New Medicare Benefit for People With Prediabetes

Enroll as a Medicare Diabetes Prevention Program (MDPP) supplier to start billing for diabetes prevention program services

"The Diabetes Prevention Program works and we know it is especially effective in people over the age of 60. We can now offer a valuable intervention and improve the quality of life for Medicare participants from our community."

— Erica Moore, MHS, RD, CDE, BC-ADM; Spartanburg Regional Healthcare System

The National Diabetes Prevention Program (National DPP) delivers a combination of lower costs and improved outcomes around one of the most prevalent and expensive chronic conditions in America\(^1\). Evidence has shown that the National DPP can reduce the risk of developing type 2 diabetes in people over 60 years of age by 71\(^2\).

Be part of the largest national effort to mobilize and bring effective lifestyle change programs to communities across the country. Whether you are a healthcare system or a community-based organization, becoming a MDPP supplier generates revenue for your program and opens doors to new patients who have an indication of prediabetes.

Diabetes affects more than 25 percent of Americans aged 65 or older

Become a National DPP provider NOW to setup a quality program as a required foundation to becoming a MDPP supplier!

AADE American Association of Diabetes Educators
Steps to Become a Medicare Diabetes Prevention Program (MDPP) Supplier

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“Becoming a Medicare supplier is a key step towards sustainability for your program. Since becoming a Medicare supplier we have been contacted by representatives of Medicare Advantage plans asking if they can refer their covered clients to us. We expect the same with more commercial plans as coverage for the DPP becomes more common!”

—Linda Schoon, RD, CDE; Poudre Valley Hospital
Step 1

Meet CDC Requirements for Program Recognition

The CDC Diabetes Prevention Recognition Program (DPRP), a program that recognizes organizations that have demonstrated their ability to effectively deliver a proven type 2 diabetes prevention program, awards three categories of recognition: pending, preliminary, and full recognition. **Preliminary or full recognition** is required to become a MDPP supplier.

Organizations will be awarded preliminary recognition when they meet the following criteria:

- **The requirements for pending recognition**
  - Submit application to DPRP
  - Begin offering classes immediately upon application approval or no later than 6 months after its effective date
  - Offer the DPP lifestyle change program for a minimum of 12 months

- **Have at least 5 eligible participants who:**
  - Attended their first session at least one year, but not more than 18 months, before the submission due date
  - Attended at least 3 sessions in the first 6 months
  - And the time from the first session attended to last session of the lifestyle change program was at least 9 months

- **Among participants attending 3 sessions in the first 6 months,**
  - At least 60% attended at least 9 sessions in months 1-6, and
  - At least 60% attended at least 3 sessions in months 7-12

  **Note:** The attendance benchmark for months 7-12 is assessed only after a full 12 months has passed from the date of the first session.

Visit [https://www.cdc.gov/diabetes/prevention/lifestyle-program/requirements.html](https://www.cdc.gov/diabetes/prevention/lifestyle-program/requirements.html) to view information on the CDC DPRP Standards

**HINT**

Talk with leaders in your organization about the benefits of becoming a MDPP supplier.
MDPP is an investment—
BUILD A DPP TEAM TODAY!

Organizations should consider completing an Organizational Capacity Assessment to identify leadership and staff support. By identifying your DPP team and staff responsibilities in advance, it will ensure a smooth application process. Consider identifying the following team members:

- **Leadership**
- **Reimbursement Specialist**
  - Assist in obtaining signatures from ownership interest or managing control (Hospital Board), CEO and CFO
- **Compliance Officer**
  - Connect with your regional Medicare Administrative Coordinator (MAC) to discuss MDPP rules regarding Outpatient Prospective Payment System and Ambulatory Payment Classification
- **Billing Specialist**
- **Coding Specialist**
- **Legal Support**
- **Contractor** (for Medicare Advantage (MA) plans)
- **Information Technology (IT) Specialist**
  - Incorporate MDPP G codes in electronic health record system
- **Diabetes Prevention Program Coordinator**
- **Administrative support**

**HINT**
Consult an attorney before enrolling as a MDPP supplier—especially if you have not previously billed Medicare for services

**TIPS**
Form a work team for the MDPP supplier application and implementation process
Organizations who wish to enroll in Medicare as a MDPP supplier, must have a National Provider Identifier (NPI). MDPP coaches must also obtain an NPI for enrollment screening, claim submission, and monitoring purposes.

