Arrangements

» The main purpose of a National Diabetes Prevention Program (National DPP) Umbrella Hub Arrangement (UHA) is to support the sustainability of CDC-recognized organizations delivering the National DPP lifestyle change program.

About UHA Structure

- In a UHA, a hub serves as the sponsoring organization for a group of CDC-recognized organizations.
- The hub must be a CDC-recognized organization.
  - Delivery Organization- delivers the National DPP; or
  - Non-delivery Organization- does not deliver the National DPP lifestyle change program, but must submit a DPRP application for CDC-recognition after receiving direction and CDC approval of the non-delivery hub UHA
  - *Services a hub can provide:*
    - Administrative support.
    - Training opportunities for Lifestyle Coaches and program staff.
    - Resources to address participants' barriers to participation.
    - Connection to a health care payment system.
- UHAs must activate an agreement with at least one payer within two years of submitting their UHA application.
  - Qualifying payer enrollment may include any public or private payer, employer, or health plan.

Getting Started: Building Knowledge and Resources

- National DPP UHA Guidance and Application are found on the National DPP CSC
- National DPP Coverage Toolkit
  - UHA Roadmap - provides an overview of activities to operationalize a UHA for the National Diabetes Prevention Program (National DPP) lifestyle change program.
  - Business Model for Umbrella Hub Arrangements – provides a sample UHA business model and is intended to provide a framework for umbrella hub organizations.
  - Reimbursement for Umbrella Hub Arrangements – provides an introduction into the components of the MDPP supplier application followed by information on other payer types
- Registry of CDC-recognized National DPP UHAs – showcases all organizations in a UHA
- Medicare Diabetes Prevention Program (MDPP) Expanded Model

Key Updates and Changes to UHA Guidance

- Elimination of Aggregate UHAs.
- Inclusion of additional delivery modes in UHAs.
- Expansion of the eligibility of non-delivery organizations to serve as hubs in a non-aggregate arrangement.
- Award of indefinite Full Plus recognition for UHAs once Full Plus recognition is achieved by hub or subsidiary.
- Expanded provisions for tribes, tribal programs, and tribal-serving organizations participating in UHAs.

Eligibility: Non-aggregate UHA

- Hub organizations:
  - Must have an in-person or in-person with a distance learning component organization code (orgcode).
  - May be delivery or non-delivery organizations.
- Subsidiary organizations (subs):
  - May have an in-person, in-person with a distance learning component, and/or distance learning orgcode.
- At least 1 organization in the UHA (hub or sub) must have full or full plus recognition and be in good standing with the DPRP.
- Expanded provision for tribes, tribal programs, and tribal-serving organizations:
  - A UHA comprised of tribes, tribal programs, and tribal-serving organizations may apply with at least one delivery organization in pending or preliminary recognition. The recognition status of the UHA will be awarded based on the highest recognition status achieved by any organization in the UHA.

Scaling Your UHA: Adding Subs to an Existing UHA

» Non-aggregate Arrangements:

- Subs may be added when the hub has completed all the application requirements.

UHA Application Process

- Organizations interested in becoming a UHA need to review the National DPP UHA Guidance, complete the application and Statement of Intent, and provide a copy of the business associate agreement (BAA) with their subsidiaries, specifying accountability requirements and billing infrastructure.
- The application has been revised and must be used by all new UHA applicants as of **March** 1, 2024.
- National DPP UHA applications should be completed in their entirety and submitted by the hub through the National DPP Customer Service Center (CSC).
  - Please note that applications will only be accepted from hubs with at least 1 subsidiary.
- Non-delivery hubs should submit a DPRP application for CDC-recognition after receiving direction and CDC approval of the non-delivery UHA.

Map of Umbrella Hub Arrangements

CDC Umbrella Hub Arrangement Networking: Q&A

Lavinia Goto, Operations Manager
Oregon Wellness Network

Cindy Lafond, Executive Director of Health Interventions
The Granite YMCA

Break

Office Hour with Medicare Administrative Contractors (MACs)

MAC Representatives

Shuanya Lovitt and
Vanessa Williams
CGS

Bradley Bohner
FCSO

Carleen Parker
NGS

Tammy Ewers
Noridian

Amy Ascher
Novitas

Shelly Daily and
Gayle Patterson
Palmetto

Ellen Berra
WPS

Instructions for MAC Office Hour Participation

Overview

- You will be placed in a breakout room with your MAC, based on responses to the registration questionnaire.
- To change rooms, click on the “Breakout Room” button to view all rooms, and select “Join” for the desired breakout room.

Technical Assistance

- If you encounter any issues, please contact MDPP Support by using the “Chat” feature or by emailing MDPP-Outreach@acumenllc.com

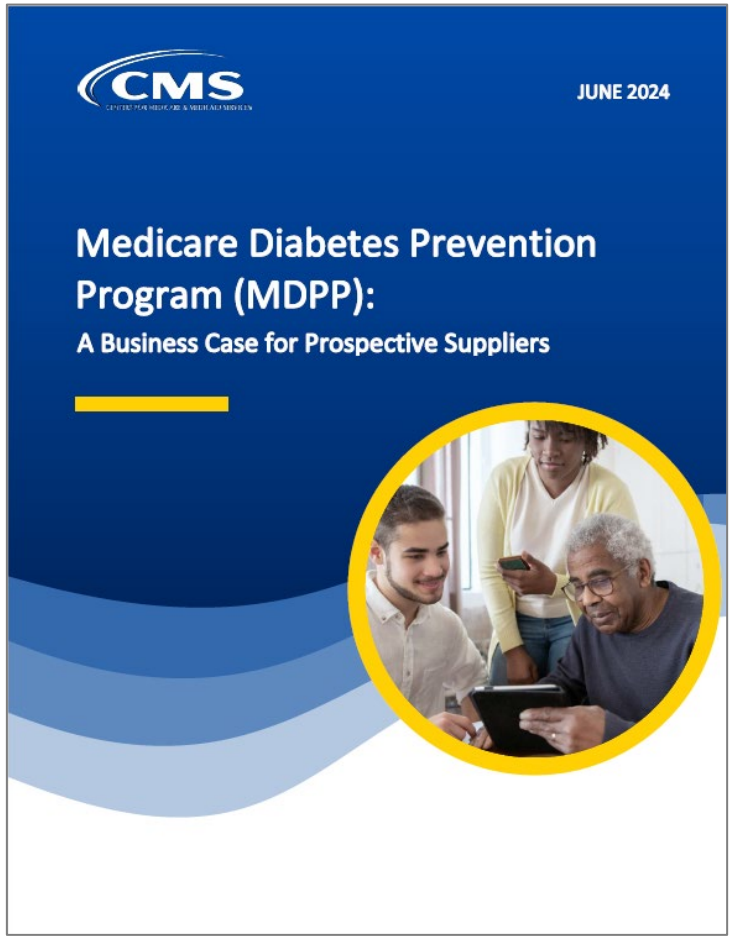
Thank You for Attending Day 1 of the Virtual Supplier Summit

Please Remember to Complete the Post-Event Survey!

Resources

MDPP: A Business Case for Prospective Suppliers

Use the Business Case to learn more about MDPP and how to enroll as an MDPP supplier.



What is covered in the Business Case?

