Medicare Diabetes Prevention Program Model Expansion Call

Moderated by: Leah Nguyen
December 5, 2017—1:30 pm ET

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Operator: At this time, I would like to welcome everyone to today's Medicare Learning Network® Event. All lines will remain in a listen mode until the question and answer session.

This call is being recorded and transcribed. If anyone has any objections, you may disconnect at this time. I will now turn the call over to Leah Nguyen. Thank you. You may begin.

Announcements & Introduction

Leah Nguyen: I am Leah Nguyen from the Provider Communications Group here at CMS, and I am your moderator today. I'd like to welcome you to this Medicare Learning Network call on the Medicare Diabetes Prevention Program Model Expansion.

The calendar year 2018 Medicare Physician Fee Schedule Final Rule includes the expansion of the Medicare Diabetes Prevention Program, or MDPP, model starting in 2018. During this call, CMS experts provide a high-level overview of the finalized policies. A question and answer session follows the presentation.

Before we get started, you received a link to the presentation in your confirmation email. The presentation is available at the following URL: go.cms.gov/npc. Again, that URL is go.cms.gov/npc.

At this time, I'd like to turn the call over to Amanda Van Vleet, Program Design Lead for the MDPP Model Expansion team.

Presentation

Amanda Van Vleet: Thank you. Good afternoon. My name is Amanda Van Vleet, and I am the Program Design Lead for the MDPP Model Expansion team. And I'm here with my colleague Arielle Zina.

Arielle Zina: Good afternoon. My name is Arielle Zina. I am the Program Integrity Lead for the Medicare Diabetes Prevention Program expanded model. Amanda and I will be co-hosting today's webinar. Thanks.

Amanda Van Vleet: And this MLN call, as we alluded to, is focused on overviewing MDPP policies that were recently finalized in the calendar year 2018 Physician Fee Schedule Final Rule.

As a note, we will be holding additional calls and be releasing some support materials in the upcoming months that are targeted to organizations that are interested in enrolling in Medicare as MDPP suppliers. So we will discuss some of the topics that will be outlined in this call today more in detail through those mediums.

Moving on to the next slide, just a reminder that this call will be recorded and will be posted on our website if you'd like to refer to it in the future. And if you are listening to this recording online, a reminder that this information is current as of today's date, which is December 5th, 2017.

So moving to the next slide, this is a list of acronyms that we will be using throughout the presentation. I will not go through them one by one right now. But I do want to call to your attention that this can be used as a resource for you throughout this presentation and as other materials are discussing MDPP in the future.

So on slide 4, you'll find an agenda of our presentation today. So Arielle and I will be first discussing the objectives of the call and providing a context – the context and overview of MDPP services. We'll then be reviewing some key upcoming dates related to the MDPP services rollout. After that, we will be reviewing in more detail the MDPP policies that were finalized in last year's Physician Fee Schedule rule as well as the policies that were finalized recently in this year's Physician Fee Schedule rule. We will be reviewing these policies by topic area. And then, Arielle will review some websites where you can find additional information and resources and discuss the evaluation of our call, which we hope that you will fill out to provide us feedback. And finally, we will end with a Q&A session where you can ask questions over the phone and where we hope to answer any of these questions that you may have.

Objectives

On the next slide, slide 5, we outline our objectives for today's call. And, primarily, these are really to enhance awareness of the MDPP expanded model set of services, the payment policies, and the additional policies around our model expansion. It's also to increase the knowledge and understanding of our policies that were finalized in the calendar year 2018 Physician Fee Schedule Final Rule and also how those policies really build off of the policies that were finalized in the 2017 Physician Fee Schedule rule, which both of those rules together outline our policies for the MDPP expanded model. Lastly, we will be providing additional resources and address questions related to our expanded model. Thank you.

Content and Overview of MDPP Services

So moving on to slide 6, this slide provides a kind of a visual overview of the context for MDPP services, particularly the problems that MDPP services aim to address, which you can find on the left column, a description of MDPP services, which is in the center column, and the projected impact of MDPP services, which you can see in the right column.

So if you look on the left, you will see that a quarter of Americans aged 65 and older are living with type 2 diabetes. So, in addition to negatively impacting their health, care for older Americans with diabetes costs the Medicare Program $104 billion annually and is growing.

In the middle, you'll see a description of MDPP services. So, in an attempt to respond to this high rate of diabetes among older Americans and the cost of their health, MDPP services are designed to be health behavior change sessions that offer information on healthy eating, exercises, and lifestyle changes to promote weight loss and the maintenance of a healthy lifestyle. These sessions use a CDC-approved curriculum and can be offered in community-based settings.

So if you look to the right, you'll see that the projected impact of MDPP services and the goal. The goal of these services is to prevent or delay Medicare beneficiaries with an indication of prediabetes from developing type 2 diabetes. MDPP services are also estimated to save the Medicare Program $182 million over 10 years by decreasing health care costs that are associated with diabetes.

Moving on to slide 7, this slide provides a more in-depth description of MDPP services and shows how these services are structured over time. So MDPP services are offered for at least 1 year and may be offered for up to 2 years, depending on beneficiary eligibility.

