



# **Medicare Diabetes Prevention Program (MDPP)**

## **Virtual Supplier Summit**

### **Day 2**

***Date: September 19<sup>th</sup>, 2024***

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# MDPP Virtual Summit Schedule (Day 2)

Time	Session
12:00-12:10 PM EDT	Welcome
12:10-12:30 PM EDT	Medicare Diabetes Prevention Program (MDPP) Supplier Support Updates
12:30-1:50 PM EDT	Practices for Recruiting and Retaining MDPP Beneficiaries
1:50-2:00 PM EDT	Break
2:00-3:00 PM EDT	Discussion on Working with Medicare Advantage (MA) Plans
3:00-3:10 PM EDT	Break
3:10-4:00 PM EDT	Discussion on the Future of MDPP

**Welcome**

# 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](mailto:MDPP-Outreach@acumenllc.com)

# MDPP Supplier Support Updates

# MDPP Peer Learning Group Pilot - Objectives



To establish a collaborative community for **existing MDPP suppliers** to **share recommended practices** and resources for MDPP implementation with like-minded peers.

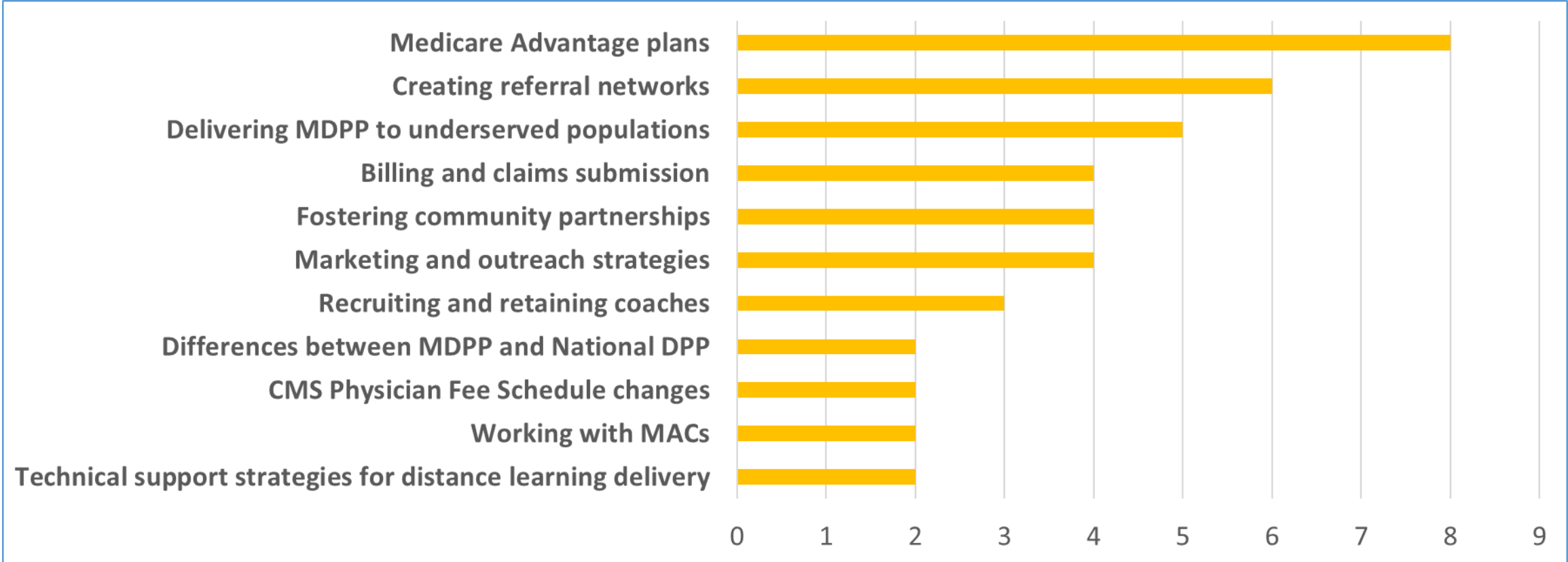


To create a forum for **peer-to-peer discussion** while featuring a speaker (e.g., subject matter expert, mentor supplier, MDPP model team) to provide practical strategies for addressing MDPP challenges.



To facilitate supplier **networking** and establish connections between MDPP suppliers.

# MDPP Peer Learning Group Pilot – Initial Interest Poll Results



**7/18/24: Session #1 – Creating Referral Networks**

**8/30/2024: Session #2 – Working with Medicare Advantage Plans**



# MDPP Peer Learning Group Pilot - Structure

- **Pilot Group Frequency:** Monthly for 60 minutes
- **Pilot Group Size:** Approximately 12 existing high volume MDPP suppliers
- The MDPP model team anticipates launching additional groups in 2024-2025.



Welcome & Introductions



Presentation



Supplier Discussion



Networking/Community Building Activity



Closing Announcements

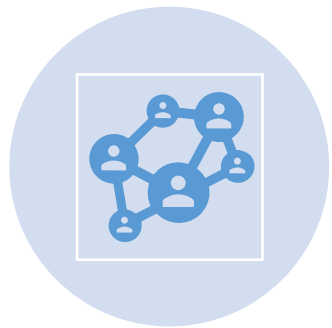
# MDPP Peer Learning Pilot – Supplier Testimonials



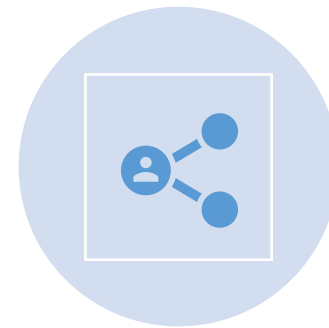
“I found the info and discussion helpful. I was curious as to what other programs were experiencing.”



“I really enjoyed that it was a mix of providers for MDPP - healthcare and Y’s. Great way to learn and work together!”



“It’s helpful to be able to network with other organizations.”



“It is nice to get a chance to meet with other current suppliers! Regular communication opportunities would be amazing, please do more!”

# MDPP Supplier Enrollment Technical Assistance Cohort



**What:** A learning opportunity for organizations who would like to receive extensive technical assistance and support on becoming MDPP suppliers.



**When:** Cohort #1 began in August 2024 and will meet every other week for up to 6 months.



**Who:** 12 organizations consisting of AAAs, FQHCs, large hospitals, tribal health department, a health IT company, a rural health network, and a community based organization.



**Why:** CMS provides direct guidance on MDPP administrative activities, topics of interest, and a forum cross-organization collaboration.

# Technical Assistance Timeline

Date	Topic	Description
8/14/2024	Enrolling as an MDPP Supplier	<ul style="list-style-type: none"><li>• Walk through the online PECOS application</li><li>• Go over commonly encountered issues, such as who is considered an “owner” in the organization, fingerprinting, what location to list for DL sessions</li><li>• Open discussion</li></ul>
8/28/2024	Getting to know your peers	<ul style="list-style-type: none"><li>• Introductions</li><li>• Review resources available on the MDPP website</li><li>• Open discussion</li></ul>
9/11/2024	Billing and Claims for FFS Medicare	<ul style="list-style-type: none"><li>• Walk through basic billing and claims process</li><li>• Review commonly encountered issues for rejections and denials</li><li>• Open discussion</li></ul>
9/19/2024	MDPP Supplier Summit	

# Need TA in Enrolling as an MDPP Supplier?

- Now recruiting 12-15 organizations to join the next technical assistance cohort to meet biweekly with their peers and the CMS Team starting in February 2025
- Interested organizations should email [mdpp@cms.hhs.gov](mailto:mdpp@cms.hhs.gov) with **Supplier Enrollment TA Cohort** in the subject line



Real-Time Q&A Responses



Knowledge Sharing &  
Collaboration



Technical Assistance &  
Capacity Building

# Healthcare Providers can become MDPP Champions

- **Review and Share** this [Podcast – American Medical Association \(AMA\) Update: Medicare diabetes screening changes and the Medicare Diabetes Prevention Program](#)
- **Educate** at-risk beneficiaries on prediabetes and recommend necessary lifestyle changes for improvement of their health.
- **Promote** MDPP through communication channels that reach at-risk beneficiaries in the community.
- **Screen** Medicare beneficiaries for diabetes and prediabetes and **refer** eligible beneficiaries to an [MDPP supplier](#).



# Practices for Recruiting and Retaining MDPP Beneficiaries



# Listening to Our Experts: Lesson Learned in Enrollment and Retention Strategies for the Medicare Diabetes Prevention Program (MDPP)

2024 Medicare Diabetes Prevention Program  
Supplier Summit

September 19, 2024

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# Speakers



## **Natalie Elleson MPH**

Project Director, Public Health Practices and Diabetes Programming  
Association of Diabetes Care & Education Specialists

## **Patrick J McMahon MPH, BSN, RN**

Senior Manager, Research & Evaluation/Quality Improvement Analyst  
Association of Diabetes Care & Education Specialists (ADCES)  
Chicago, IL

# Who is ADCES?

What can we offer?

♦♦♦

## Advancing the Field of Diabetes Care and Education

Find professional development, resources and support for diabetes care and education specialists and others on the care team who specialize in the prevention and management of diabetes and related conditions.