- A high-level overview of MDPP
- Why and how to participate as a supplier
- How to recruit MDPP participants
- How to deliver and bill for MDPP services
- MDPP reporting requirements
- Expected costs and revenue when delivering MDPP

Who is it for?

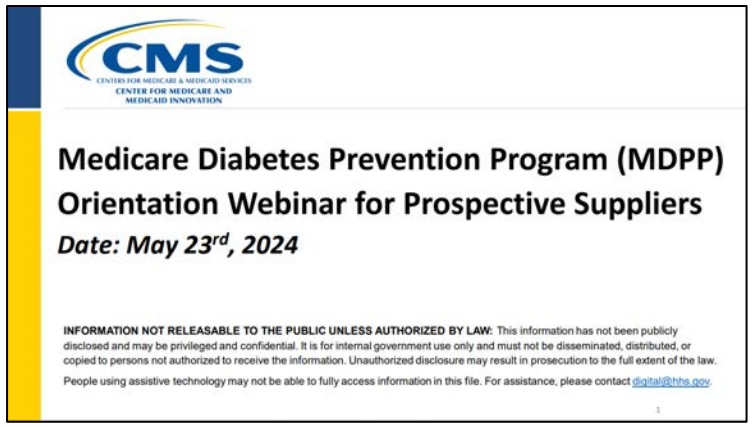
All organizations interested in learning more about MDPP and becoming MDPP suppliers.

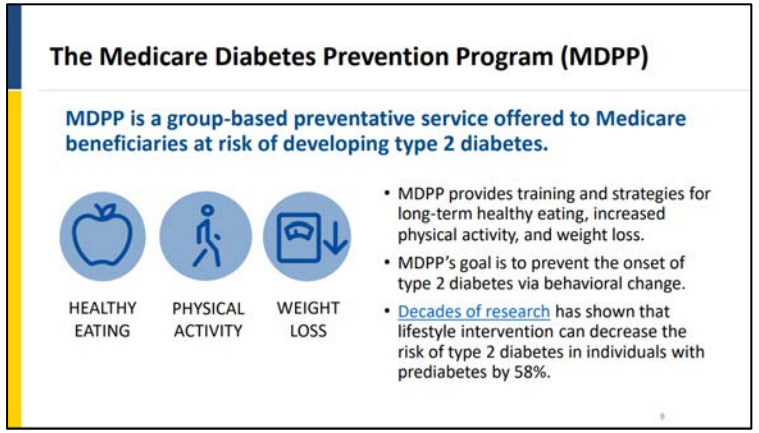
Where can I find the Business Case?

Go to: https://www.cms.gov/files/document/mdpp-business-case.pdf

MDPP May 2024 Orientation Webinar

Use the MDPP May 2024 Orientation Webinar to learn more about MDPP and how to become an MDPP supplier.





What is covered in the May 2024 Orientation Webinar?

- A high-level overview of the MDPP Expanded Model
- How to become an MDPP supplier and other ways to get involved with MDPP
- How to deliver and bill for MDPP services
- MDPP reporting requirements
- Differences between MDPP and the National DPP

Who is it for?

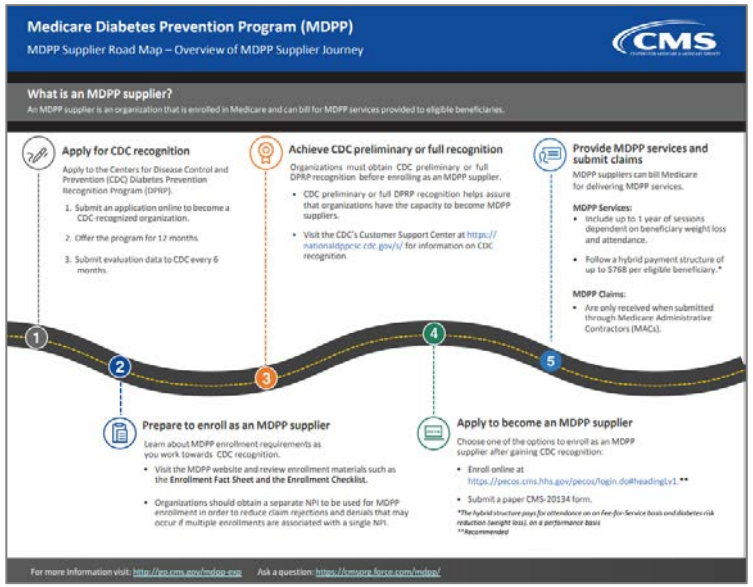
All organizations interested in learning more about MDPP and becoming MDPP suppliers.

Where can I find the MDPP May 2024 Orientation Webinar?

Go to: https://www.cms.gov/files/document/mdpp-orientation-webinar-slides.pdf

MDPP Supplier Road Map

Use the MDPP Supplier Road Map to learn more about the steps to becoming an MDPP supplier.



What is covered in the MDPP Supplier Road Map?

- An overview of the steps to becoming an MDPP supplier, including:
  - Applying for CDC recognition
  - Preparing to enroll as an MDPP supplier
  - Achieving CDC recognition
  - Applying to become an MDPP supplier
  - Providing MDPP services and submitting claims

Who is it for?

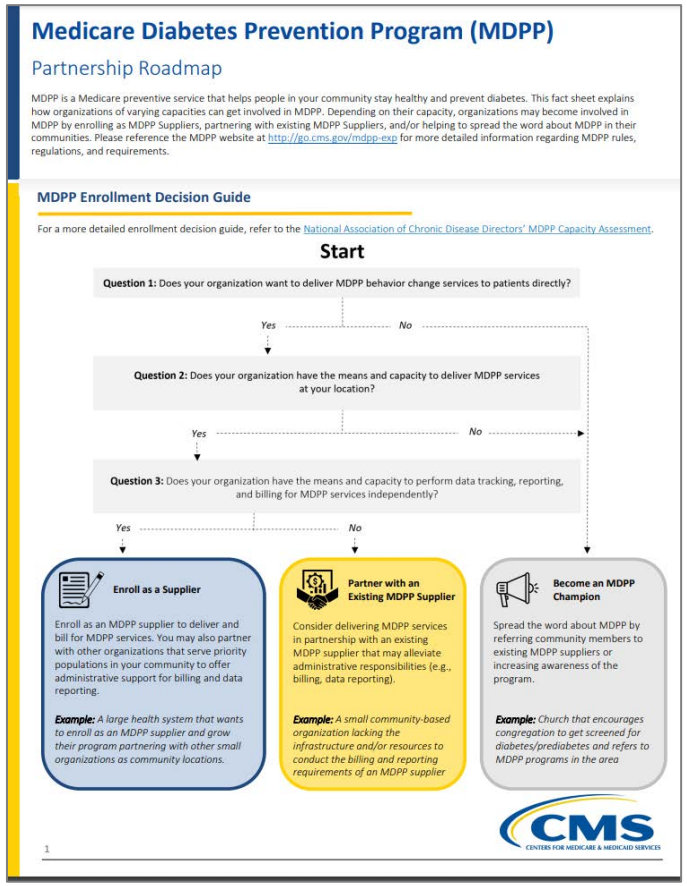
All organizations interested in learning more about MDPP and becoming MDPP suppliers.

Where can I find the MDPP Supplier Road Map?

Go to: https://www.cms.gov/files/document/mdpp-roadmap-2024.pdf

MDPP Partnership Roadmap

Use the MDPP Partnership Roadmap to learn more about how your organization can get involved in MDPP.