If you look at the left in the gray column and in the middle, or the green column, you'll see that these services collectively make up the MDPP core services, which are offered over the first year or, as you can see here, months zero through 12. The first year of core services must be offered to beneficiaries who are eligible for MDPP regardless of their attendance at MDPP sessions or any weight loss that they achieve over this time.

If you look on the left, you'll see that, over the first 6 months, suppliers offer a minimum of 16 core sessions. These core sessions are really the heart of the MDPP materials and are meant to teach 16 different curriculum topics that are approved by the CDC. These sessions are intended to be weekly, but they can be spread out among the first 6 months to be more than a week apart so that there is not a gap period in the first 6 months.

In the middle column, you will see that over the second 6 months, suppliers offer monthly core maintenance sessions. These – the maintenance sessions – are meant to reinforce materials that were learned in the first 6 months of the program and focus on sustaining healthy lifestyle changes over time.

After the first year, you can see on the right-hand column, the blue column, that if a beneficiary meets the required weight loss and attendance goals, he or she is eligible for up to an additional year of ongoing maintenance sessions. MDPP suppliers offer these ongoing maintenance sessions during this year in 3-month intervals to eligible beneficiaries who continue to meet weight loss and attendance goals over time. These sessions are intended to, again, further reinforce curriculum topics that were learned in the first year and provide additional ongoing support for maintaining healthy weight and lifestyle over time.

We recognize that weight loss takes time and is difficult to maintain. So, we believe that the – this ongoing support will help beneficiaries to continue to integrate healthy lifestyle choices and materials that they've learned into their life on a longer-term basis. We have often received the question of whether curriculum topics may be repeated during this time. So just to clarify that, yes, curriculum topics can be repeated if the supplier chooses.

Key Upcoming Dates

Moving on to slide 8, you can see here some of the key upcoming dates related to the rollout of MDPP services. As a reminder, the calendar year 2018 Physician Fee Schedule rule was published last month, in November, and there is a link to the rule on slide 5. So please feel free to refer to the rule for more information.

This month, in December, we will be launching a help desk that will provide phone and email support where you can call or email to ask questions and we'll provide additional assistance. The email address can be found on slide 25 of this deck. So please feel free to start submitting any questions that you have to that address.

In January of 2018, any organizations that are eligible to begin enrolling in Medicare as MDPP – I'm sorry – any organizations that are eligible can begin enrolling in Medicare as MDPP suppliers. As a note, any organizations and coaches that are interested in furnishing MDPP services will need to obtain an NPI, a National Provider Identifier. And these NPIs can be obtained at any time, including now. So, that is one area where organizations and individuals may begin preparing for enrollment. And then in April of 2018, organizations that are enrolled in Medicare as MDPP suppliers may begin furnishing MDPP services and billing Medicare.

MDPP Policies Finalized in the CY17 Physician Fee Schedule

So now we move on to slide 9. So to give some context, to implement the expansion of MDPP services, we finalized policies through two rounds of rulemaking. The first was through the calendar year 2017 Physician Fee Schedule rule and the second was through the calendar year 2018 Physician Fee Schedule rule. For each of these rules, we went through the standard rulemaking process.

So we originally proposed a set of policies through a proposed rule. We then solicited comments and stakeholder feedback on these proposed policies through a notice and comment period in which anyone from the public, including organizations or individuals, can submit comments on the proposed policies to CMS. So then, we take the comments and feedback that we received from the public into consideration and make any changes that we find appropriate at that time. And then, we finalize – or finalize and potentially revise policies in a final – in a – in the final rule.

So the first round of rulemaking we did was through the 2017 Physician Fee Schedule rule, which was published last year in November 2016. This first rule established the expansion authority for MDPP, which allows CMS to expand the MDPP model test. In this rule, we also finalized aspects of the expansion that would enable organizations that are interested in becoming Medicare – MDPP suppliers to prepare for Medicare enrollment. So this included finalizing the structure of MDPP services, which we finalized as a 12-year set of services and ongoing maintenance sessions.

****Post-Call Clarification: So this included finalizing the structure of MDPP services, which we finalized as a 12-month set of services and ongoing maintenance sessions.****

We also finalized MDPP supplier eligibility criteria, most notably that organizations offering DPP would need to enroll in Medicare as MDPP suppliers and must have CDC recognition.

The rule also finalized coach NPI requirements, beneficiary eligibility criteria, namely that beneficiaries have an indication of prediabetes and the MDPP services are only available once per lifetime.

And we also finalized the select supplier enrollment and revocation policies and evaluation requirements for the MDPP expanded model.

MDPP Policies Finalized in the CY18 Physician Fee Schedule

Moving on to the next slide, slide 10, this slide overviews the second round of rulemaking, which we did through the calendar year 2018 Physician Fee Schedule, which was, again, published last month, in November of 2017. So again, here we went through the standard rulemaking process. And in this rule, we finalized additional policies, which included the MDPP payment policy and HCPCS billing codes, the MDPP supplier standards and compliance policies, additional supplier enrollment criteria, and beneficiary engagement incentives. In this rule, we also changed the MDPP start date and we made some adjustments to the MDPP set of services and beneficiary eligibility criteria. So we'll review these policies in some more detail in the next few slides.