[BECOME AN ADCES MEMBER](#)



Association of  
**Diabetes Care & Education  
Specialists**

# What ADCES offers in this space?

- National Training Entity (MOU) with CDC for training Lifestyle Coaches And Master Lifestyle Coaches for National Lifestyle Change Program (National DPP)
- National Accreditation Organization for Medicare (DEAP)
- Offers Training and Tailored Resources for organizations and individuals offering MDPP and National DPP

## Experience and Learnings from 15 years working on four CDC Cooperative Agreements

- **1212** | Scale and sustain the National Diabetes Prevention Program (DPP) using national public health and healthcare infrastructures
- **1705** | Scale and sustain the National DPP for priority populations, including Medicare beneficiaries, and within underserved areas
- **InGEAR** | Innovations to Grow Enrollment and Retention
- **2320** | A Strategic Approach to Advancing Health Equity for Priority Populations with or at Risk for Diabetes (2023-2028)

# What we learned from Our Experts: Recent work under CDC-1705

**Goal of CDC-1705** | Scale and sustain the National DPP for priority populations, including Medicare beneficiaries, and within underserved areas

- **Wide Network:** Our approach and impact was collaborating with 22 organization across 15 different states
- **Different Organization types:** Community Health Center and Federally Qualified Health Centers, Multi-state health system, City Health Departments, Community Based Organizations
- **Lasting Impact:** 8 of the affiliate site organization are currently delivering National DPP and Medicare Diabetes Prevention Program (MDPP)

# Leveraging Resources: Programmatic Level (DSMES and National DPP/MDPP) Integration Model

## LEVEL UP YOUR DIABETES CARE DSMES and the National DPP

Integrating the National DPP lifestyle change program into your established DSMES services can help you maximize your impact on diabetes with a comprehensive suite of services.

**H**ave you been offering diabetes self-management education and support (DSMES) services and quality education for a while? Are you ready for the next big step? Consider if your organization is ready to offer the National Diabetes Prevention Program (DPP) and build a more comprehensive suite of services across the diabetes spectrum of care.

“Now, with the option for health centers to have a National DPP and DSMES, people are empowered to make lifestyle changes and control their own destiny,” says Lee Ann Sherrill, registered nurse, Certified Diabetes Educator with the Choctaw Nation in McAlester, Oklahoma.



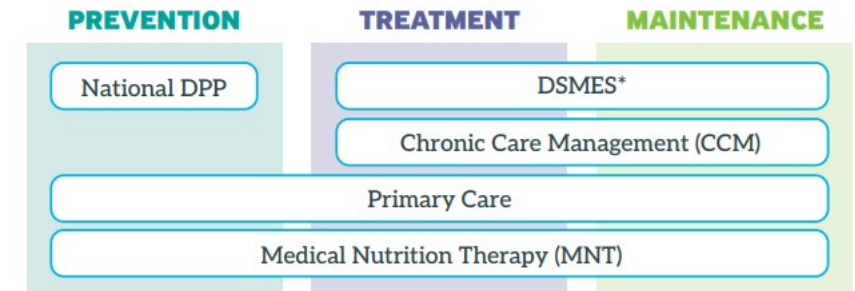
**THE NATIONAL DIABETES PREVENTION PROGRAM**

The National DPP, a cost-effective structured program that supports lifestyle behavior change, was founded based on research that confirmed that type 2 diabetes can be prevented or delayed in adults at high risk by 58% (71% for people over 60 years old).

Learn more about this national effort to prevent type 2 diabetes [from the CDC](#).




## THE FULL SPECTRUM OF DIABETES CARE




\*Diabetes Self-Management Education and Support

# Resources: Listening to the Experts




## Meet Them Where They Are: NOTES FROM THE FIELD


There is no one-size fits all solution when you're providing person-centered care for diabetes prevention. Take note...



BEHOLDING  
READINESS  
RESOURCES  
SUPPORT  
FLEXIBILITY  
AUTHENTICITY



All Heart  
**OTILA GARCIA**  
Program Coordinator  
Gateway Community Health Center in Laredo, Texas



Ready to Serve  
**AMANDA AUSTIN**  
Director of Chronic Care Management  
ARcare in rural Arkansas



The Impact Of Community  
**YULIANA REYES**  
Director of Health  
Latino Community Development Agency

# Learning from the Experts on Enrollment and Retention Approaches

- Conducted In-depth Interviews
- On High Performing Program Coordinator and Lifestyle Coaches in areas of Enrollment, Retention and Quality Measures in the National DPP

## Enrollment: Stay Connected

"It's not just about knowledge and experience; participants need to feel connected. They need to know you care, and they need to be ready for the journey. It's our job to build trust and stay the course with them." - Amanda Austin, ARcare

### READINESS

Create a readiness assessment to address barriers to program completion

- ◆ Discuss commitment and provide solutions for roadblocks
- ◆ Be clear and upfront about the time commitment and challenges

### SUPPORT

Create support that is unique to the individual

- ◆ Use plain language to reduce language barriers and increase engagement without talking down to program participants
- ◆ Provide solutions for transportation challenges

## Retention: Make It Personal

"You must make it personal. Patients need to know that you genuinely care. When we see someone struggling, or having difficulty coming to class, we reach out to them and find a solution that fits their needs. Even the way we communicate is catered to their liking—phone calls, texts, or in-person." - Yuliana Reyes, Director of Health, Latino Community Development Agency

### AUTHENTICITY

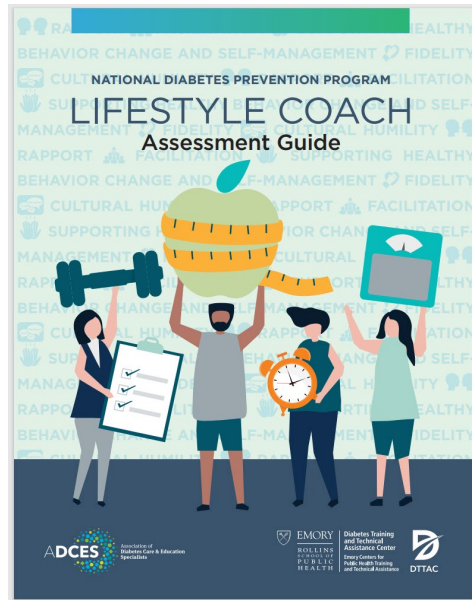
Make your efforts personable and authentic

- ◆ Participants need to feel like more than just a number. Stay connected with them throughout their journey and be a sounding board. Communicate authentically
- ◆ Building trust and a comfortable environment where participants want to go and engage is key

### BELONGING

Drive retention by creating a place where people feel they belong

- ◆ Each community is unique. Allow the cohort to evolve and grow. If you see a participant struggling to get to class, make every effort to find a way for them to participate (remotely, via-phone)
- ◆ Have fun! You have the freedom to create something that is unique to your community, so have fun and explore things that are "outside the box"



## Core Competencies

1. Rapport
2. Facilitation
3. Supporting healthy behavior change and self-management
4. Fidelity
5. Cultural Humility

Resources: Co-Creation of Lifestyle Coach Assessment and LSC Core Competency





# Case Studies: Advice from the Experts on Enrollment and Retention Strategies for MDPP

ADCES' CDC-1705 affiliate organizations that National DPP and MDPP Programs-1 year later



# Expert Advice on MDPP Enrollment and Retention

- 1 year after the 1705 Cooperative Agreement
- Surveyed the 8 ADCES 1705 affiliate sites offering National DPP and MDPP
- Offer Advice- Opted in to be identified
- Case studies by Organization Type
- Key Take Aways



What factors have you identified as most influential in successfully **enrolling priority populations** into the National DPP and/or MDPP?



Have you observed any differences between the National DPP and MDPP in terms of **enrollment** of priority populations?



What strategies or factors have been most effective in **retaining participants from priority populations** in both the National DPP and/or the MDPP programs?



Have you observed any **differences** between the National DPP and MDPP in terms of **retention of priority populations**?



How have community and **cultural factors impacted the enrollment and retention** of priority populations in the National DPP and/or MDPP?



What aspects of program accessibility (e.g., location, scheduling, language services) have significantly contributed to the **enrollment and retention** of priority populations in the National DPP and MDPP?

# Case Study 1: Building Trust and Personalized Support



Big City Health  
Department

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**Trust and Consistency:** Key in successfully enrolling priority populations.

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**Building Rapport:** Both inside and outside of class to create comfort and confidence.

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**Example:** Worked with a member on mobility issues by arranging sessions with a fitness consultant, leading to increased physical activity and motivation.

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## **Case Study 2:** Community-Centric Approaches and Incentives



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### **Community-Based Locations:**

Hosting classes at senior housing and low-income housing to increase accessibility.

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### **Incentives and Social Activities:**

Monthly healthy potlucks and exercise bingo to foster engagement.

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### **Language Accessibility:** Offering bilingual classes to cater to diverse populations.

The bottom right portion of the slide is decorated with a pattern of overlapping geometric shapes. These include circles and diamonds in various shades of light blue, teal, and lime green. The shapes vary in size and are scattered across the area, creating a vibrant, abstract background.

## **Case Study 3:** Leveraging Support Systems and Accessibility



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**Utilizing EMR Tools:** Identifying and enrolling participants through electronic medical records.

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**Support Systems:** Family involvement, peer support, and healthcare referrals enhance retention.

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**Accessibility Factors:** Language services, convenient locations, and flexible scheduling tailored to community needs.

# Key Takes Aways Across the Case Studies

ADCES 1705 Affiliate  
National DPP and MDPP  
Programs



# Community-Centric Approaches

**Engagement Through Familiar Settings:**

Community-based locations ensure accessibility and comfort.

**Cultural Competence:**

Multicultural staff training and bilingual services to enhance engagement.

# Personalized Support and Trust Building

**Individualized  
Support:**

One-on-one  
follow-ups and  
tailored  
solutions.

**Trust as a  
Foundation:**

Building  
rapport and  
trust through  
consistent,  
genuine  
interaction.



# Program Accessibility

## **Flexible Scheduling:**

Classes offered at various times for diverse schedules.