Medicare Diabetes Prevention Program (MDPP)

Partnership Roadmap

MDPP is a Medicare preventive service that helps people in your community stay healthy and prevent diabetes. This fact sheet explains how organizations of varying capacities can get involved in MDPP. Depending on their capacity, organizations may become involved in MDPP by enrolling as MDPP Suppliers, partnering with existing MDPP Suppliers, and/or helping to spread the word about MDPP in their communities. Please reference the MDPP website at http://go.cms.gov/mdpp-exp for more detailed information regarding MDPP rules, regulations, and requirements.

MDPP Enrollment Decision Guide

For a more detailed enrollment decision guide, refer to the National Association of Chronic Disease Directors' MDPP Capacity Assessment.

Start

Question 1: Does your organization want to deliver MDPP behavior change services to patients directly?

Yes — No

Question 2: Does your organization have the means and capacity to deliver MDPP services at your location?

Yes — No

Question 3: Does your organization have the means and capacity to perform data tracking, reporting, and billing for MDPP services independently?

Yes — No

Enroll as a Supplier

Enroll as an MDPP supplier to deliver and bill for MDPP services. You may also partner with other organizations that serve priority populations in your community to offer administrative support for billing and data reporting.

Example: A large health system that wants to enroll as an MDPP supplier and grow their program partnering with other small organizations as community locations.

Partner with an Existing MDPP Supplier

Consider delivering MDPP services in partnership with an existing MDPP supplier that may alleviate administrative responsibilities (e.g., billing, data reporting).

Example: A small community-based organization lacking the infrastructure and/or resources to conduct the billing and reporting requirements of an MDPP supplier

Become an MDPP Champion

Spread the word about MDPP by referring community members to existing MDPP suppliers or increasing awareness of the program.

Example: Church that encourages congregation to get screened for diabetes/prediabetes and refers to MDPP programs in the area

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

1

What is covered in the MDPP Partnership Roadmap?

- The different ways organizations can get involved in MDPP, which include:
  - Enrolling as an MDPP supplier
  - Partnering with an existing MDPP supplier
  - Becoming an MDPP Champion to promote the program and refer patients to existing MDPP suppliers

Who is it for?

All current and prospective MDPP suppliers.

Where can I find the MDPP Partnership Roadmap?

Go to: https://www.cms.gov/files/document/mdpp-partner-roadmap.pdf

MDPP CDC-CMS Roles Fact Sheet

Use the MDPP CDC-CMS Roles Fact Sheet to learn more about the roles of CDC and CMS in the MDPP Expanded Model.

Medicare Diabetes Prevention Program (MDPP)
Expanded Model Roles Fact Sheet

The MDPP expanded model aims to prevent the onset of type 2 diabetes among Medicare beneficiaries who have an indication of prediabetes. The MDPP expanded model is a CMS Innovation Center nationwide model test that builds on the National Diabetes Prevention Program (National DPP) led by the Centers for Disease Control and Prevention (CDC). CMS and CDC have distinct but complementary roles related to the MDPP expanded model.

CMS is implementing and evaluating the MDPP expanded model. In this role, CMS:	CDC is overseeing and assuring the quality of the National DPP. In this role, CDC:
Defines the MDPP set of services and the MDPP services period covered under Medicare	Develops and maintains the CDC National DPP Diabetes Prevention Recognition Program (DPRP) Standards
Provides resources to support successful supplier enrollment and claims submissions	Evaluates organizations for achievement and ongoing maintenance of recognition status, per the current DPRP Standard
Reviews and processes Medicare enrollment applications of organizations with CDC preliminary or full recognition	Maintains a national registry of recognized organizations, including those with CDC preliminary or full recognition
Provides resources to verify certain elements of beneficiary eligibility for MDPP	Provides resources to support organizations in achieving and maintaining CDC recognition
Processes claims submitted by MDPP suppliers for payment	Reviews and approves alternative curricula submitted by organizations seeking recognition
Monitors MDPP suppliers' compliance with Medicare requirements, including the MDPP supplier standards	Updates National DPP curricula as necessary based on current evidence

Organizations should contact:	
CMS if they already have CDC DPRP recognition and are interested in enrolling as a Medicare supplier, or if they have questions about MDPP set of services, Medicare enrollment, payment, or supplier standards. For more information, visit: http://go.cms.gov/mdpp	**CDC** if they are interested in obtaining recognition, have questions about the DPP curriculum or evidence base, or are interested in learning more about best practices in DPP delivery. For more information, visit: https://www.cdc.gov/diabetes/prevention/lifestyle-program/index.html

Visit: http://go.cms.gov/mdpp
Ask a Question: https://cmsorg.force.com/mdpp/

What is covered in the MDPP CDC-CMS Roles Fact Sheet?

- The distinct roles and responsibilities CDC and CMS play in the implementation of MDPP
- How to contact the CDC and CMS for questions related to CDC DRPR recognition, Medicare enrollment, MDPP services, payment, or supplier standards

Who is it for?

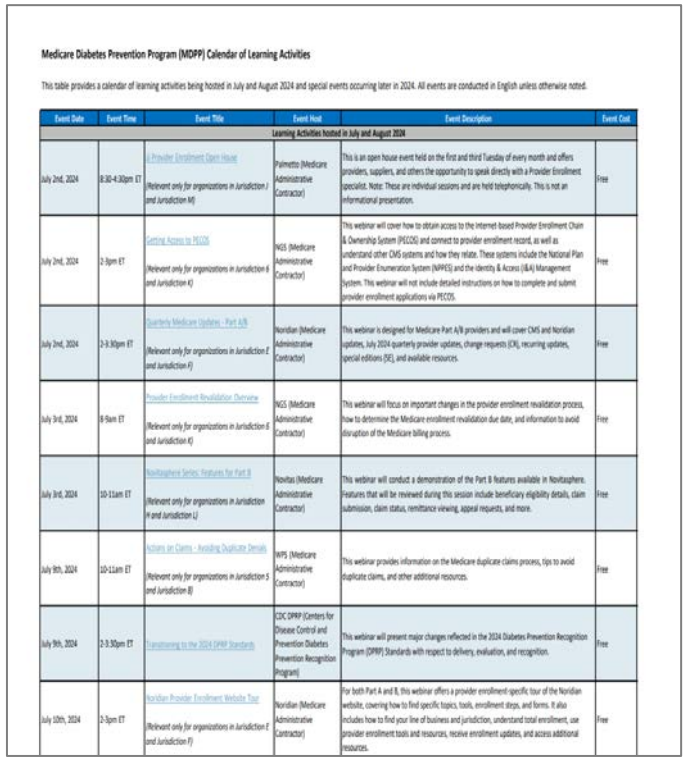
All current and prospective suppliers.

Where can I find the MDPP CDC-CMS Roles Fact Sheet?

Go to: https://www.cms.gov/priorities/innovation/files/fact-sheet/cms-cdc-roles-fact-sheet.pdf

MDPP Calendar of Learning Activities

Use the MDPP Calendar of Learning Activities to find out what MDPP-related education events happen each month.



Medicare Diabetes Prevention Program (MDPP) Calendar of Learning Activities

This table provides a calendar of learning activities being hosted in July and August 2024 and special events occurring later in 2024. All events are conducted in English unless otherwise noted.