So now that I've provided some context and an overview of MDPP services, Arielle and I will both go on into more detail about the policies that were recently finalized in the 2018 Physician Fee Schedule rule. So I'm now on slide 11. And in the next few slides, you'll notice a similar layout of the slides.

So just to give you kind of an orientation of how we'll be reviewing these, in the leftmost column, you'll find MDPP policy topic. In the next column, you'll find policies corresponding to that topic that were finalized in the 2017 rule. In the next column, you'll find policies corresponding to that topic that were finalized in the 2018 rule. And finally, the column on the right shows an icon to indicate whether this policy is new or changed and supplies additional information or if it's a clarification of last year's rule.

So I'll begin by discussing the MDPP start date. In the 2017 Physician Fee Schedule, we finalized that MDPP services could begin being furnished in January of 2018. However, in order to allow organizations more time to prepare, we pushed back the start date. And in the 2018 Physician Fee Schedule rule, we finalized that organizations that are eligible can begin enrolling in Medicare as an MDPP supplier in January of 2018 and organizations enrolled as MDPP suppliers can begin furnishing services and billing Medicare in April of 2018.

We also made some terminology changes between 2017 and 2018 to better align with the additional policies that were being finalized in the 2018 rule. Most notably, we changed what we referred to as the MDPP benefit to the MDPP set of services. And some other terminology changes can be found here on this slide if you wish to refer to it.

On the next slide, slide 12, you'll find there are changes that we made to the MDPP set of services. In the 2017 Physician Fee Schedule, we finalized that MDPP services included 12 months of a core services period with what was an unspecified number of ongoing maintenance sessions. We also finalized that MDPP is classified as an additional preventive service, so there is no cost sharing to beneficiaries.

So, in response to public comments that we received both in the 2017 and in the 2018 rules, we shortened the proposed period of ongoing maintenance sessions. So in the 2018 rule, we finalized that there is still a 12-month core service period, but that there will only be up to 12 months of ongoing maintenance sessions, again, depending on the beneficiary's eligibility. And as a note, in the 2018 proposed rule, we originally proposed 24 months of ongoing maintenance sessions but, again, received a lot of public comments that this was still too long. So, while we do think that these ongoing maintenance sessions are important, we shortened them to only a maximum of 12 months.

On the same slide, you'll see that, also in a response to public comments to allow some flexibility, that in the 2018 rule, we finalized a policy to allow makeup sessions because we realized that both beneficiaries and suppliers may need to reschedule certain sessions. So, we wanted to provide some flexibility for that. So there is no limit on the total number of makeup sessions that are furnished in person that an MDPP supplier can offer.

The only specifications are that makeup sessions must use the same CDC-approved curriculum as the session that was missed. And there are some limitations on how many can be offered. So a maximum of only one makeup session can be furnished per week, and a maximum of only one makeup session can be furnished on the same day as a regularly scheduled session. These restrictions are really to ensure that a beneficiary has sufficient flexibility in making up a missed session.

An MDPP supplier can also furnish a limited number of makeup sessions virtually. So when we refer to virtual makeup sessions, we're referring to sessions that are offered either online or over the phone or through an app or through other means that are not in person. More information on what this entails can be found in the rule. But, it really – again, it's to provide some more flexibility.

And these virtual makeup sessions must adhere to the DPRP virtual standards. So any set – any virtual makeup sessions must adhere to the same requirements as in-person makeup sessions.

The virtual makeup sessions can also only be offered by beneficiary request. So, virtual makeup sessions really aren't meant to be offered to entire classes. So, for example, if there is an event that requires a supplier to reschedule an entire session, the supplier can reschedule it as an in-person makeup session, just not as a virtual makeup session.

There are also restrictions on the number of virtual makeup sessions that a supplier can furnish. A maximum of four virtual makeup sessions can be offered during the core services period, which, again, is the first 12 months. And only two of these four can be core maintenance sessions, which, again, are offered during months 7 through 12. Additionally, a maximum of three virtual makeup sessions can be ongoing maintenance sessions.

One important thing to note is that any weight loss recorded during a virtual makeup session cannot be used for eligibility and payment. So, for example, a supplier can't submit a payment that a beneficiary achieved 5 percent weight loss during a virtual makeup session. The weight has to be recorded in person. And additionally, if the beneficiary wants to attest to weight loss in order to continue to be eligible for ongoing maintenance session intervals, the beneficiary has to do so at an in-person session and not at a virtual makeup session.

I'll move on now to slide 13, which overviews our beneficiary eligibility policies. In the 2017 Physician Fee Schedule, we finalized the eligibility criteria needed for beneficiaries to begin MDPP services. These eligibility criteria included that Part B beneficiaries have an indication of prediabetes and not have received the core set of MDPP services before at any point. We also finalized that provider referrals are not required for MDPP services so that a beneficiary can self-refer.

During the notice and comment period of the 2017 rule, we received questions on whether beneficiaries who develop diabetes during the MDPP services period would still be eligible for MDPP services, and the majority of commenters supported allowing beneficiaries who develop diabetes during this time to continue to be eligible. So, we noted in that final rule that we would address this issue in future rulemaking, which we then did in the 2018 rule.

