

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2125	Date: August 10, 2018
	Change Request 10779

SUBJECT: Medicare Diabetes Prevention Program (MDPP) Service Period Change from 3 Years to 2 Years

I. SUMMARY OF CHANGES: This change request (CR) changes the Medicare Diabetes Prevention Program (MDPP) Service Period from 3 Years to 2 Years.

EFFECTIVE DATE: April 1, 2018

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 7, 2019 - Analysis/Design; April 1, 2019 - Coding/Testing

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

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I. GENERAL INFORMATION

A. Background: Background: MDPP Model Expansion: The Medicare Diabetes Prevention Program (MDPP) expanded model is an expansion of the Center for Medicare and Medicaid Innovation's (CMMI's) Diabetes Prevention Program (DPP) model test, which was tested from 2012-2015 under the authority of section 1115A(b) of the Social Security Act (the Act). The Secretary of Health and Human Services expanded the DPP model test in duration and scope under the authority of section 1115A(c) of the Act. For further information on the DPP model test and the associated National DPP administered by the Centers for Disease Control and Prevention (CDC), CMS refers readers to the following Web sites: <https://Innovation.cms.gov/initiatives/Health-Care-Innovation-Awards/> and <http://www.cdc.gov/diabetes/prevention/lifestyle-program/index.html>.

Rulemaking: Following certification of the DPP model test by the Chief Actuary in March 2016, CMMI initiated development of DPP expansion. The Calendar Year (CY) 2017 Medicare Physician Fee Schedule (PFS) final rule, published November 15, 2016, established the expansion of the CMMI DPP model test (i.e., the MDPP expanded model) and finalized aspects of the expansion that would enable DPP organizations to prepare for enrollment, including finalizing the framework for expansion, details of how the MDPP benefit is structured, beneficiary eligibility criteria, MDPP supplier eligibility criteria and select supplier enrollment policies. The CY 2018 PFS final rule, published November 15, 2017, finalized the MDPP payment policy and Healthcare Common Procedure Coding System (HCPCS) codes, MDPP supplier standards, and beneficiary engagement incentives, and made changes to the MDPP start date, MDPP set of services, and beneficiary eligibility criteria. As finalized in the CY 2018 PFS, MDPP suppliers began enrolling in Medicare on January 1, 2018 and could begin furnishing MDPP services and billing Medicare for MDPP services on April 1, 2018.

Model Objective: The MDPP model expansion is intended to prevent Medicare beneficiaries with an indication of prediabetes from developing diabetes. Prevention of diabetes among this high-risk group of Medicare beneficiaries is expected to result in significant cost savings to the Medicare program as certified by the Office of the Actuary.

B. Policy: Due to the rapid timelines for developing and implementing the MDPP expanded model, the CMS shared systems needed to be built to accommodate billing for MDPP services for a launch date of April 1, 2018 as rulewriting to expand the model was occurring concurrently. To achieve this goal as best as possible, CR 10074 was developed based on the CY 2018 PFS proposed rule, which included an MDPP service period of three years. During notice and comment rulemaking, the Center for Medicare and Medicaid Innovation (CMMI) received substantial feedback from the public wishing to shorten the MDPP service period. To accommodate the public's comments, we shortened the MDPP service period from three years (36 months) to two years (24 months) in the CY 2018 PFS final rule. This policy change requires changes to the shared systems and claims processing that were instructed in CR 10074 to reflect the new length of the MDPP service period.

This CR instructs the shared systems maintainers to make necessary changes to the shared systems, and instructs the MACs to make necessary claims processing changes to reflect this policy change.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC		D M E M A C	Shared- System Maintainers				Other	
		A	B		H H H	F I S S	M C S	V M S		C W F
10779.1	Contractors shall make the necessary systems changes to modify the MDPP service period from 3 years to 2 years.		X						X	RRB-SMAC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information: N/A
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Amanda Van Vleet, 410-786-1483 or amanda.vanvleet@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0