## **Language Services:**

Bilingual classes enhance both enrollment and retention.

## Leveraging Support Systems

**Family and Peer Involvement:**

Supportive environments lead to better participant outcomes.

**Healthcare Referrals:**

Referrals from healthcare workers aid in enrolling priority populations.

# Continuous Engagement Strategies

## **Ongoing Communication:**

Regular check-ins via text, email, and calls maintain engagement.

## **Incentives and Social Activities:**

Activities like potlucks and exercise bingo create community.

# Resources

- [ADCES Notes from the Field Handout on Retention Strategies](#)
- [ADCES Leveling Up your Diabetes Care with DSMES and the National DPP document](#)
- [ADCES National Diabetes Prevention Program Lifestyle Coach Assessment Guide](#)

**Break**

# Supplier Panel: Recruiting and Retaining MDPP Beneficiaries

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**Mo Morris**, Program Operations Coordinator  
*Providence Health & Services Oregon*

**Lana Kunik**, Prevention Services Coordinator  
*Sight Center of Northwest PA*

**Jennifer Valera**, Senior Program Analyst  
*Hawaii Primary Care Association*



# *Prevent: DPP*

*Mo Morris- Program Operations Coordinator  
Providence St. Joseph Health System- Oregon*

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# Who We Are

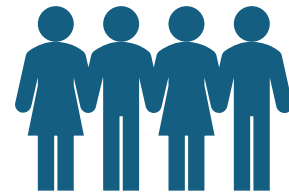


## PSJH- Oregon

Largest Employer in Oregon

- 8 hospital sites
- 90+ medical clinics

DPP Supplier since 2016



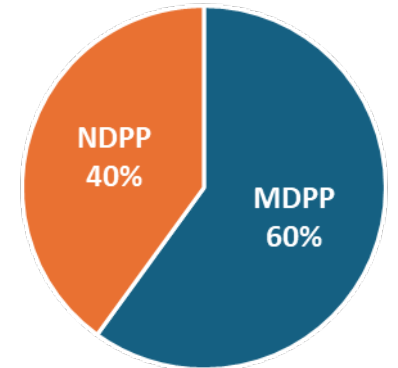
## Prevent: DPP

4 Coaches, 2 Coordinators

9 Mixed Payer Cohorts

- 158 current participants

685 Participants served since 2016





# Program Outcomes After 1 Year

Weight Loss  
per  
Participant

6.3%

Benchmark:  
5%

Physical  
Activity Mins

172

Benchmark:  
150

Session  
Attendance

82%

Benchmark:  
65%

Retention

80%

Benchmark:  
30%



# *Pre-Enrollment Retention Strategies*

## Clinic Buy In

- Regular reminders to clinic staff of program
- Leverages care team to encourage program enrollment
- Often results in short term boost in organic referrals

# *Pre-Enrollment Retention Strategies*

## Digital Targeted Outreach

- EHR reports identify program eligible patients with recent prediabetes dx
- Emails sent directly to potential participants inviting them to attend free program orientation to learn more
- Digital efforts can reach more people for less money
- Participants enrolled in this way seem to be more committed overall

## Ready when you are!

- Full year of DPP cohorts and orientations preplanned
- Shows potential participants ready to start this journey that we are ready whenever they are
- New cohorts are scheduled every 6 weeks

# Pre-Enrollment Retention Strategies



## Orientations ask: “What’s your *why*?”

- Potential participants asked to identify their personal reasons for wanting to commit to joining the program

## Intake Form Readiness Assessment

- Assessment built into DPRP intake form questions
- Allows program staff to identify potential barriers to participant commitment

## Virtual 1:1 with Coach before Session #1

- Done to establish baseline weights on the same day as Session #1
- Allows coach & participant time to meet and establish connection

# Post-Enrollment Retention Strategies

## Regular Participant Evaluations

- Participants given opportunity to provide feedback multiple times throughout program
- Can be submitted anonymously
- Allows for a safe space to bring up concerns with any facet of the program

## Power of Group Support

- Coaches can only facilitate connection, the power of the program comes from fellow participants
- Participants often find lots in common with each other and establish connections outside of DPP
- Can be difficult virtually

## Optional Coach 1:1 Time

- Coaches given 1 hour per participant throughout the year to establish 1:1's with participants
- Work well to help get participants back on track or identify roadblocks

## Maintaining Engaging Coaches

- Utilize Contractors with backgrounds in other health/wellness fields
- Regular check-ins to problem solve any issues
- Coaches peer review each other, maintain culture of collaboration
- Coach bonuses tied to participant success

# *Effective Coaches Keep Participants Coming Back*

## Coach payments tied to Participant successes

- Coaches facilitate 2-3 cohorts at a time
  - Average 3.7 hours per cohort per week
- Paid base rate per session, plus \$5 per participants that attends each session
  - \$20 bonus at 5% WL
  - \$10 bonus at 9% WL

## Recruiting the right Coaches can be tough

- Average Coach tenure 2-3 years
- Coaches are the best retention tool
- Effective Coaches keep participants coming back!



***Thank you!***

**Mo Morris**

*Prevent: DPP Program Operations Coordinator*

[Christopher.morris3@providence.org](mailto:Christopher.morris3@providence.org)

971-358-2390

# Recruitment, Retention, & Coach Cultivation

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# Marketing and Recruiting Directly to the Consumer

- ▶ Know your Audience
- ▶ Don't Assume
- ▶ Improve Accessibility
- ▶ Use Relatable Images
- ▶ Build Trust with Seniors
- ▶ Recruit Internally

# Know your Audience



- ▶ Where do Seniors in your Area go to Exercise?
- ▶ Is there a Geriatrician in your Area?
- ▶ What Clubs are Known to be Run By the Silver Generation?
- ▶ What Churches have a Large Senior Population?
- ▶ Any AAA's Near by? Do they Offer a Foster Grandparent Program or have Volunteer Groups?
- ▶ What Health Fairs Cater to the 65+?
- ▶ What Do they Read?



## Don't Assume

- ▶ "Senior customers are not interested in technology and never change."
- ▶ according to a [report](#) by AARP, 94% of older adults use text messaging, 88% use email, 74% are active on social media and 67% engage in video chat. Among social media platforms, Facebook and YouTube are the most popular for people 50 and older.

# Improve Accessibility Part 1 (IT)

Making your content accessible is always important, but even more so when targeting an older audience. Who are more likely to need accommodations.

- ▶ Choose Font, Color, Background, and Size with Legibility in mind
- ▶ Work with your IT Team to Ensure that your Website is User Friendly
- ▶ Use Descriptive Text

# Improve Accessibility Part 2 (Lack of Resources or Abilities)

- ▶ Is the Hosting Site on a Bus Route?
- ▶ Is the Hosting Site ADA Approved?
- ▶ Could the Site be Held at Location Where the Seniors Live?
- ▶ Could the Class Time End Before Night Fall?
- ▶ If the Program is hosted online, Can Staff Carve Out 1-1 Tech Assistance Time?

## What Partnerships Could Lead to an Increase In MDPP Enrollment and Awareness?

- ▶ Area Agency on Aging (AAA)
- ▶ Senior Living Facilities
- ▶ Senior Center's
- ▶ Health Systems (Nurse Managers)
- ▶ Politicians that Support Legislation that Protect Seniors' Health and well-being



# Use Relatable Images



# Build Trust and Increase Retention:



- - ▶ If Possible, Be With the People
  - ▶ Call Interested Participants and LISTEN
  - ▶ Offer to Send Information via Snail Mail
  - ▶ Assist with Goal Setting
  - ▶ Incentivize Attendance
  - ▶ Create Referral Systems with PCP's



# Internal Recruitment & Cross Promotion

- ▶ Questionnaire at Intake
- ▶ All Staff Educated on the NDPP
- ▶ Keep Partner Organization up to Date with Upcoming NDPP Events

# Coach Recruitment

The recruitment process can be divided into 5 stages:

- ▶ planning and preparing
- ▶ advertising and attracting applicants
- ▶ screening and selecting candidates
- ▶ offering the job and on-boarding the new employee
- ▶ Evaluating the new hire
- ▶ Incentivizing retention





**HPCA**

HAWAII PRIMARY CARE ASSOCIATION

Hana Kīhāpai  
Umbrella Hub Organization

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# Recruiting Strategies

# Awareness Campaigns

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Health Providers

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Dental Provides

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Health Insurance Companies

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Employers

# Outreach



Community Events



Senior Centers



Senior Housing



Health Fairs



Senior Food Baskets



# Buddy System

Friend

Family

Co-worker

# Marketing

---

News

---

Radio

---

Flyers

---

Brochure

---

Medicare Tailored Material



# Retention Strategies

Where  
are they  
gathering?