So in the 2018 rule, we clarified that, yes, beneficiaries who develop diabetes during the MDPP services period are still eligible for – to continue with services. The development of diabetes alone does not disqualify the beneficiary. So if a beneficiary does, in fact, develop diabetes during the services period, the supplier would continue to offer services to that beneficiary. Additionally, since we finalized the time limit on the ongoing maintenance sessions in the 2018 rule, we finalized that the once-per-lifetime limitation on MDPP services

does apply to all MDPP services, which is inclusive of ongoing maintenance sessions in addition to the 12 months of core services.

In the 2017 rule, we also finalized that for a beneficiary to be eligible for ongoing maintenance sessions, the beneficiary must have achieved a 5-percent weight loss from their baseline weight at the first session – at – their baseline weight at the first session during the first 12 months of services in order to be eligible for ongoing maintenance sessions. We also finalized that a beneficiary needs to maintain 5 percent weight loss during the previous 3-month ongoing maintenance session interval in order to be eligible for the next interval.

Since we finalized the payment policy in the 2018 rule, we finalized – we also finalized some additional beneficiary eligibility policies to align with the payment policy. Specifically, we kept the previous beneficiary eligibility criteria. But we added some attendance requirements as well, to align with our payment policy. We did not finalize any attendance requirements during the first year of core sessions. However, we did clarify that in order to be eligible for the first ongoing maintenance session interval, a beneficiary must attend at least one in-person core maintenance session during months 10 through 12 in order to record a weight measurement to ensure that the beneficiary met the 5 percent weight loss goal.

Additionally, we finalized that in addition to maintaining 5 percent weight loss, a beneficiary must attend two out of three ongoing maintenance sessions during an interval in order to be eligible for the next interval. So, we finalized these attendance requirements because, as I will describe in a little bit, MDPP uses a performance-based payment methodology that is based on a beneficiary achieving certain attendance and weight loss goals. So, in order for a supplier to be paid, the beneficiary needs to attend two out of three sessions per interval. We did this to basically ensure that a supplier does – doesn't need to continually offer sessions without payment. And we finalized that a beneficiary must attend – so, in order for this to happen, we also finalized that the beneficiary had to attend the same number of services in order to maintain eligibility so that these policies aligned.

So moving on to slide 14, this slide describes how we proposed our -- and finalized our MDPP payment policies in the 2018 rule. MDPP uses a performance-based payment structure that's based on an individual beneficiary's achievement of both weight loss and attendance goals. An MDPP supplier is eligible for Medicare payments if there are certain criteria that are met.

So namely, the beneficiary must be eligible for MDPP; the supplier must meet all program requirements, including mandatory assignment, which basically means that an MDPP supplier cannot charge a beneficiary more than the Medicare payment amount and make the beneficiary pay the difference. So for example, Medicare pays – if Medicare pays $25 for the first session, a Medicare supplier cannot charge a beneficiary $50 and make the beneficiary pay $25 out of pocket.

Some additional criteria are that the MDPP sessions must be furnished by an eligible coach. And as I mentioned previously, weight loss measurement that's associated with payment must be taken in person at an MDPP session. And then the payments themselves can be made if a beneficiary meets attendance or weight loss goals or if the supplier is eligible for a bridge payment, which I will explain shortly.

Moving on to slide 15, this slide gives a visual representation of the MDPP performance payments over time. So if you see the left half of the visual in blue, you'll see payments made for the first 12 months of core

services. And on the right half of the visual in gray, you'll see payments for the second 12 months, which are ongoing maintenance sessions.

So starting at the very left, you'll see that, in the first 6 months of core sessions, that payment is based on attendance only. An MDPP supplier can be paid when the beneficiary attends one core session, a total of four core sessions, or a total of nine core sessions. And these payments are made regardless of weight loss since we realize that weight loss is a gradual process and takes time to achieve.

During the second 6 months, payments are made in 3-month intervals based on an individual beneficiary's attendance and weight loss. So, during these two 3-month intervals, a supplier can receive a higher payment if the beneficiary achieves weight loss – achieves 5 percent weight loss from baseline. But they can still receive a lower payment if the beneficiary attends two out of three sessions per interval but does not achieve 5 percent weight loss at that time.

In the right half of the visual in gray, you'll see payments for the second 12 months. So these payments for ongoing maintenance sessions are made, again, in 3-month intervals based on a beneficiary's attendance and weight loss. However, during the ongoing maintenance sessions, no payment is made if the beneficiary does not maintain 5 percent weight loss from baseline over time. So again, the beneficiary must have a weight measurement recorded in person at an MDPP session.

However, as I noted before, if the beneficiary does not maintain weight loss over this time, the beneficiary is no longer eligible. So, the supplier does not need to continue to furnish services to that beneficiary. And then additionally, if the beneficiary achieves 5 percent weight loss from baseline at any time during the first year of core services, the supplier can receive a $160 performance payment. And if the beneficiary achieves 9 percent weight loss at any time during the full 2 years of MDPP services, the supplier can receive an additional $25 performance payment.

Going on to slide 16, you'll see these are our final – these are our finalized HCPCS codes for MDPP services. So on the left, you'll find the finalized HCPCS code. The next column is the payment amount. The next column is a short description of what is needed to receive payment. The full description can be found in the final rule if you would like to refer to that. And then the final column, on the right, notes whether the payment can be made in association with the virtual makeup session. As a note, if a G-code is made in association with a virtual makeup session, a supplier must note that with a modifier when submitting a claim, which is what this column notes.