You must obtain an NPI prior to completing and submitting the enrollment application. To download the application visit https://nccd.cdc.gov/DDT_DPRP/applicationForm.aspx

To obtain an NPI use the National Plan and Provider Enumeration System (NPPES) at https://nppes.cms.hhs.gov/#/. Additional resources are available at https://nppes.cms.hhs.gov/webhelp/nppeshelp/NPPES%20FAQS.html

Organizations already enrolled as Medicare providers must “re-enroll” to become MDPP suppliers

**Step 3**

**Obtain a National Provider Identifier (NPI)**

- If you already have an NPI, you do not need a new NPI to become a MDPP supplier
- Each coach providing MDPP must obtain an individual NPI
- When applying for an NPI, select a taxonomy code that best represents your organization or MDPP coach. If being a coach is the individual’s only classification, “Health Educator” may be an appropriate selection. To view a complete list of codes, visit: http://www.wpc-edi.com/reference/codelists/healthcare/health-care-provider-taxonomy-code-set/
STEP 4 Provide documentation showing MDPP preliminary or full CDC DPRP recognition

Documentation to verify an organization's CDC recognition status must be provided to CMS during the enrollment process.

To verify that your organization has preliminary or full CDC recognition status, you must submit the official recognition letter or letters received from the CDC that are associated with the organizational code or codes provided in Sections 2 and 4 of Form CMS-20134. The letter(s) provided should indicate an in-person delivery mode as MDPP services must be provided in person to be reimbursed by Medicare (except for a small number of virtual makeup sessions) and should be dated within a year of your enrollment application.

On the application, organizations must report the organizational code(s), recognition status, effective date and expiration date. The letter will indicate both the effective date (the date of the letter) and the expiration date (in the body of the letter).

STEP 5 Get to know your Medicare Administrative Contractor (MAC)

MACs are regional contractors that process enrollment applications and Medicare fee-for-service claims (also known as Medicare Part A and Part B claims). Each MAC processes fee-for-service (FFS) claims for a certain region of the country. Providers may work with more than one MAC, if providing MDPP services in multiple regions.


TIP

MACs will notify suppliers if individuals in their organization must submit fingerprints. Individuals with more than 5% ownership of the organization must submit fingerprints. For step-by-step fingerprinting instructions, see cmsfingerprinting.com
The below regulations must be followed by all MDPP providers:

- **Maintain at least one administrative location.** All administrative locations must be located at an appropriate site and must be reported on the application.

- **Providers must report any changes** to their enrollment application, including changes of ownership, changes to the coach roster or final adverse legal action history within 30 days. All other changes must be reported within 90 days.

- **Providers must not deny a MDPP beneficiary access to MDPP services during the benefit period including conditioning access to MDPP services based on a beneficiary’s weight, health status, or achievement of performance goals.**

- **MDPP suppliers and other individuals or entities must not unduly coerce a MDPP beneficiary’s decision to change or not to change to a different MDPP supplier.**

- **Before the initial core session is provided,** suppliers must disclose detailed information on eligibility requirements, the once-per-lifetime nature of MDPP services, minimum coverage requirements, and the MDPP supplier standards.

- **MDPP suppliers must comply with a number of documentation requirements related to their interaction with beneficiaries, services provided, and billing.**

**Notice**

*Notify your billing, coding, electronic health record team and compliance department to ensure they understand MDPP.*

**HINT**

Once you have obtained an NPI, there are two ways to enroll as a Medicare supplier.

1. Submit a paper enrollment application to a Medicare Administrative Contractor. You can also submit an application using the paper form CMS-20134 enrollment process.