- Senior Activity Center
- Lions Club
- Aerobics
- Church
- Coffee Table

# MDPP Marketing



News



Radio



Flyers



Brochure



Medicare Tailored Material

# Technology & MDPP

## Session Zero

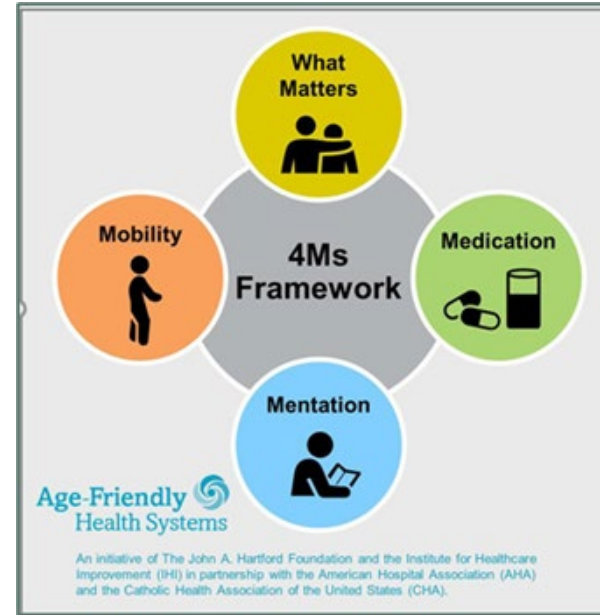
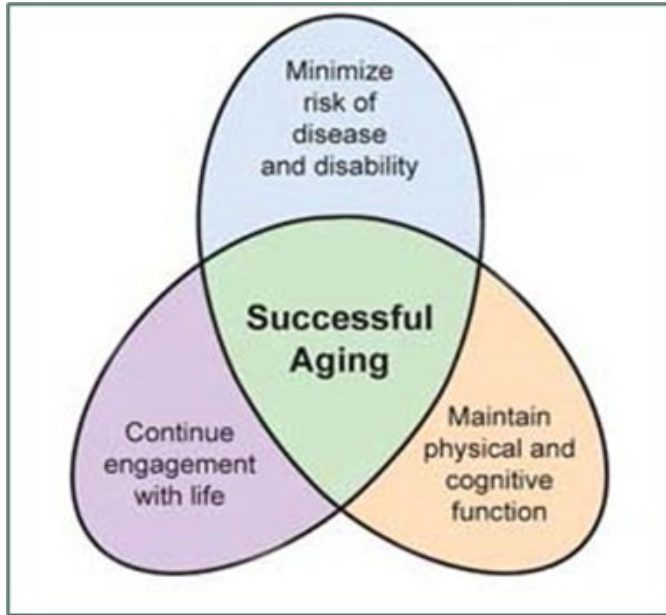
- Set up one on one time to go over technology 101 training.

## Social Media

- Facebook

## Cellphone

- Email
- Text



# Age Friendly Health System



What Matters

Action Plan  
Goals



Mobility

Safe Workouts  
Balance



Medication

Review for Diabetes Meds



Mind

Weekly Interaction

# Age Friendly Health Systems



**Mahalo!**

# Questions for Panelists?

## How to Submit Questions

- Please submit any questions you have using the Q&A feature.
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**Break**

# Discussion on Working with Medicare Advantage (MA) Plans

# MDPP Coverage and Medicare Advantage (MA)

## MDPP Coverage and MA

- MA plans must provide enrollees with all Medicare Part A and Part B services and ensure that all Medicare-covered services are available and accessible under the MA plan. MA plans must:
  - Contract with Medicare-enrolled MDPP suppliers to provide MDPP services to their enrollees,
  - Or, if there is no provider available to contract with, Cover MDPP services furnished by an out-of-network provider in a manner consistent with Medicare community patterns of care, using in-network cost sharing for enrollees, or
  - Enroll in Medicare as an MDPP supplier itself.

# MDPP Coverage and Medicare Advantage (MA)

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## MDPP Coverage and MA

- MA plans may not modify the eligibility requirements established in regulation which determine an enrollee's eligibility to receive MDPP services. However, plans may provide MDPP services to MA enrollees who do not meet the eligibility requirements for MDPP services as a supplemental benefit.

# MDPP Medicare Advantage Information and Resources

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- Medicare.gov – Medicare Enrollee Information and Resources
  - [Medicare and You – 2024](#)
  - [Understanding Medicare Advantage \(MA\) Plans](#)

# MDPP Medicare Advantage Information and Resources

- CMS.gov Medicare Provider / Supplier Information and Resources
  - Provider/Supplier information and resources
    - [MDPP web page](#)
      - [Medicare Advantage Fact Sheet](#)
      - [Medicare Diabetes Prevention Program \(MDPP\) Final Rule Medicare Advantage \(MA\) Extract](#)
    - [CMS Medicare Advantage Resource Page](#)
    - [Medicare Managed Care Internet Only Manual \(IOM\)](#)
    - CMS MA Appeals - [Reconsideration by the Medicare Advantage \(Part C\) Health Plan](#)
    - [Medicare Learning Network \(MLN\)](#) (CMS Center for Medicare Provider Communications Group)

# MDPP Medicare Advantage Resources

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- [Support Center](#)

- The purpose of the MDPP Supplier Support Center is to answer any MDPP policy-related questions from organizations, stakeholders and the general public
- Suppliers should first work with their enrollee's MAO to address billing and claims issues. If your organization needs information or guidance 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.

# Presenters: Working with MA Plans

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**Eric Bumbaca**, Program Manager, Training and Capacity Building  
*Health Promotion Council*

**Lisa Coombs-Gerou**, V.P. Business Development, Co-Chief Operations Officer  
*YMCA of Metropolitan Milwaukee*





# MDPP and Medicare Advantage

Health Promotion Council  
Training and Capacity Building Department

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**HEALTH  
PROMOTION  
COUNCIL**  
a PHMC affiliate

# Health Promotion Council



In 1981, formed as a non-profit organization whose mission is to promote health, prevent and manage chronic diseases, especially among vulnerable populations through community-based outreach, education, and advocacy.

In 1999 became a subsidiary of Public Health Management Corporation (PHMC), Pennsylvania's Public Health Institute.

Since 2014, HPC has been building capacity of National DPP in Pennsylvania in partnership with the Pennsylvania Department of Health and other stakeholders.

Portfolio of city, state, federal grants; foundation funding, and fee for service contracts



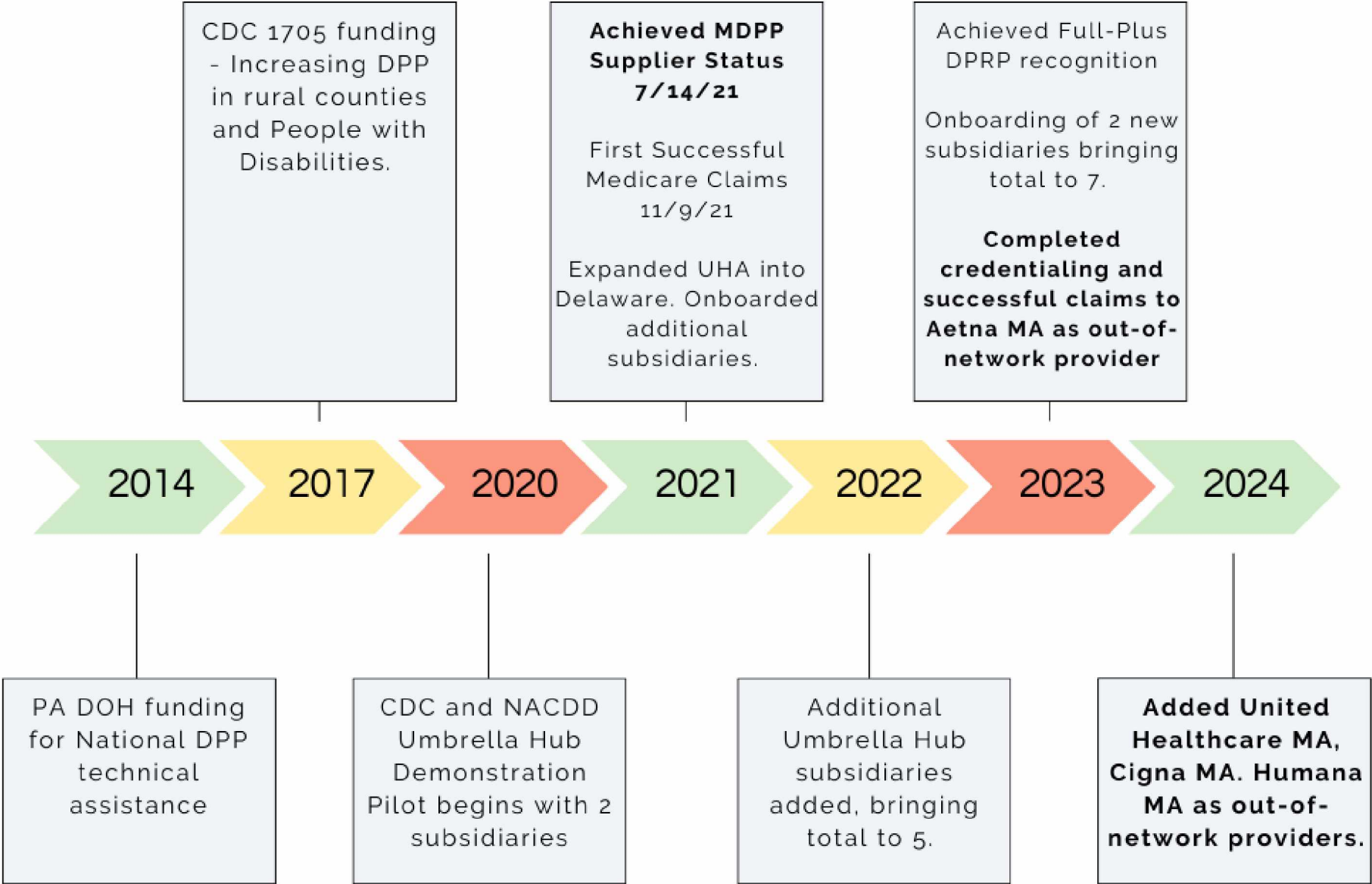
## HPC's fulfills its mission in 3 primary ways:

**Direct Services and Programming**

**Training, Technical Assistance and Capacity Building**

**Policy and Systems Change**

# MDPP Development Timeline



# HPC - Current Billable Payers

- Traditional Medicare
  - In-person: PA and DE
  - Virtual: Any geography
- Medicare Advantage\*
  - Aetna Medicare Advantage
  - United Healthcare Medicare Advantage
  - Cigna Medicare Advantage
  - Humana Medicare Advantage

\* We are currently credentialed with this list of Medicare Advantage plans meaning we bill as out-of-network (OON) providers. OON Providers may be subject to additional coinsurance fees that can be passed onto the patient.