Event Date	Event Time	Event Title	Event Host	Event Description	Event Cost
Learning Activities hosted in July and August 2024					
July 2nd, 2024	8:30-4:30pm ET	Q Provider Enrollment Open House (Relevant only for organizations in Jurisdiction J and Jurisdiction M)	Palmetto (Medicare Administrative Contractor)	This is an open house event held on the first and third Tuesday of every month and offers providers, suppliers, and others the opportunity to speak directly with a Provider Enrollment specialist. Note: These are individual sessions and are held telephonically. This is not an informational presentation.	Free
July 2nd, 2024	1-3pm ET	Getting Access to PECOS (Relevant only for organizations in Jurisdiction 6 and Jurisdiction K)	NGS (Medicare Administrative Contractor)	This webinar will cover how to obtain access to the Internet-based Provider Enrollment Chain & Ownership System (PECOS) and connect to provider enrollment record, as well as understand other CMS systems and how they relate. These systems include the National Plan and Provider Enumeration System (NPPES) and the Identity & Access (I&A) Management System. This webinar will not include detailed instructions on how to complete and submit provider enrollment applications via PECOS.	Free
July 2nd, 2024	2-3:30pm ET	Quarterly Medicare Updates - Part A/B (Relevant only for organizations in Jurisdiction E and Jurisdiction F)	Noridian (Medicare Administrative Contractor)	This webinar is designed for Medicare Part A/B providers and will cover CMS and Noridian updates, July 2024 quarterly provider updates, change requests (CR), recurring updates, special editions (SE), and available resources.	Free
July 3rd, 2024	9-9am ET	Provider Enrollment Revalidation Overview (Relevant only for organizations in Jurisdiction 6 and Jurisdiction K)	NGS (Medicare Administrative Contractor)	This webinar will focus on important changes in the provider enrollment revalidation process, how to determine the Medicare enrollment revalidation due date, and information to avoid disruption of the Medicare billing process.	Free
July 3rd, 2024	10-11am ET	Novitasphere Series: Features for Part B (Relevant only for organizations in Jurisdiction H and Jurisdiction L)	Novitas (Medicare Administrative Contractor)	This webinar will conduct a demonstration of the Part B features available in Novitasphere. Features that will be reviewed during this session include beneficiary eligibility details, claim submission, claim status, remittance viewing, appeal requests, and more.	Free
July 9th, 2024	10-11am ET	Actions on Claims - Avoiding Duplicate Denials (Relevant only for organizations in Jurisdiction 5 and Jurisdiction B)	WPS (Medicare Administrative Contractor)	This webinar provides information on the Medicare duplicate claims process, tips to avoid duplicate claims, and other additional resources.	Free
July 9th, 2024	2-3:30pm ET	Transitioning to the 2024 DPRP Standards	CDC DPRP (Centers for Disease Control and Prevention Diabetes Prevention Recognition Program)	This webinar will present major changes reflected in the 2024 Diabetes Prevention Recognition Program (DPRP) Standards with respect to delivery, evaluation, and recognition.	Free
July 10th, 2024	1-3pm ET	Noridian Provider Enrollment Website Tour (Relevant only for organizations in Jurisdiction F and Jurisdiction F)	Noridian (Medicare Administrative Contractor)	For both Part A and B, this webinar offers a provider enrollment-specific tour of the Noridian website, covering how to find specific topics, tools, enrollment steps, and forms. It also includes how to find your line of business and jurisdiction, understand total enrollment, use provider enrollment tools and resources, receive enrollment updates, and access additional resources.	Free

What is covered in the MDPP Calendar of Learning Activities?

- Upcoming interactive learning events and webinars related to MDPP implementation
- Past event organizer include CMS, CDC DPRP, and Medicare Administrative Contractors (MACs)

Who is it for?

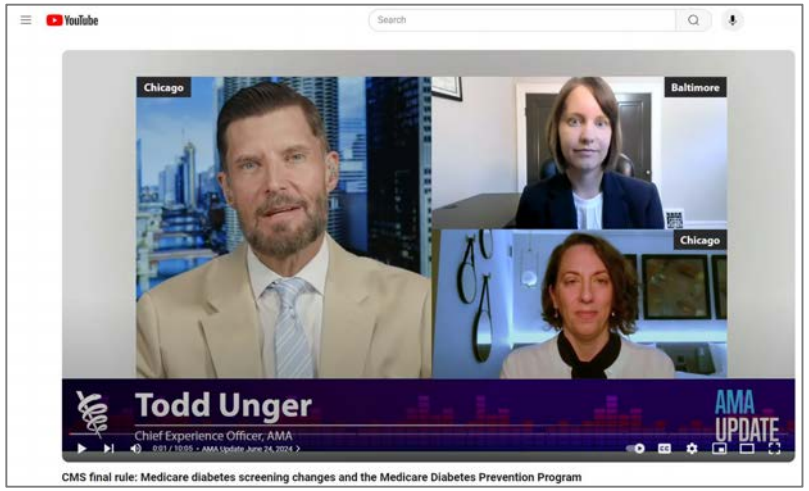
All current and prospective MDPP suppliers.

Where can I find the MDPP Calendar of Learning Activities?

Go to: https://www.cms.gov/priorities/innovation/innovation-models/medicare-diabetes-prevention-program (Beneath 'Opportunities to Get Involved'.)

AMA Update Podcast: Medicare Diabetes Screening Changes and MDPP

Listen to the American Medical Association (AMA) Update podcast to learn more about MDPP and Medicare's new coverage of HbA1c testing for prediabetes.



What is covered in the AMA Update podcast?

- A high-level overview of MDPP
- Medicare's coverage of MDPP and HbA1c testing for prediabetes
- The importance of early diabetes detection
- Improving health equity through MDPP distance-learning sessions

Who is it for?

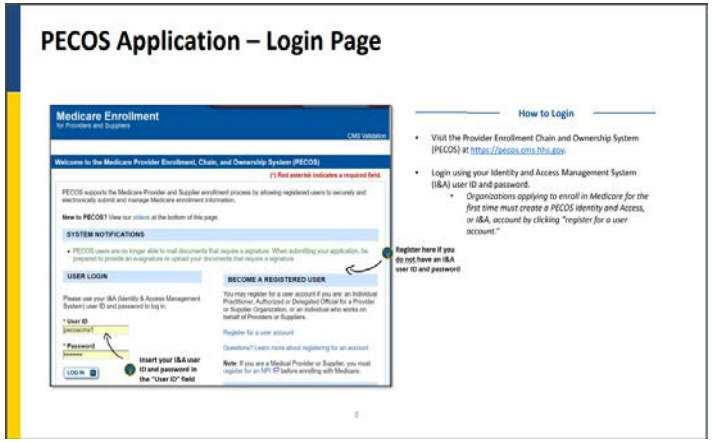
All organizations interested in learning more about MDPP and becoming MDPP suppliers.

Where can I find the AMA Update podcast?

Go to: https://www.youtube.com/watch?v=sI-1ON2jgr8

MDPP Enrollment Tutorial

Use the MDPP Enrollment Tutorial to learn how to enroll as an MDPP supplier.



What is covered in the MDPP Enrollment Tutorial?

- A high-level description of steps to enrolling as an MDPP supplier
- Step-by-step instructions for the PECOS MDPP enrollment application
- Additional resources related to MDPP supplier enrollment

Who is it for?