So you'll note in the second row from the bottom, which is code 9890, that a $25 bridge payment is available. So this bridge payment is available when an MDPP supplier furnishes its first session to a beneficiary who's previously received MDPP services from a different supplier. So, we created this payment to help mitigate some of the risk that a new supplier takes on when accepting a beneficiary that has started services with a different supplier. And a bridge payment is available only once per MDPP beneficiary per supplier. But a beneficiary has no limitation on how often they can switch suppliers. So, a beneficiary can switch suppliers at any time.

And now, I'm going to hand the presentation back to Arielle, who's going to discuss some of the supplier eligibility, enrollment, and compliance policies that we finalized.

Arielle Zina: Thank you so much, Amanda. That was a really helpful overview.

And now that we understand the set of services and the payment and structure associated with those services, I'm going to turn to the process by which organizations are able to furnish those services. And that's enrollment. So I'm just going to – before I really get into these slides, I'm going to note that I'm using these slides as an outline. So, I encourage you to refer back to these as a resource. And if you have further questions, I highly encourage you to read the section in the rule that talks about these policies that really do get into a lot more detail than we are able to do today.

So in 2017, we established basics around enrollment and enrollment eligibility; namely, we established a new supplier type, MDPP suppliers that are exclusive to furnishing MDPP services. In that, we decided that any organization wishing to furnish MDPP services regardless of any existing enrollment in Medicare would have to enroll in Medicare as an MDPP supplier.

And they would do so at high-risk screening. High-risk screening simply means that the organization is – has a site visit prior to their enrollment application being approved and any individuals with 5 percent or more direct or indirect ownership would be – would submit fingerprints for additional background checking. And this would happen at initial enrollment.

We determined that coaches, individuals who furnish service – MDPP services directly to beneficiaries on behalf of the MDPP supplier organization, would not enroll in Medicare but that the MDPP supplier would submit identifying information about those coaches to Medicare for vetting purposes. And then in terms of which organizations were eligible to enroll, in 2017, we established that organizations would have to have full CDC recognition as an eligibility requirement to enroll, though we talked about preliminary recognition and we deferred that to this year's rulemaking.

And so, in 2018 Physician Fee Schedule, we built on these existing enrollment policies and established that organizations with MDPP preliminary recognition could also be eligible to enroll in Medicare. MDPP preliminary recognition includes both MDPP interim preliminary recognition and any preliminary recognition that is established by the CDC. I'm not going to get into the very specific criteria that an organization would have to meet in order to become – to have MDPP interim preliminary recognition. But I will note that the – those details – kind of the most salient details of that are on this slide and are also detailed in the rule.

But I also will note that MDPP interim preliminary recognition is really the same as preliminary recognition as currently proposed by the CDC for its updated 2018 DPRP standards. We proposed these in tandem. And CDC will be granting preliminary recognition once its 2018 DPRP standards are finalized and take into effect. MDPP interim preliminary recognition will be granted to organizations really if there's any delay between when the policies that are finalized in the Physician Fee Schedule become effective on January 1st and when the 2018 DPRP standards take effect. So if there is a delay between the effective dates of these two different policies, then organizations who meet MDPP interim preliminary recognition would be notified that they meet this recognition by CMS in January. Any organization that meets MDPP interim preliminary recognition would automatically meet preliminary recognition from the CDC once it does become effective. This transition would be seamless and automatic.

Additionally, in the 2018 Physician Fee Schedule, we established some additional operational details around enrollment. Specifically, we addressed – we decided to create a new Medicare enrollment application specific to MDPP suppliers. We noted in the rule that we will be planning to release this enrollment application prior to

enrollment beginning in January. But in the interim, we modeled that enrollment application after an existing enrollment application, the CMS-855B. So, that CMS-855B application is really applicable to a lot of different providers and suppliers.

So we noted that all information that is collected across all of those suppliers would similarly be collected in our new application form. But, additionally, we will be collecting information on CDC recognition or MDPP preliminary recognition status information about coaches and also information about the location where MDPP services are offered. We recognize that organizations deliver MDPP services or currently deliver DPP services both in where the organization is located, which we have defined as an administrative location – so you can think about this as an organization's kind of headquarters or main office space – but they also might deliver services at community settings that are not primarily associated with a – with the organization. And so, we noted that both of these locations are acceptable places to deliver MDPP services, but that they would have to be disclosed on enrollment application.

We also established that, upon enrolling in Medicare, that MDPP suppliers would have to play – pay an application fee. This application fee is updated every year. And so we can look on the CMS website for what that fee amount will be in 2018. We established that when organizations revalidate their enrollment – and so this – that process means when an organization is already enrolled, every 5 years they would have to revalidate their enrollment, kind of certify to CMS that they want to continue to maintain enrolled. So they would do so at moderate-risk screening.

So the difference between moderate-risk screening and high-risk screening is that their organization would have another site visit, but that they would not have to submit fingerprints with that revalidation. And so we really decided to finalize the policy that they would revalidate every 5 years and at a moderate-risk screening level to mitigate any burdens that would be placed on the MDPP supplier.