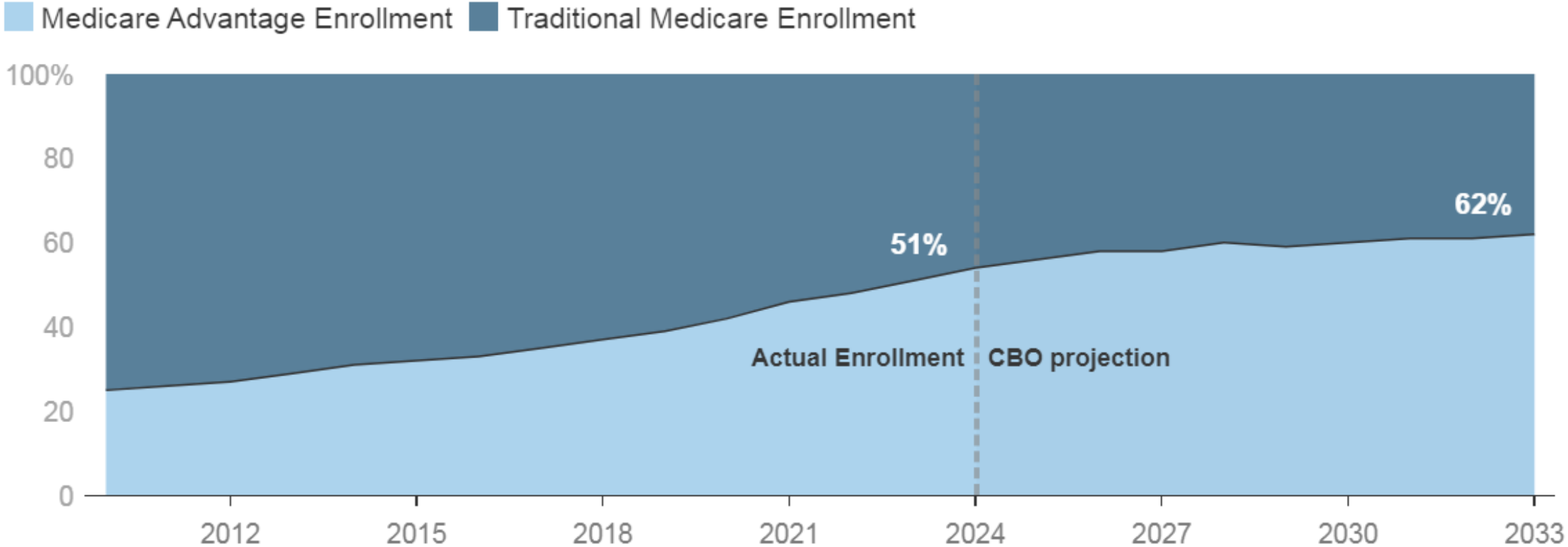
- Medicaid\*\*
  - Health Partners Plan (PA)
  - AmeriHealth Caritas (DE)

\*\* Additional steps required to bill Medicaid including but not limited to, additional applications and background checks on Lifestyle Coaches.

# Medicare Advantage (MA) Basics

- Medicare Part C, also known as Medicare Advantage, are health plans offered by Medicare Advantage Organizations (MAO).
  - MA plans are optional and an alternative to Traditional Medicare.
  - Beneficiaries can select a MA plan or stay with Traditional Medicare.
  - MAOs and MA plans are approved by Medicare and there are some rules and requirements imposed by Medicare on MA plans.
- MA plans generally include coverage of Part A (hospital services), Part B (medical insurance), and Part D (prescription drugs).
- Medicare Advantage plans can offer additional programs and services above and beyond what traditional Medicare offers.

# Medicare Advantage and Traditional Medicare Enrollment, Past and Projected



SOURCE: KFF analysis Medicare Chronic Conditions (CCW) Data Warehouse from 5 percent of beneficiaries, 2010-2016; CCW data from 20 percent of beneficiaries, 2017-2020; and Medicare Enrollment Dashboard 2021-2023. Enrollment numbers from March of the respective year. Projections for 2023 to 2033 are from the May Congressional Budget Office (CBO) Medicare Baseline for 2023. • [PNG](#)



# Medicare Advantage and MDPP

- MDPP is a Medicare Part B benefit – Medicare Advantage plans are statutorily required to cover or provide the program.
  - MA Plans can contract with MDPP providers to create a network of providers;
  - MA Plans can cover out-of-network services from uncontracted MDPP Suppliers; OR
  - Enroll themselves as MDPP Suppliers.
- MDPP Providers can seek a contract with MA plans to become an in-network provider.
- MDPP Providers can deliver services to MA plan beneficiaries as out-of-network providers (check with plan first to ensure they will cover out-of-network services).
  - Submitting claims to an MA plan as an out-of-network provider can result in a beneficiary coinsurance deducted from the amount reimbursed to provider.

# Network Status Pros and Cons

## **In-Network**

- Requires a contract to become in-network.
  - Contracts can be difficult to obtain and can take months to execute.
- Provider can be listed on MA plans website and communications as an in-network provider.
- Greater opportunity for referrals.
- No co-insurance fees

## **Out-of-Network**

- Requires only credentialing documentation
- Co-insurance fees can be imposed on the patient up to 20%.
  - It is the providers responsibility to collect these co-insurance fees.
- Patients may be less willing to join your MDPP cohort given out-of-network status and additional fees.



# Contracting with Medicare Advantage

- Process is difficult, time-consuming and no guarantee of success.
  - Some MA plans may be very interested in contracting and building a network of providers.
  - Other MA plans may have little to no interest in contracting with you.
- Understand your capacity –
  - Do you have the staffing, contracting and legal support to engage in a lengthy contracting process without a guaranteed result.
  - Is there an Umbrella Hub Arrangement (UHA), Community Care Hub (CCH), or other network of providers that can support contracting with payers?

# Contracting with Medicare Advantage - Tips

- Research MA Plans –
  - What MA plans have greatest number of beneficiaries in your service location? Do those MA plans have a network of providers? Are any of those MA plans delivering programming in-house?
- Build a value statement –
  - What value can you bring to a MA plan?
  - Are there any specific populations you work with (i.e. people with disabilities, Spanish-speaking population, rural beneficiaries).
- MA Plans receive Star Ratings from CMS
  - <https://www.cms.gov/newsroom/fact-sheets/2024-medicare-advantage-and-part-d-star-ratings>

# Tips for MA Billing and Payment

- MA plans typically use the established Medicare FFS G-Codes for claims and reimbursement amounts outlined by MDPP.
  - However, MA plans are not required to use G-Codes – check with MA Plan on their preferred billing workflows before delivering services!
- MDPP Providers may be able to secure higher reimbursement rates during the contract negotiation period.
- MDPP Providers may be able to negotiate additional covered services into the contract with the MA plan.
  - Ex. Provider could perform SDOH screenings on entry and exit from the program.
  - Ex. Provider could support connections to social care providers

# Questions, Discussion, and Next Steps

## Training and Capacity Building Team

- Gina Trignani, MS, RD, LDN, Director | [gina@phmc.org](mailto:gina@phmc.org)
- Eric Bumbaca, MPP, Program Manager | [ebumbaca@phmc.org](mailto:ebumbaca@phmc.org)
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FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# SUSTAINABILITY FOR THE DIABETES PREVENTION PROGRAM

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**LISA COOMBS-GEROU, V.P. BUSINESS DEVELOPMENT, CO-CHIEF  
OPERATIONS OFFICER**

YMCA of Metropolitan Milwaukee

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# YMCA OF METROPOLITAN MILWAUKEE

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## OUR MISSION

To put Christian principles into practice through programs that build a healthy spirit, mind, and body for all.

## OUR VISION

To become recognized as a leading community collaborator that achieves bold results in the areas of youth development, healthy living, and social responsibility, with an emphasis on youth, families, and aging adults.

## OUR CAUSE

To strengthen the foundation of community.

# TERMS TO KNOW

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## **Billing and claims platform**

An electronic platform able to bill and receive payments from the Centers for Medicare and Medicaid Services (CMS) and other payers.

## **Community-based organization (CBO)**

A broad term for organizations delivering the National DPP

## **Diabetes Prevention Recognition Program (DPRP)**

The quality assurance arm of the National DPP charged with evaluating organizations' performance in effectively delivering the DPP with quality and fidelity.

## **Healthcare payers**

A public program or private company that reimburses providers for services. The UHO may contract with a variety of payers on behalf of subsidiaries, allowing the subsidiaries to access multiple payment streams.

# TERMS TO KNOW CONTINUED

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## **Subsidiary organization**

A community-based organization participating in the UHA that delivers the National DPP and receives administrative support from the UHO.

## **Umbrella hub arrangement (UHA)**

Overarching term that refers to the entire group, inclusive of the UHO, subsidiaries, and the billing platform.

## **Umbrella hub organization (UHO)**

Organization with full or preliminary CDC recognition that agrees to serve as the sponsoring hub for a group of subsidiaries. The UHO provides administrative support to subsidiaries so subsidiaries can focus on delivering the National DPP.



# UMBRELLA HUB ARRANGEMENT

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UHAs are designed to connect community-based organizations with healthcare payment systems to achieve sustainable reimbursement.