All organizations interested in learning more about how to enroll as MDPP suppliers.

Where can I find the MDPP Enrollment Tutorial?

Go to: https://www.cms.gov/files/document/mdpp-enrollment-tutorial-2024.pdf

Diabetes Self-Management Education and Support (DSMES) Enrollment Checklist

Use the DSMES Enrollment Checklist to learn more about how DSMES delivery organizations can enroll as MDPP suppliers.

Medicare Diabetes Prevention Program (MDPP)
Enrollment Opportunity and Checklist for Diabetes Self-Management Education and Support (DSMES) Delivery Organizations

NEW! Special Opportunity to Accelerate Participation in the MDPP

- DSMES delivery organizations are well-positioned to help prevent the onset of type 2 diabetes by becoming MDPP suppliers.
- To become an MDPP supplier, preliminary, full, or full plus recognition from the Centers for Disease Control and Prevention's (CDC's) Diabetes Prevention Recognition Program (DPRP) is required.
- **Beginning January 1, 2024**, American Diabetes Association (ADA)-recognized and Association of Diabetes Care and Education Specialists (ADCES)-accredited DSMES delivery organizations can be fast-tracked by the DPRP to preliminary recognition, skipping the 12-month pending recognition stage.
- DSMES delivery organizations must meet the basic application requirements for CDC recognition:
  - Deliver a CDC-approved lifestyle-change program curriculum with a lifestyle coach trained by a training entity holding a memorandum of understanding (MOU) with CDC.
  - Submit required participant data every six months.
- To receive fast-tracked recognition, DSMES organizations should complete an application at the DPRP site as soon as possible and select "**ADA-recognized DSMES organization/ADCES-accredited DSMES organization**" as the organization type.
  - DSMES delivery organizations in pending recognition should email the National Diabetes Prevention Program (National DPP) Customer Service Center at NationalDPPAsk@cdc.gov to be advanced to preliminary recognition automatically.
  - For more information about this opportunity, please see the Calendar Year 2024 Physician Fee Schedule final rule.

NEW! Coach-Training Scholarships

- The MDPP must be delivered by coaches trained on the CDC National DPP curriculum by an approved training entity.
- Beginning in January 2024, CDC will offer limited numbers of scholarships to help train lifestyle coaches from ADA-recognized and ADCES-accredited DSMES delivery organizations that:
  - serve populations residing in counties classified as having high vulnerability according to the CDC/Agency for Toxic Substances and Disease Registry (ATSDR) Social Vulnerability Index (SVI); and
  - have previous experience billing the Centers for Medicare & Medicaid Services (CMS) for diabetes self-management training (DSMT).
- To determine if you are located in a high-SVI county, please go to the CDC Overall SVI Nationwide Comparison page and enter your zip code.
- For further information on how to apply for the scholarships, please visit the National DPP Customer Service Center.

CMS

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What is covered in the DSMES Enrollment Checklist?

- Information on a special opportunity for DSMES delivery organizations to accelerate participation in the MDPP and new coach-training scholarships
- A checklist for DSMES delivery organizations to enroll as MDPP suppliers

Who is it for?

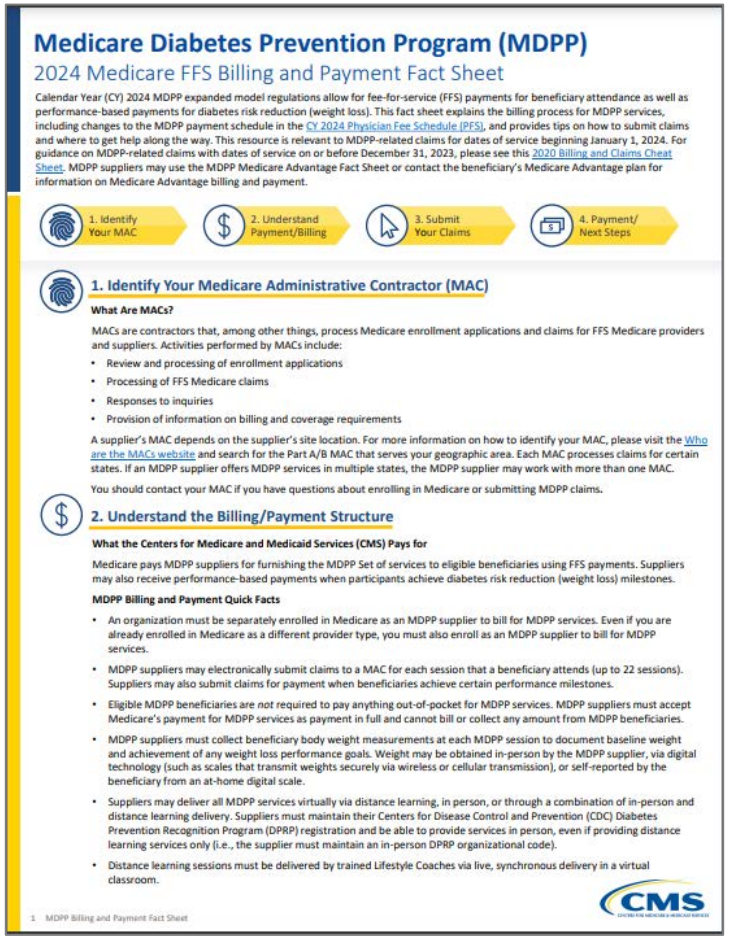
All ADA-recognized DSMES organizations or ADCES-accredited DSMES delivery organizations that want to enroll in MDPP.

Where can I find the DSMES Enrollment Checklist?

Go to: https://www.cms.gov/files/document/mdpp-dsmes-enrollment-list-v2.pdf

MDPP Medicare FFS Billing and Payment Fact Sheet (2024)

Use the Billing and Payment Fact Sheet to learn about FFS billing in CY 2024



Medicare Diabetes Prevention Program (MDPP)

2024 Medicare FFS Billing and Payment Fact Sheet

Calendar Year (CY) 2024 MDPP expanded model regulations allow for fee-for-service (FFS) payments for beneficiary attendance as well as performance-based payments for diabetes risk reduction (weight loss). This fact sheet explains the billing process for MDPP services, including changes to the MDPP payment schedule in the CY 2024 Physician Fee Schedule (PFS), and provides tips on how to submit claims and where to get help along the way. This resource is relevant to MDPP-related claims for dates of service beginning January 1, 2024. For guidance on MDPP-related claims with dates of service on or before December 31, 2023, please see this 2020 Billing and Claims Cheat Sheet. MDPP suppliers may use the MDPP Medicare Advantage Fact Sheet or contact the beneficiary's Medicare Advantage plan for information on Medicare Advantage billing and payment.

1. Identify Your MAC | 2. Understand Payment/Billing | 3. Submit Your Claims | 4. Payment/ Next Steps

1. Identify Your Medicare Administrative Contractor (MAC)

What Are MACs?

MACs are contractors that, among other things, process Medicare enrollment applications and claims for FFS Medicare providers and suppliers. Activities performed by MACs include:

- Review and processing of enrollment applications
- Processing of FFS Medicare claims
- Responses to inquiries
- Provision of information on billing and coverage requirements

A supplier's MAC depends on the supplier's site location. For more information on how to identify your MAC, please visit the Who are the MACs website and search for the Part A/B MAC that serves your geographic area. Each MAC processes claims for certain states. If an MDPP supplier offers MDPP services in multiple states, the MDPP supplier may work with more than one MAC.