So moving to the next slide, slide 18, this outlines some of the additional compliance policies around MDPP. So you'll note on the left side of this slide that there really weren't that many policies established in the 2017 Physician Fee Schedule. We really just established on baseline that if an organization was to lose their CDC recognition – so they would no longer be eligible as an MDPP supplier – that they would be revoked from Medicare. And what revoked means is just an organization that is enrolled, if you are revoked, then you will no – you lose your Medicare enrollment and you are no longer able to furnish MDPP services to Medicare beneficiaries or to bill Medicare for those services.

So in this – in the 2018 Physician Fee Schedule, we really built upon compliance policies. And this is really aimed to bolster the integrity of MDPP expanded model. So I will just want to pause here and highlight that it's not intended to be burdensome on suppliers or really change the way that an MDPP organization wants to be furnishing services to beneficiaries. They're really intended to prevent known bad actors from enrolling in Medicare. So when an organization is not truly trying to enroll in Medicare for the purposes of delivering DPP, but simply to be fraudulently billing, you know, these MDPP supplier standards really seek to prevent that from being able to occur. And they also serve as reminders to MDPP suppliers about some of the model requirements, about some of the set of services that Amanda described earlier, you know, that beneficiaries are eligible for that entire first year regardless of their attendance and weight loss, that suppliers have to provide access to those services, etc. And they also add some safeguards to protect Medicare, protect our beneficiaries, and then also, in some cases, to protect the suppliers themselves.

So I'm going to go at a very high level and describe some of these supplier standards. But again, this is particularly an area that I would encourage you, if you are interested in enrolling as an MDPP supplier, to review in more detail in the rule. When an organization submits an enrollment application to Medicare, it certifies in that application that it meets these standards and that it will continue to meet these standards. So, you know, namely, we're excluding suppliers who have any for-cause Medicaid termination or exclusion from being able to enroll in Medicare. And that's just simply to prevent a bad actor from one health care program from enrolling in another.

We also prevent the use of ineligible coaches, which I will describe in a little bit more detail in a moment.

And then we have a certain number of supplier standards that are aimed at ensuring that states and suppliers are operational. So this detail talks a little bit about the administrative locations I spoke about earlier, indicating appropriate sites for those locations, namely, that they are not at a private residence, that they are open during stated open hours, that there are employees or volunteers working at those facilities at the operational hours, that they have signage either on the outside of the location or located somewhere inside of that administrative location, and that there is a working telephone either operating at the administrative location or at a community setting directly where services are being furnished.

We also ensure that beneficiaries have appropriate access to MDPP services, so, namely, that MDPP suppliers are not allowed to deny beneficiaries who are eligible to receive MDPP services from receiving them from that supplier. That could be, you know, only offering a portion of the set of MDPP services for which the beneficiary is eligible or, you know, preventing suppliers from deciding whether or not to take a beneficiary based on their perceived ability to meet our performance goals. You know, we recognize that our performance goals really do prioritize meeting attendance or weight loss goals, but that should not be any reason why a supplier opts to provide services to a beneficiary. And we really expressly prohibit any denial of beneficiaries except in the specific scenarios that are outlined in detail in the rule.

We also have established some supplier standards around beneficiary disclosure. And this is mainly because we want to make sure that the suppliers are really doing their part to further the purpose of the MDPP expanded model and ensure that beneficiaries are aware of the set of services to which they are entitled. You know, it's a once-per-lifetime set of services, and we want to make sure that, when beneficiaries start receiving those services from a supplier, that they really understand that it's the one time that Medicare will cover that – so if they're not quite ready to commit to that full year, that they are aware of that at the beginning of receiving services. And we also want to make sure that suppliers disclose the MDPP supplier standards to which Medicare is holding them accountable so that beneficiaries are aware of that as well.

We additionally propose – finalized some policies around complaints, just noting that MDPP suppliers must respond to beneficiary questions and complaints in a ((inaudible)) document when beneficiaries have complaints. And that really is to both, you know, protect that there is documentation for the beneficiary's sake, but also for the supplier, and really help them resolve questions, resolve complaints, and really better enable them to respond to beneficiaries.

Lastly, we have some supplier standards aimed around evaluation. So there are two supplier standards in particular. One, that any organization that is an MDPP supplier, that they would have to submit performance data on their ongoing maintenance sessions that are furnished to MDPP service – beneficiaries. So, CDC

requires that organizations submit performance data on the one year that we refer to as core year – core services. But we also want to make sure that an organization that is enrolled as an MDPP supplier also is submitting data on that additional year of ongoing maintenance as well. And that's really integral to our ability to continuously evaluate this model. We also have included a supplier standard around submitting a crosswalk. But I'll go into detail about that in a little bit.

And so additionally, we established in this rule some policies around coach eligibility. In the previous rule, we simply established that organizations would have to submit identifying information from coaches, including that they have an NPI and that they would submit that upon enrollment. In this year's rule, we built upon these policies and really talked about how that information would be used.