## **Partners and Participants**

**UHO** – has the reach and resources to convene CBOs, provide administrative services, and coordinate stakeholders

**Subsidiaries** – specialize in delivering the National DPP

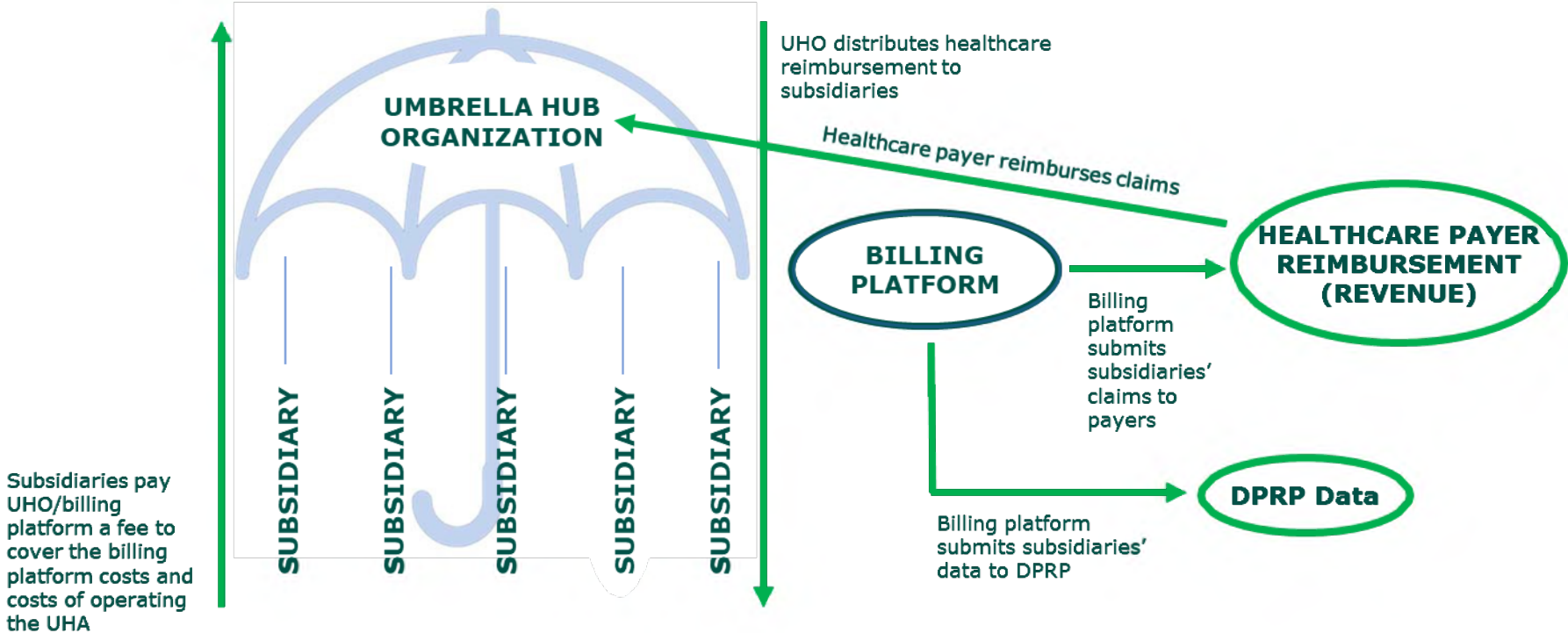
**Billing platform** – aggregates data, submits claims and facilitates reimbursement

**Stakeholders** – may include health department, payers, and foundations

## **Benefits**

- Increase collective impact of CBOs
- Share CDC DPRP status
- Operate as one Medicare Diabetes Prevention Program supplier
- Streamline administrative, billing, and reimbursement services
- Scale the National DPP and pursue sustainability

# UHA BUSINESS MODEL



# GROWTH AND SUSTAINABILITY

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## **Addition of new subsidiaries to the UHA**

### **Public payers**

- Medicare
- Medicaid

### **Private and commercial payers**

### **Healthcare provider referrals**

- E-referrals through Wellb Health
- Bi-directional communication loop

# TOOLS

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## **DIABETES PREVENTION TOOLKIT**

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<https://nccd.cdc.gov/toolkit/diabetesimpact>

<https://coveragetoolkit.org/>

<https://coveragetoolkit.org/medicare/>

# MEDICARE ADVANTAGE PLANS

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## FINDING THE PLANS FOR YOUR STATE

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<https://www.cms.gov/priorities/innovation/innovation-models/medicare-diabetes-prevention-program/mdpp-map>

<https://www.forbes.com/health/medicare/medicare-advantage-by-state/>

Fifteen private health insurance providers (214 plans) offer Medicare Advantage plans in the state of Wisconsin, including:

- Aetna Medicare
- Anthem Blue Cross and Blue Shield
- Aspirus Health Plan
- Dean Advantage, Prevea360 Medicare Advantage
- Dean Health Plan, Inc.
- HealthPartners
- Humana
- Medica
- Medical Associates Clinic Health Plan of Wisconsin
- Molina Healthcare of Wisconsin and Massachusetts
- Network Health Medicare Advantage
- Quartz Medicare Advantage
- Security Health Plan of Wisconsin, Inc.
- UCare
- UnitedHealthcare

# BILLING & PAYMENT

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## FINDING BILLING INFORMATION & CONTACTING

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- Educating the Insurance company on the benefits of paying for DPP.
- Many insurance companies still don't know what they are required to cover and do not understand the program's benefits.
- Help them understand that participants have the choice to choose their provider of the program.

# PROCESS

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## BUILDING RELATIONSHIPS

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- Reach out and establish a relationship – educate.
- Share your results.
- Then make the ask.
- They all know each other and do work together.
- Have the first partners/payers help you secure the second and third partners/payers.

# PROGRESS

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## Success – what does it look like?

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- 42 different plans in Milwaukee
- Some have paid – United Healthcare & Aetna.
- Others are still not paying – AARP, Anthem, Humana, ICARE, Network Health.
- We continuously work on payer contracts but have billed without a formal agreement and secured payments.
- Meet the insurance requirement – form, information, results, submittal portal, paper trail.
- How to move forward – on going process.





# THANK YOU!

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**Lisa Coombs-Gerou**

**YMCA of Metropolitan Milwaukee**

**[lcoombsgerou@ymcamke.org](mailto:lcoombsgerou@ymcamke.org)**

**414-274-0708**

# Discussion Questions: Working with Medicare Advantage Plans



Have you developed processes to determine if MA enrollees are eligible for MDPP? If claims have been denied, do you know how to interpret the reasons for MA denials or to file an appeal? Do you have dedicated team members who are responsible for these processes?

## How to Submit Responses

- Please submit your responses using the Q&A feature.
- When submitting, please select “All Panelists,” so that all the presenters see your response.

# Discussion Questions: Working with Medicare Advantage Plans



Though MAOs have different organizational structures, do you feel confident about reaching out to their appropriate business arms to discuss contracting to provide MDPP? Do you have any advice for suppliers who are just getting started?

## How to Submit Responses

- Please submit your responses using the Q&A feature.
- When submitting, please select “All Panelists,” so that all the presenters see your response.

# 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](mailto:MDPP-Outreach@acumenllc.com)

**Break**

# The Future of The Medicare Diabetes Prevention Program (MDPP)

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# What is MDPP and Why Get Involved?

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# Problem: The Prevalence and Cost of Diabetes

Diabetes affects many individuals, negatively impacts health outcomes, and carries high costs.

## While Many are At-Risk for Diabetes, Few are Aware

**1 in 2**

Nearly half of adults aged 65 and older have prediabetes.<sup>1</sup>

*however...*



Only one in four adults aged 65 and older with prediabetes are aware of their condition.<sup>1</sup>

## Diabetes Prevalence is High and Growing



Nearly one in three adults aged 65 and older have diabetes.<sup>1</sup>

*and...*



Prevalence of diabetes is expected to double by 2050 among adults.<sup>2</sup>

## Diabetes Burdens the System with High Costs

**2.6x**

Diabetes causes individuals to spend 2.6 times more on health care per year.<sup>3</sup>

**\$205B**

Medical care for diabetes for persons aged 65 and older cost the nation about \$205 billion in 2022. Most of this expenditure was paid by Medicare.<sup>3</sup>



# The Medicare Diabetes Prevention Program (MDPP)

MDPP is an evidence-based preventative service offered to Medicare beneficiaries at risk of developing type 2 diabetes.



HEALTHY  
EATING



PHYSICAL  
ACTIVITY



WEIGHT  
LOSS

- MDPP provides training and strategies for long-term healthy eating, increased physical activity, and weight loss.
- MDPP's goal is to prevent the onset of type 2 diabetes via behavioral change.
- [Decades of research](#) has shown that lifestyle intervention can decrease the risk of type 2 diabetes in individuals with prediabetes by 58%.

# CY 2024 PFS Changes to MDPP

## **We responded to comments from interested parties in response to:**

### **Increasing distance learning flexibilities**

- Expanding access to MDPP for beneficiaries in rural areas, those who lack access to healthcare providers, specifically minority beneficiaries living within underserved communities, beneficiaries who are homebound or who lack transportation options, as well as increase beneficiary choice of delivery modality and flexibility of location.

### **Aligning terminology with CDC**

- MDPP and the National DPP should align terminology where applicable. To the extent possible, CMS may make conforming changes in future rulemaking, including applicable definitions.

### **Simplifying the payment structure**

- Allowing for an adequate and predictable payment stream to cover the cost of providing services as long as beneficiaries attend sessions.
- Expanding the potential pool of organizations who will be able to provide MDPP Set of services due to the more regular payments.