You should contact your MAC if you have questions about enrolling in Medicare or submitting MDPP claims.

2. Understand the Billing/Payment Structure

What the Centers for Medicare and Medicaid Services (CMS) Pays for

Medicare pays MDPP suppliers for furnishing the MDPP Set of services to eligible beneficiaries using FFS payments. Suppliers may also receive performance-based payments when participants achieve diabetes risk reduction (weight loss) milestones.

MDPP Billing and Payment Quick Facts

- An organization must be separately enrolled in Medicare as an MDPP supplier to bill for MDPP services. Even if you are already enrolled in Medicare as a different provider type, you must also enroll as an MDPP supplier to bill for MDPP services.
- MDPP suppliers may electronically submit claims to a MAC for each session that a beneficiary attends (up to 22 sessions). Suppliers may also submit claims for payment when beneficiaries achieve certain performance milestones.
- Eligible MDPP beneficiaries are *not* required to pay anything out-of-pocket for MDPP services. MDPP suppliers must accept Medicare's payment for MDPP services as payment in full and cannot bill or collect any amount from MDPP beneficiaries.
- MDPP suppliers must collect beneficiary body weight measurements at each MDPP session to document baseline weight and achievement of any weight loss performance goals. Weight may be obtained in-person by the MDPP supplier, via digital technology (such as scales that transmit weights securely via wireless or cellular transmission), or self-reported by the beneficiary from an at-home digital scale.
- Suppliers may deliver all MDPP services virtually via distance learning, in person, or through a combination of in-person and distance learning delivery. Suppliers must maintain their Centers for Disease Control and Prevention (CDC) Diabetes Prevention Recognition Program (DPRP) registration and be able to provide services in person, even if providing distance learning services only (i.e., the supplier must maintain an in-person DPRP organizational code).
- Distance learning sessions must be delivered by trained Lifestyle Coaches via live, synchronous delivery in a virtual classroom.

CMS

1 MDPP Billing and Payment Fact Sheet

What is covered in the MDPP Medicare FFS Billing and Payment Fact Sheet (2024)?

- High-level information about the FFS billing process for MDPP services
- Changes to the MDPP payment schedule in the CY 2024 Physician Fee Schedule (PFS)
- Tips on how to submit claims and where to get help with claims submissions

Who is it for?

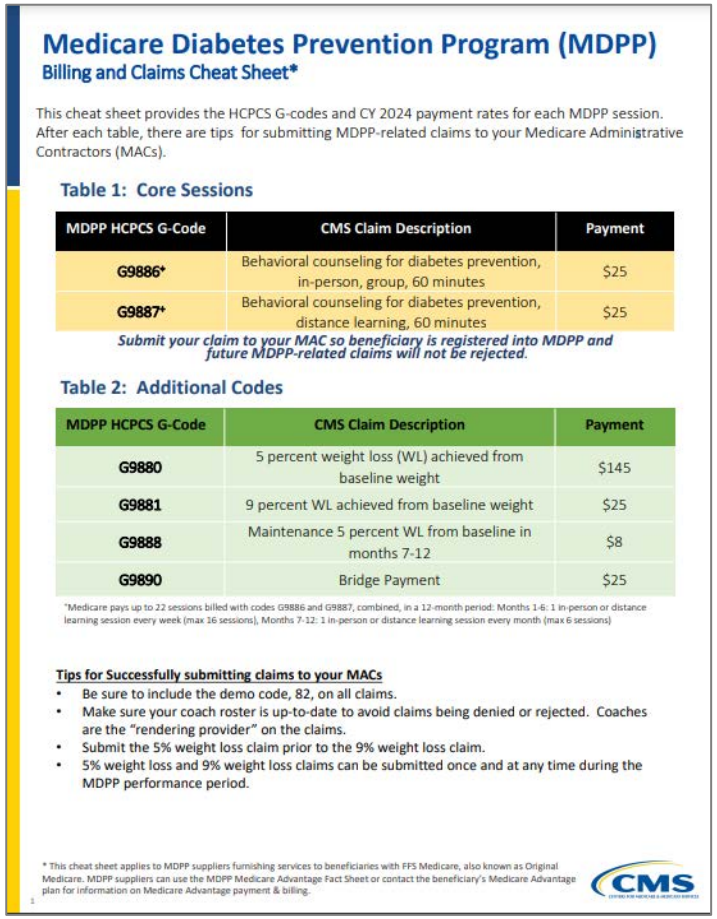
All current and prospective MDPP suppliers that want to learn more about FFS billing for MDPP.

Where can I find the MDPP Medicare FFS Billing and Payment Fact Sheet (2024)?

Go to: https://www.cms.gov/files/document/mdpp-ffs-bill-pay-fs-2024.pdf

MDPP Billing and Claims Cheat Sheet (2024)

Use the MDPP Billing and Claims Cheat Sheet to learn about HCPCS G-Codes.



Medicare Diabetes Prevention Program (MDPP)
Billing and Claims Cheat Sheet*

This cheat sheet provides the HCPCS G-codes and CY 2024 payment rates for each MDPP session. After each table, there are tips for submitting MDPP-related claims to your Medicare Administrative Contractors (MACs).

Table 1: Core Sessions

MDPP HCPCS G-Code	CMS Claim Description	Payment
G9886*	Behavioral counseling for diabetes prevention, in-person, group, 60 minutes	$25
G9887*	Behavioral counseling for diabetes prevention, distance learning, 60 minutes	$25

Submit your claim to your MAC so beneficiary is registered into MDPP and future MDPP-related claims will not be rejected.

Table 2: Additional Codes

MDPP HCPCS G-Code	CMS Claim Description	Payment
G9880	5 percent weight loss (WL) achieved from baseline weight	$145
G9881	9 percent WL achieved from baseline weight	$25
G9888	Maintenance 5 percent WL from baseline in months 7-12	$8
G9890	Bridge Payment	$25

*Medicare pays up to 22 sessions billed with codes G9886 and G9887, combined, in a 12-month period: Months 1-6: 1 in-person or distance learning session every week (max 16 sessions), Months 7-12: 1 in-person or distance learning session every month (max 6 sessions)

Tips for Successfully submitting claims to your MACs

- Be sure to include the demo code, 82, on all claims.
- Make sure your coach roster is up-to-date to avoid claims being denied or rejected. Coaches are the "rendering provider" on the claims.
- Submit the 5% weight loss claim prior to the 9% weight loss claim.
- 5% weight loss and 9% weight loss claims can be submitted once and at any time during the MDPP performance period.

* This cheat sheet applies to MDPP suppliers furnishing services to beneficiaries with FFS Medicare, also known as Original Medicare. MDPP suppliers can use the MDPP Medicare Advantage Fact Sheet or contact the beneficiary's Medicare Advantage plan for information on Medicare Advantage payment & billing.

CMS

What is covered in the MDPP Billing and Claims Cheat Sheet (2024)?

- HCPCS G-codes and CY 2024 payment rates for each MDPP session
- Tips for submitting MDPP-related claims to MACs

Who is it for?