In the supplier standards, we established that organizations could not use an ineligible coach. And then we established coach eligibility criteria. And very similar to the supplier standards, these are simply criteria that would prevent an individual who has kind of some known bad actor history, either a felony conviction related to, you know – that could result and indicate potential for beneficiary harm or prevent potential fraud to Medicare – if there is an individual with a conviction of that in their – in the past 10 years, then they would not be eligible for being a coach for an MDPP supplier.

And any – and if any – and in a scenario in which an MDPP supplier has an ineligible coach on their roster or really in any scenario where an MDPP supplier violates these supplier standards, that coach would have their enrollment either denied if that supplier was applying to enroll in Medicare or, if that supplier was already enrolled in Medicare and perhaps they added a new individual coach to their roster, if that coach is determined to be ineligible, then that enrollment could be revoked. But I will note that, before any prospective MDPP supplier gets a little bit nervous about what that means, any violation of the supplier standards would be enrollment denial or a revocation for noncompliance. And that provides the MDPP supplier an opportunity to submit a corrective action plan that would make them become compliant.

So, an organization who has an ineligible coach, or if you do not comply with one of the supplier standards, you do have an opportunity to submit a corrective action plan to CMS to become compliant and then maintain your enrollment. So, we are – again, these supplier standards are not intended to be burdensome, but to really help MDPP suppliers maintain fidelity to the model and, you know, really ensure that you're delivering the services as intended.

So with that, I will turn to the next slide, slide 19. And I'll – on this slide, I'm going to elaborate here on the crosswalk requirement. In 2017, we established that organizations who enrolled as an MDPP supplier would have to submit a crosswalk. So that crosswalk is basically a list. It's pretty simple. It's a list of participant IDs that that DPP organization submits to CMS – excuse me, participant IDs that that organization submits to CDC in their performance data and how each of those participant IDs corresponds with a Medicare identifier to which the MDPP supplier submits to CMS. So, it's really important for us to be able to link how the information the supplier is submitting to CDC correlates to the information that they are submitting to CMS. So really think of it just like a side-by-side list of the participant IDs sent to CDC and the Medicare identifiers. So that might be a HICN or a Medicare beneficiary identifier and how these two relate side by side.

In this 2018 Physician Fee Schedule, we've provided just a little bit more details around the timing about that policy. So you know, additionally, we added back to the supplier standards. So it really was a standard by

which all MDPP suppliers were abiding by. But we also indicated that MDPP suppliers would have to start submitting this crosswalk 6 months after they enrolled and started furnishing services to MDPP beneficiaries and then quarterly thereafter. So as an example, if an organization was – and this is just illustrative. But if an organization was to enroll and begin furnishing services in April, they – of 2018, in October of 2018, they would become eligible to submit that crosswalk and they would be submitting quarterly thereafter – so October and then January, April, and so on and so forth. But CMS will be providing additional details and guidance about the submission of this crosswalk in further materials on our website. So, definitely, you know, that's – we will be providing additional details. But we wanted to make sure that suppliers were aware of this policy.

In this rule, we also really talked a little bit more about other recordkeeping requirements. In the 2017 Physician Fee Schedule, we really talked about, just in a very high level, that suppliers were required to maintain and handle any beneficiary's personally identifiable information or personal health information in compliance of HIPAA and that they would have to maintain documents for 7 years. In this policy, we just clarified that any beneficiary information really that's related to MDPP, including personally identifiable information or personal health information, really must be maintained and handled as appropriate under HIPAA and other applicable State and Federal privacy laws and CMS standards. So this really isn't meant to impose any other requirements on the supplier that wouldn't already be required by existing laws, but really just serve as a reminder to MDPP suppliers that there are laws that dictate how personal identification and personal information is maintained and really wanting to alert MDPP suppliers that they are required to abide by those laws.

We also provided some details about some specifics about what records need to be recorded. And this is really, you know – I'm not going to go into details about what those records are. But you can see on this slide, 19, we've highlighted them at a very high level, you know, just some basic information about the organization, about the beneficiary, their eligibility at the first session, and then for every additional session, kind of basic details about the type of session, the coach, the NPI, the coach who furnished that session, and so on and so forth.

In this rule, we did update that these records would have to be maintained for a 10-year period instead of 7 years. And that was really to align with other CMS regulations so that all recordkeeping was really standard across the board and consistent with how CMS requires other providers and suppliers to maintain records.

So with that, I will turn to the next slide, slide 20, and really talk about beneficiary engagement incentives. Beneficiary engagement incentives are any items or services beyond the set of MDPP services that are provided by the MDPP supplier to a beneficiary to help engage them in their success. So there are typically some restrictions from what a Medicare provider or supplier can offer to a beneficiary outside of a covered service. But we really heard from organizations who are delivering DPP that incentives are helpful in assisting participants from achieving the goals associated with the Diabetes Prevention Program. And we really wanted to provide MDPP suppliers the option of continuing to do that and to offer those items or services in the context of the MDPP expanded model.

So these – it is not required to provide anything. But if an organization would like to provide a beneficiary engagement incentive beyond what is required to be offered as a part of the MDPP set of services, it is able to do so provided that it meets certain restrictions. So I'm not going to outline each of the restrictions or kind of criteria that is listed on this slide. But I will highlight that it must be a preventive care item or service that

advances the clinical goal for the MDPP beneficiary. And so that – those goals are really session attendance, weight loss, long-term dietary change, and adherence to long-term health behavior changes. So they really must be reasonably connected to the CDC-approved DPP curriculum.