## MDPP Modalities

- *Distance learning*: MDPP session that is delivered live (synchronous) by a trained Coach in one location and participants call-in or video-conference from another location.
- *Combination delivery*: MDPP sessions that are delivered by trained Coaches through distance learning and in-person sessions for each individual participant.
- *Online delivery*: Sessions that are experienced through the Internet via phone, tablet, laptop, in an asynchronous classroom where participants are experiencing the content on their own time without a live Coach teaching the content. (Not allowed in MDPP)

# What are the proposed changes in the 2025 PFS that impact MDPP?

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# Aligning with the 2024 CDC DPRP Standards

Proposed changes include:

- Adding a new MDPP term for **“in-person with a distance learning component,”** to be defined as: “MDPP sessions that are delivered in person by trained Coaches where participants have the option of attending sessions via MDPP distance learning. These sessions must be furnished in a manner consistent with DPRP Standards for in-person and distance learning sessions.”
  - **replacing** the current MDPP **“combination delivery”** term
  - this **streamlines data** reporting to CDC because they will only have to maintain one CDC DPRP recognition code when they are furnishing - and distance learning MDPP sessions
  - **clarifying** that MDPP **make-up sessions** can only be furnished using distance learning and in-person delivery modes
  - **clarifying** that **Extended flexibilities** only apply to MDPP suppliers that have and maintain either CDC’s “in-person” or the new “in-person with a distance learning component” DPRP codes

# Update to self-reporting weight

- In response to comments that beneficiaries are unable to take a picture while standing on their home scales due to risk of injury and physical health limitations, we are proposing revised language to specify that a beneficiary can self-report their weight for an MDPP distance learning session by sending **2 (two) date-stamped photos**: one with their weight on the digital scale and one of the beneficiary visible in their home.



# Adding a HCPCS modifier for reporting same day make-up sessions

- We are proposing to add that MDPP suppliers must append an existing claim modifier (**Current Procedural Terminology (CPT) Modifier 79**) to any claim for **G9886 or G9887**, to indicate a make-up session that was held on the same day as a regularly scheduled MDPP session.
- This proposed change will facilitate MACs in processing claims for same day make-up sessions in MDPP.



# Discussion Question #1

If you are a supplier, what is your #1 concern about continuing to deliver MDPP?

## How to Submit Responses

- Please submit your responses using the Q&A feature.
- When submitting, please select “All Panelists,” so that all the presenters see your response.



# Discussion Question #2

What do you think the #1 challenge will be to increasing MDPP enrollment?

## How to Submit Responses

- Please submit your responses using the Q&A feature.
- When submitting, please select “All Panelists,” so that all the presenters see your response.

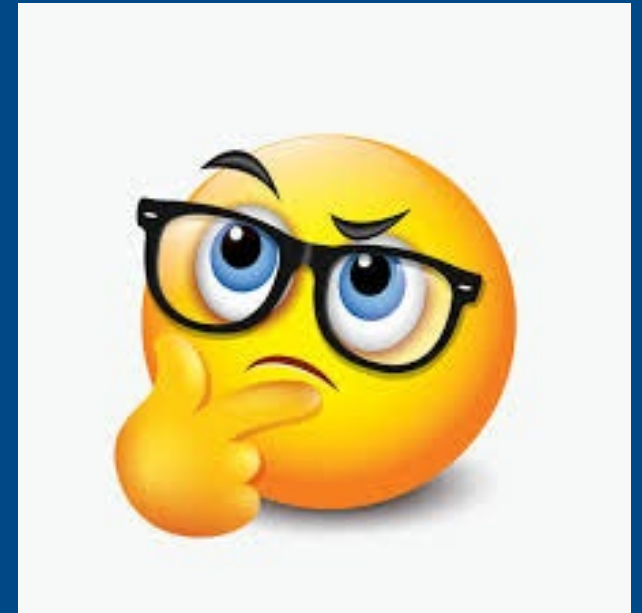
# Discussion Question #3

What change(s) to MDPP do you think would have the largest positive impact on enrollment or retention?

## How to Submit Responses

- Please submit your responses using the Q&A feature.
- When submitting, please select “All Panelists,” so that all the presenters see your response.

# Want to Learn More?



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# Helpful Resources



If you have any questions or feedback to share, please visit the [MDPP Supplier Support Center](#)



## Ready to become a CDC-recognized National DPP delivery organization?

Head to the [National DPP website](#).



## Already CDC-recognized and ready to enroll as an MDPP supplier?

Once recognized by CDC (either preliminary, full, or full plus status), enroll online through the Provider Enrollment Chain and Ownership System ([PECOS](#)). Review the enrollment [application](#). Contact [your MAC](#) for questions regarding enrollment and reference your MAC's website for helpful MDPP resources.



## Want to access supplier support resources?

Head to the [MDPP website](#).



## Want to access a complete list of existing MDPP suppliers?

Head to the [current list of MDPP suppliers](#).



## Want to find out which organizations are eligible to become MDPP suppliers?

Head to [CDC's National DPP Registry](#), and look for organizations with "Preliminary", "Full" or "Full Plus" recognition.



## Other ways to stay updated

Sign up for our listserv by emailing [mdpp@cms.hhs.gov](mailto:mdpp@cms.hhs.gov).

# Questions?

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# Instructions for Participation

## How to Submit Questions/Comments

- Please submit any questions or comments you have using the Q&A feature.
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## Technical Assistance

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

**REMINDER**

**Please complete the Supplier Survey!**

**Thank You for Attending Day 2 of the Virtual Supplier Summit**

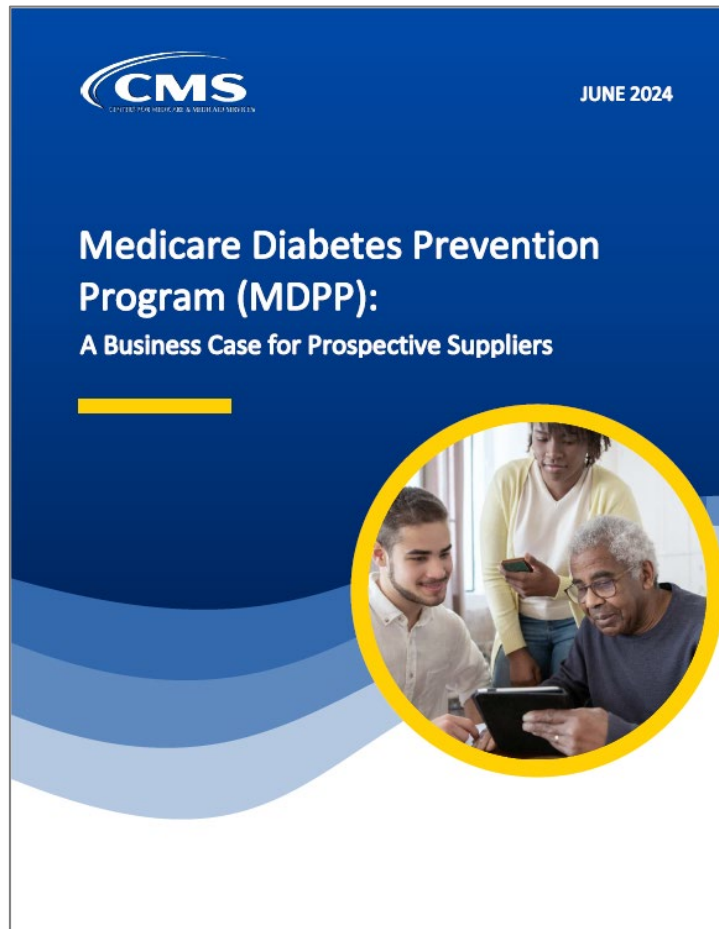
**Please Remember to Complete the Post-Event Survey!**



# 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.




**Medicare Diabetes Prevention Program (MDPP)  
Orientation Webinar for Prospective Suppliers**  
*Date: May 23<sup>rd</sup>, 2024*


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**The Medicare Diabetes Prevention Program (MDPP)**


MDPP is a group-based preventative service offered to Medicare beneficiaries at risk of developing type 2 diabetes.



HEALTHY  
EATING



PHYSICAL  
ACTIVITY



WEIGHT  
LOSS

- MDPP provides training and strategies for long-term healthy eating, increased physical activity, and weight loss.
- MDPP's goal is to prevent the onset of type 2 diabetes via behavioral change.
- [Decades of research](#) has shown that lifestyle intervention can decrease the risk of type 2 diabetes in individuals with prediabetes by 58%.

## 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?

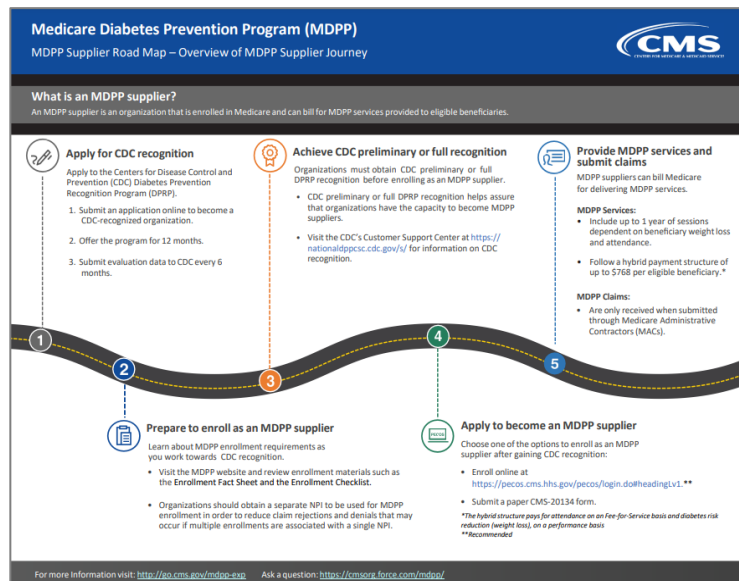
- An overview of the steps to becoming an MDPP supplier, including:
  - Applying for CDC recognition
  - Preparing to enroll as an MDPP supplier
  - Achieving CDC recognition
  - Applying to become an MDPP supplier
  - Providing MDPP services and submitting claims

### 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-esp> 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 → Question 2: Does your organization have the means and capacity to deliver MDPP services at your location?