2. Submit the enrollment application using an internet-based system called Provider Enrollment Chain and Ownership System (PECOS). Access PECOS at https://pecos.cms.hhs.gov/pecos/login.do#headingLv1

Enrollment through PECOS is recommended for a faster enrollment process. It allows you to complete most of the enrollment activities online, including submitting the enrollment application, changing existing Medicare enrollment record information, and other processes.

Application approval through PECOS takes approximately 80 days compared to paper enrollment which can take up to 180 days.

If you are a new Medicare provider and want to enroll online, you will need to create a PECOS Identification and Authentication (I&A) user ID and password.

To register for an I&A account, go to https://nppes.cms.hhs.gov/IAWeb/register/startregistration.do

If you already have an existing I&A you do not need to create a new MDPP specific I&A account.

At any time during the application process, you can contact your MAC for answers to questions related to the application and enrollment process.
All MDPP providers must enroll as a MDPP supplier – even if you are currently a Medicare provider and already billing for other Medicare services (including Medical Nutrition Therapy and/or Diabetes Self-Management Training).

MDPP suppliers that are new to enrollment, will be considered high categorical risk; however when re-validating they will be screened at the moderate categorical risk level.

Re-validating MDPP suppliers do not have to undergo the same high risk screening requirements, such as fingerprinting and background checks, as individuals that maintain a 5% or greater direct or indirect ownership interest in the supplier.

MDPP suppliers will need to revalidate every five years after their initial enrollment.

To Enroll:

- Complete Form CMS-20134 at https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS20134.pdf. Form CMS-20134 can be completed via paper form or through the PECOS system.

- Enrollment fee ($650) is due upon initial enrollment and revalidation. Payment is due online or via mail prior to completing and submitting enrollment application.


Hospital out-patient departments can have community sites under a MDPP.
**MDPP 2019 Payment Structure**

MDPP will be tying payment to performance goals of attendance and/or weight loss.

<table>
<thead>
<tr>
<th>Performance Goal</th>
<th>2019 Performance Payment Per Beneficiary (with the required minimum weight loss)</th>
<th>2019 Performance Payment Per Beneficiary (without the required minimum weight loss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st core session attended</td>
<td>$26</td>
<td>$26</td>
</tr>
<tr>
<td>4 total core sessions attended</td>
<td>$51</td>
<td>$51</td>
</tr>
<tr>
<td>9 total core sessions attended</td>
<td>$93</td>
<td>$93</td>
</tr>
<tr>
<td>2 sessions attended in first core maintenance session interval (months 7-9 of the MDPP core services period)</td>
<td>$62 *</td>
<td>$15</td>
</tr>
<tr>
<td>2 sessions attended in second core maintenance session interval (months 10-12 of the MDPP core services period)</td>
<td>$62 *</td>
<td>$15</td>
</tr>
<tr>
<td>5 percent weight loss achieved</td>
<td>$165</td>
<td>$0</td>
</tr>
<tr>
<td>9 percent weight loss achieved</td>
<td>$26</td>
<td>$0</td>
</tr>
<tr>
<td>2 sessions attended in ongoing maintenance session interval (4 consecutive 3-month intervals over months 13-24 of the MDPP ongoing services period)</td>
<td>$51</td>
<td>$0**</td>
</tr>
<tr>
<td><strong>Total performance payment</strong></td>
<td><strong>$689</strong></td>
<td><strong>$200</strong></td>
</tr>
</tbody>
</table>

* The required minimum weight loss from baseline must be achieved or maintained during the core.

Bridge Payment: In cases where a beneficiary changes MDPP suppliers, CMS will allow a one-time $26 bridge payment to a MDPP supplier for providing the first session to a MDPP beneficiary who has previously received MDPP services from a different MDPP supplier.

**Endnotes**

1. Chronic Disease Overview | Chronic Disease Prevention and Health Promotion | CDC. Available at: https://www.cdc.gov/chronicdisease/overview/index.htm [Accessed 26 Jun. 2018]
Become a Medicare Diabetes Prevention Program supplier NOW!

Increase access to diabetes prevention services for Medicare beneficiaries in your community while developing a financially sustainable program.

For More MDPP Resources:
https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/

Enhance your community impact at the local level by promoting healthier behavior.