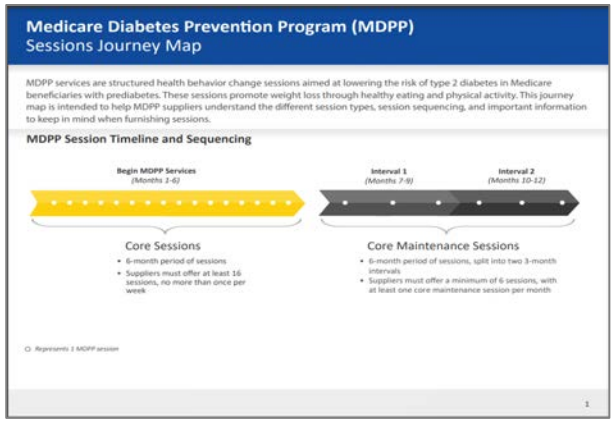
All MDPP suppliers submitting Medicare FFS claims in CY 2024.

Where can I find the MDPP Billing and Claims Cheat Sheet (2024)?

Go to: https://www.cms.gov/files/document/mdpp-billing-claims-cheat-sheet-2024.pdf

MDPP Session Journey Map

Use the Session Journey Map to learn more about MDPP session structure and requirements.



What is covered in the MDPP Session Journey Map?

- Information about different session types and their requirements
- MDPP session delivery timeline and sequencing
- What activities should be conducted before, during, and after a session

Who is it for?

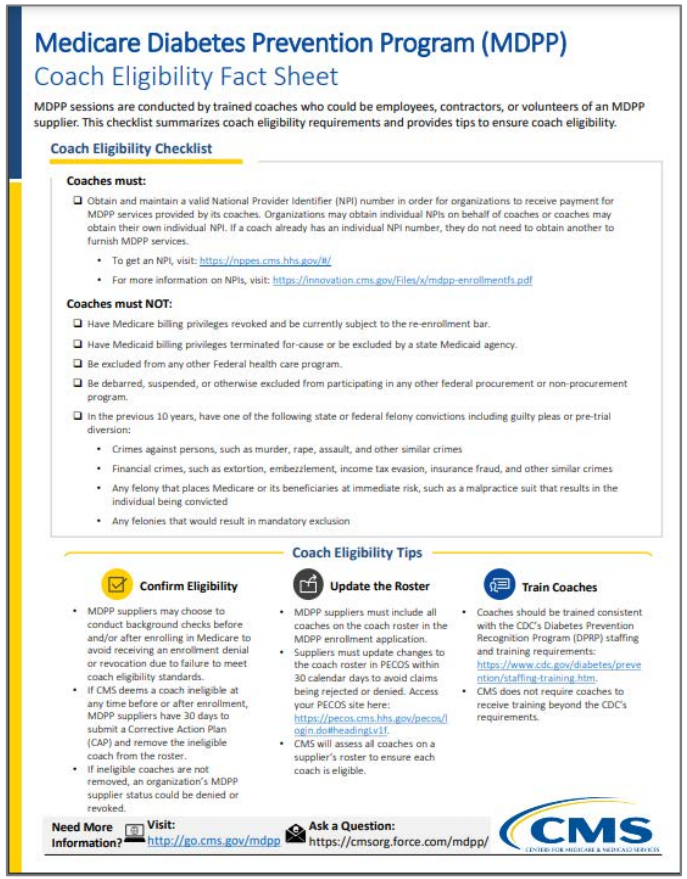
All current and prospective suppliers seeking information about MDPP sessions.

Where can I find the MDPP Session Journey Map?

Go to: https://www.cms.gov/files/document/mdpp-jouneymap-2024.pdf

MDPP Coach Eligibility Fact Sheet

Use the Coach Eligibility Fact Sheet to learn more about MDPP coach eligibility requirements.



Medicare Diabetes Prevention Program (MDPP)

Coach Eligibility Fact Sheet

MDPP sessions are conducted by trained coaches who could be employees, contractors, or volunteers of an MDPP supplier. This checklist summarizes coach eligibility requirements and provides tips to ensure coach eligibility.

Coach Eligibility Checklist

Coaches must:

- ❑ Obtain and maintain a valid National Provider Identifier (NPI) number in order for organizations to receive payment for MDPP services provided by its coaches. Organizations may obtain individual NPIs on behalf of coaches or coaches may obtain their own individual NPI. If a coach already has an individual NPI number, they do not need to obtain another to furnish MDPP services.
  - To get an NPI, visit: https://nppes.cms.hhs.gov/#/
  - For more information on NPIs, visit: https://innovation.cms.gov/Files/x/mdpp-enrollmentfs.pdf

Coaches must NOT:

- ❑ Have Medicare billing privileges revoked and be currently subject to the re-enrollment bar.
- ❑ Have Medicaid billing privileges terminated for-cause or be excluded by a state Medicaid agency.
- ❑ Be excluded from any other Federal health care program.
- ❑ Be debarred, suspended, or otherwise excluded from participating in any other federal procurement or non-procurement program.
- ❑ In the previous 10 years, have one of the following state or federal felony convictions including guilty pleas or pre-trial diversion:
  - Crimes against persons, such as murder, rape, assault, and other similar crimes
  - Financial crimes, such as extortion, embezzlement, income tax evasion, insurance fraud, and other similar crimes
  - Any felony that places Medicare or its beneficiaries at immediate risk, such as a malpractice suit that results in the individual being convicted
  - Any felonies that would result in mandatory exclusion

Coach Eligibility Tips

Confirm Eligibility

- MDPP suppliers may choose to conduct background checks before and/or after enrolling in Medicare to avoid receiving an enrollment denial or revocation due to failure to meet coach eligibility standards.
- If CMS deems a coach ineligible at any time before or after enrollment, MDPP suppliers have 30 days to submit a Corrective Action Plan (CAP) and remove the ineligible coach from the roster.
- If ineligible coaches are not removed, an organization's MDPP supplier status could be denied or revoked.

Update the Roster

- MDPP suppliers must include all coaches on the coach roster in the MDPP enrollment application.
- Suppliers must update changes to the coach roster in PECOS within 30 calendar days to avoid claims being rejected or denied. Access your PECOS site here: https://pecos.cms.hhs.gov/pecos/login.do#headingLv1.
- CMS will assess all coaches on a supplier's roster to ensure each coach is eligible.

Train Coaches

- Coaches should be trained consistent with the CDC's Diabetes Prevention Recognition Program (DPRP) staffing and training requirements: https://www.cdc.gov/diabetes/prevention/staffing-training.htm.
- CMS does not require coaches to receive training beyond the CDC's requirements.

Need More Information? Visit: http://go.cms.gov/mdpp Ask a Question: https://cmsorg.force.com/mdpp/

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

What is covered in the MDPP Coach Eligibility Fact Sheet?

- A checklist to determine coach eligibility to deliver MDPP sessions
- Tips to confirm coach eligibility, update the coach roster, and train coaches

Who is it for?