No → Question 3: Does your organization have the means and capacity to perform data tracking, reporting, and billing for MDPP services independently?

Question 2: Yes → **Enroll as a Supplier**

Question 2: No → Question 3

Question 3: Yes → **Partner with an Existing MDPP Supplier**

Question 3: No → **Become an MDPP Champion**

**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:**

<b>CMS</b> 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: <a href="http://go.cms.gov/mdpp">http://go.cms.gov/mdpp</a>	<b>CDC</b> 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: <a href="https://www.cdc.gov/diabetes/prevention/lifestyle-program/index.html">https://www.cdc.gov/diabetes/prevention/lifestyle-program/index.html</a>
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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	9:30-4:30pm ET	<a href="#">Provider Enrollment Open House</a> (Relevant only for organizations in Jurisdiction I 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. These are individual sessions and are held telephonically. This is not an informational presentation.	Free
July 2nd, 2024	2-3pm ET	<a href="#">Setting Access to PECOS</a> (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	<a href="#">Quarterly Medicare Updates - Part A/B</a> (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	<a href="#">Provider Enrollment Revalidation Overview</a> (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	<a href="#">NovaspHERE Series: Features for Part B</a> (Relevant only for organizations in Jurisdiction H and Jurisdiction J)	Novitas (Medicare Administrative Contractor)	This webinar will conduct a demonstration of the Part B features available in NovaspHERE. 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	<a href="#">Actions on Claims - Avoiding Duplicate Details</a> (Relevant only for organizations in Jurisdiction 5 and Jurisdiction 8)	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	<a href="#">Transitioning to the 2024 DPP Standards</a>	CDC DPP (Centers for Disease Control and Prevention Diabetes Prevention Recognition Program)	This webinar will present major changes reflected in the 2024 Diabetes Prevention Recognition Program (DPP) Standards with respect to delivery, evaluation, and recognition.	Free
July 10th, 2024	2-3pm ET	<a href="#">Noridian Provider Enrollment Website Tour</a> (Relevant only for organizations in Jurisdiction E 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 DPP, 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?

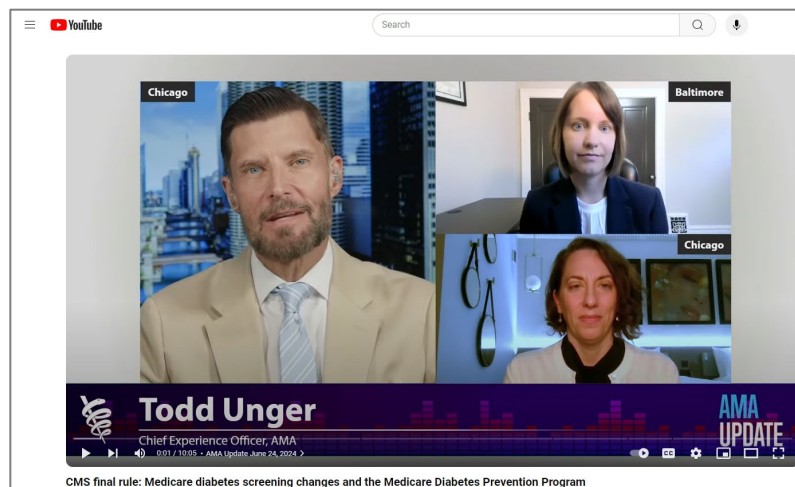
- A high-level overview of MDPP
- Medicare's coverage of MDPP and HbA1c testing for prediabetes
- The importance of early diabetes detection
- Improving health equity through MDPP distance-learning sessions

## Who is it for?

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

## Where can I find the AMA Update podcast?

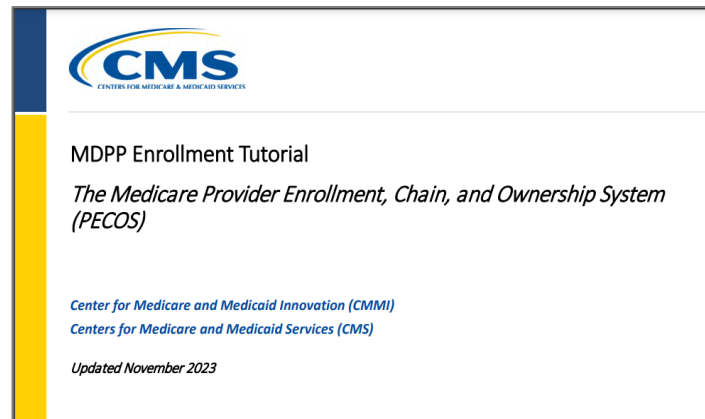
Go to: <https://www.youtube.com/watch?v=sl-1ON2jgr8>





# 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?

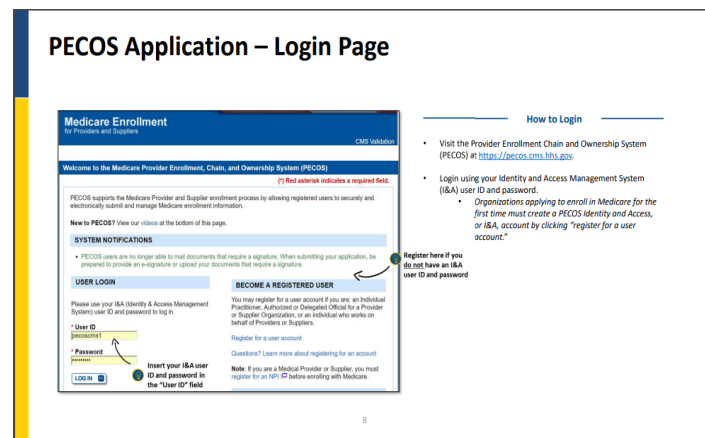
- A high-level description of steps to enrolling as an MDPP supplier
- Step-by-step instructions for the PECOS MDPP enrollment application
- Additional resources related to MDPP supplier enrollment

## 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](mailto: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](#).

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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.

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-ffs-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.



## 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?

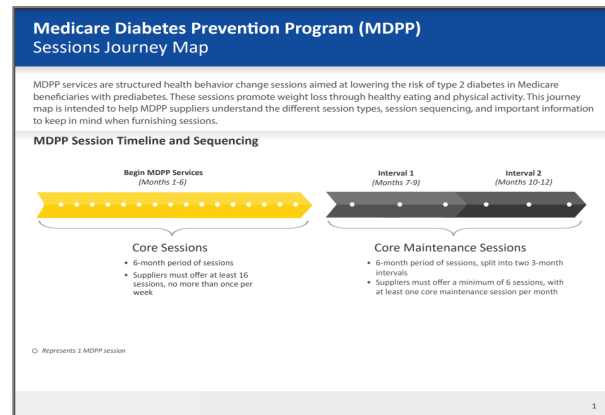
All MDPP suppliers submitting Medicare FFS claims in CY 2024.

## 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-journeymap-2024.pdf>

**Requirements for All MDPP Sessions**

- All sessions must be approximately 1 hour in length
- All sessions must follow a CDC-approved curriculum
- All weight measurements must be taken in-person at a session or via a virtual alternative method to count toward performance goals
- All core sessions must be conducted in-person or via distance learning

**What if a beneficiary misses a session?**

Suppliers may offer make-up sessions (in-person or virtual) to any beneficiary who misses a regularly scheduled session. A make-up session must address the same topics as the regularly scheduled session. Any virtual make-up sessions must follow the CDC's Diabetes Prevention Recognition Program (DPRP) standards. Suppliers are not required to offer make-up sessions.

**For all make-up sessions, suppliers may offer:**

- A maximum of 1 make-up session per week
- A maximum of 1 make-up session on the same day as the regularly scheduled session

Activities Before a Session	Activities During a Session	Activities After a Session
<p>For each interested MDPP beneficiary:</p> <ul style="list-style-type: none"> <li>Determine whether he/she receives Free-For-Service (FFS) Medicare or Medicare Advantage (MA)               <ul style="list-style-type: none"> <li>Mixed cohorts are acceptable</li> </ul> </li> <li>Determine beneficiary eligibility</li> <li>Disclose required information about the set of MDPP services before the first core session</li> </ul>	<ul style="list-style-type: none"> <li>Follow MDPP recordkeeping requirements for each session</li> <li>Collect session-level data consistent with CDC DPRP standards (including session-level data for ongoing maintenance sessions as required by CMS)</li> <li>If applicable, document any beneficiary engagement items provided to beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>Submit claims to the Medicare Administrative Contractors (MACs) for FFS Medicare beneficiaries when a performance goal is met or there is an eligible bridge payment</li> <li>Submit encounter data to the MA plan for MA beneficiaries for payment</li> <li>Maintain CMS/CDC beneficiary identifiers crosswalk for quarterly submission to CMS</li> </ul>

Need more information? Visit: <http://go.cms.gov/mdpp-exp> Visit: <https://cmsorg.force.com/mdpp>

# 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/s/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

**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#headingv1.f>.
- 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/>



## 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.



**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](mailto: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](mailto: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](mailto:RTIsuppliercrosswalkhelp@rti.org).