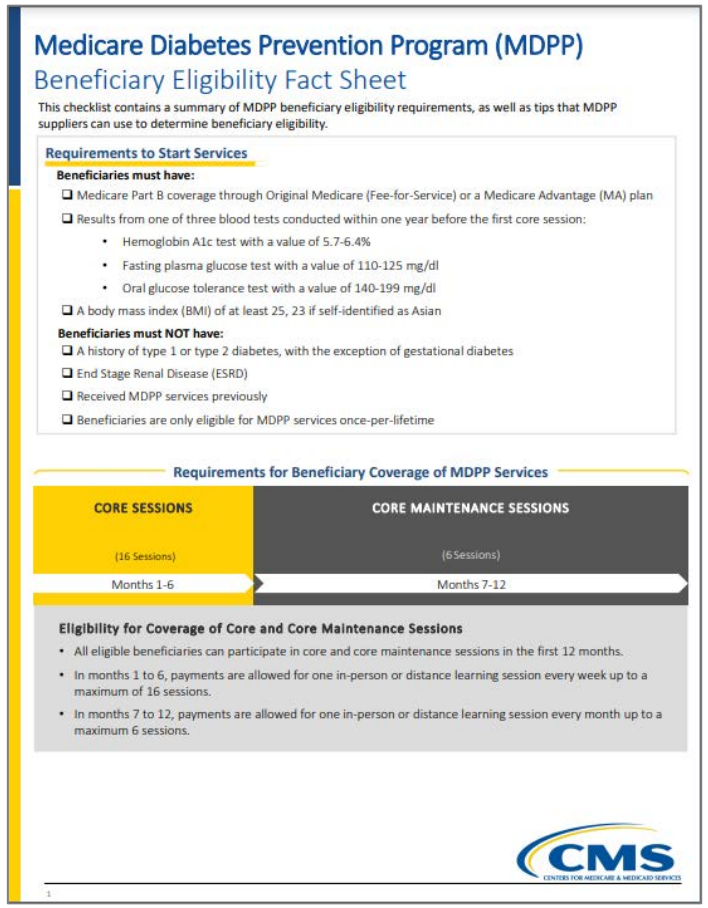
All current and prospective suppliers seeking information on MDPP coach eligibility requirements.

Where can I find the MDPP Coach Eligibility Fact Sheet?

Go to: https://www.cms.gov/priorities/innovation/files/fact-sheet/mdpp-coachelig-fs.pdf

MDPP Beneficiary Eligibility Fact Sheet

Use the Beneficiary Eligibility Fact Sheet to learn more about beneficiary eligibility requirements.



Medicare Diabetes Prevention Program (MDPP)

Beneficiary Eligibility Fact Sheet

This checklist contains a summary of MDPP beneficiary eligibility requirements, as well as tips that MDPP suppliers can use to determine beneficiary eligibility.

Requirements to Start Services

Beneficiaries must have:

- ❑ Medicare Part B coverage through Original Medicare (Fee-for-Service) or a Medicare Advantage (MA) plan
- ❑ Results from one of three blood tests conducted within one year before the first core session:
  - Hemoglobin A1c test with a value of 5.7-6.4%
  - Fasting plasma glucose test with a value of 110-125 mg/dl
  - Oral glucose tolerance test with a value of 140-199 mg/dl
- ❑ A body mass index (BMI) of at least 25, 23 if self-identified as Asian

Beneficiaries must NOT have:

- ❑ A history of type 1 or type 2 diabetes, with the exception of gestational diabetes
- ❑ End Stage Renal Disease (ESRD)
- ❑ Received MDPP services previously
- ❑ Beneficiaries are only eligible for MDPP services once-per-lifetime

Requirements for Beneficiary Coverage of MDPP Services

CORE SESSIONS	CORE MAINTENANCE SESSIONS
(16 Sessions)	(6 Sessions)
Months 1-6	Months 7-12

Eligibility for Coverage of Core and Core Maintenance Sessions

- All eligible beneficiaries can participate in core and core maintenance sessions in the first 12 months.
- In months 1 to 6, payments are allowed for one in-person or distance learning session every week up to a maximum of 16 sessions.
- In months 7 to 12, payments are allowed for one in-person or distance learning session every month up to a maximum 6 sessions.

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

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What is covered in the MDPP Beneficiary Eligibility Fact Sheet?

- A checklist and tips to determine beneficiary eligibility for MDPP services
- How to verify beneficiary Medicare coverage
- Beneficiary information that should be documented by suppliers

Who is it for?

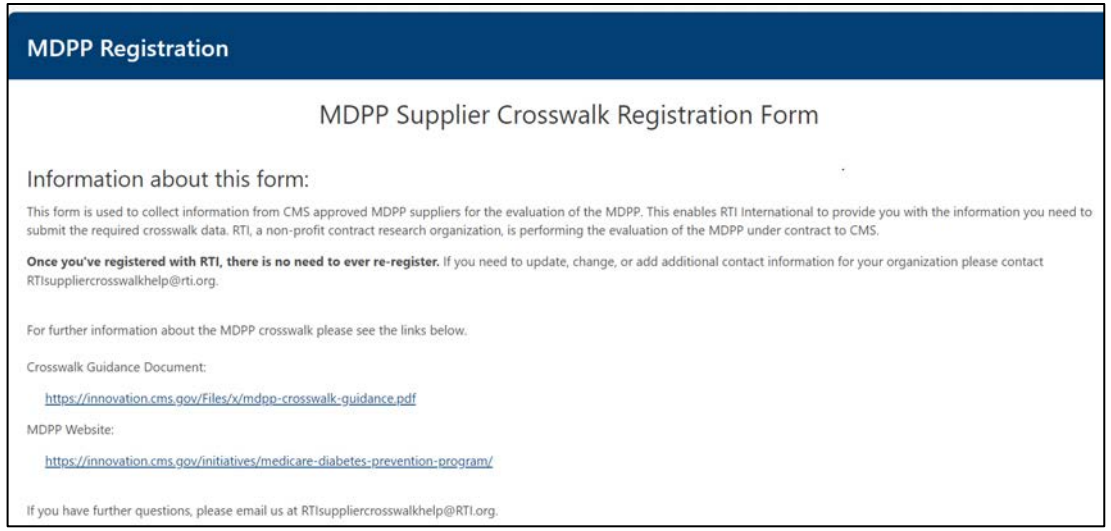
All current and prospective suppliers seeking information on MDPP beneficiary eligibility requirements.

Where can I find the MDPP Beneficiary Eligibility Fact Sheet?

Go to: https://www.cms.gov/priorities/innovation/files/fact-sheet/mdpp-beneelig-fs.pdf

MDPP Crosswalk Data System

MDPP suppliers are expected to use the MDPP Crosswalk Data System to submit their quarterly crosswalk data



MDPP Registration

MDPP Supplier Crosswalk Registration Form

Information about this form:

This form is used to collect information from CMS approved MDPP suppliers for the evaluation of the MDPP. This enables RTI International to provide you with the information you need to submit the required crosswalk data. RTI, a non-profit contract research organization, is performing the evaluation of the MDPP under contract to CMS.

Once you've registered with RTI, there is no need to ever re-register. If you need to update, change, or add additional contact information for your organization please contact RTIsuppliercrosswalkhelp@rti.org.

For further information about the MDPP crosswalk please see the links below.

Crosswalk Guidance Document:

https://innovation.cms.gov/Files/x/mdpp-crosswalk-guidance.pdf

MDPP Website:

https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/

If you have further questions, please email us at RTIsuppliercrosswalkhelp@RTI.org.

How does my organization submit data using the MDPP Crosswalk System?

- Register at: https://mdpp.knack.com/registration
  - Only need to register 1x
  - Directions and user guide provided upon registration
- Enter data in the system at: https://mdpp.knack.com/crosswalk#user-guide/
  - Should include all MDPP beneficiaries ever served

Any questions?

Email: RTIsuppliercrosswalkhelp@rti.org.