And, you know, there are some restrictions in terms of, it can't be tied to receipt of services from a specific supplier and they can't be used as an advertisement. So, this is not as a way to get beneficiaries into your program. But really, once beneficiaries are receiving services from a specific MDPP supplier, that supplier has the option to furnish beneficiary engagement incentives to help them be successful.

On the next slide, slide 21, there are some additional policies around when a beneficiary engagement incentive is technology related. So specifically, if an MDPP supplier decides to offer beneficiary engagement incentives related to technology, they may not exceed $1,000 in retail value for any one specific MDPP beneficiary. And any item exceeding $100 in retail value must remain the property of the MDPP supplier.

So, again, this is not a gift or – that the MDPP supplier is giving to the beneficiary, but something that the beneficiary can use while they are receiving MDPP services from the supplier. And in – on this slide and in the rule, there are some details about how this is a good faith effort that the supplier must engage in and document in terms of their attempts to retrieve any technology items from the beneficiary.

So on slide – I'll go to the next slide, slide 22. There are also some recordkeeping requirements for any incentives that are provided to the beneficiary that exceed $25 in retail value. So this would be, you know, related or unrelated to technology, just anything that's provided to the beneficiary in excess of $20 would – excuse me, $25 would need to be recorded. And again, in the interest of time, I'm not going to detail all of the information that needs to be recorded. But it is outlined in this slide.

You know, they're just really some basic points about when it was service – furnished to the beneficiary, to whom, you know – which coach furnished that service, and details of that nature. You can have the description of the item or services. And again, this is really meant to help provide recordkeeping to ensure that the MDPP suppliers are actually complying with the requirements of engagement incentives so that we have a way of knowing whether or not the incentives are reasonably related to the CDC criteria and, you know, just providing a standardized way that suppliers can track when they provide this information to – I mean, provide these items or services to MDPP beneficiaries.

Helpful Resources and Information

And with that, it concludes the policies that were covered in the Physician Fee Schedule rule. On slide 23, I will note that this provides some additional resources and information that is available to any organization that's interested in becoming an MDPP supplier. Note specifically, you know, Amanda highlighted early on in this webinar that we will be providing, you know – creating additional resources for prospective MDPP suppliers. And those will be on our website. We do have a LISTSERV® where we'll be announcing those resources. And we really encourage anyone who's interested in having more information about MDPP to sign up for that LISTSERV so you are really better equipped to stay up to date with information.

We also will be having another webinar on December 13th. So that's something that you can register for if you would like additional information.

On this slide, we also have a link to the CDC DPRP standards, which can be helpful for any organization who may not currently meet the eligibility standards of preliminary or full recognition, but is interested in learning more.

And I will note that CDC is also having a webinar that is coming up on December 11th. And so if you're interested in learning more information about the final 2018 DPRP standards, you should participate in that webinar as well.

And then we also have just links here for additional information related to enrollment, you know, obtaining NPIs, and then some information about MAC jurisdictions, which are the contractors that help process billing and claims and enrollment for Medicare-enrolled suppliers.

And we are going to transition to have a Q&A session. But if you don't have questions that are answered on this webinar, you can feel free to email our email address, which is listed on this slide.

Evaluation

Next, I will turn to slide 24. You know, we really appreciate you for participating and joining this call. And we do encourage you to evaluate your experience on today's webinar. There's a link to evaluation on this slide. We also have links to additional MLN Events, or the Medicare Learning Network, to provide information about other health, you know, information related to other aspects of Medicare for health care professionals.

And then with that, I will turn to the question and answer session. You feel free to ask questions or provide feedback to us on this call.

Question & Answer Session

Leah Nguyen: Thank you, Arielle. We will now take your questions. As a reminder, this event is being recorded and transcribed. All right, Dorothy, we are ready for our first caller.

Operator: To ask a question, press star followed by the number 1 on your touchtone phone. To remove yourself from the queue, press the pound key. Remember to pick your handset up before asking your question to ensure clarity. Once your line is open, state your name and organization. Please note your line will remain open during the time you are asking your question, so anything you say or any background noise will be heard in the conference. If you have more than one question, please press star 1 to get back into the queue, and we will address additional questions as time permits. Please hold while we compile the Q&A roster.

Please hold while we compile the Q&A roster.

Your first question comes from the line of Janet Williams.

Janet Williams: Hi. Thank you. I'm with the American Medical Association. And my question was about the blood value eligibility. The rule wasn't exactly clear, and I don't know that you've covered it fully here. But I understand a patient, a – well, to me, they're patients. Sorry, we represent physicians. But a participant can be self-referred, but a blood value is required and – but a physician referral is not, which doesn't mean they

wouldn't necessarily get the blood value. But I'm wondering, how can that blood value be given to the DPP provider if it doesn't require something formal from a physician? You know, is it just a printout? Or, you know, I just wanted some clarification on that.

Carlye Burd: Hi, Janet. This is Carlye Burd. I've done previous webinars in the past. I'm the Program Lead, and…

Janet Williams: Hi.

Carlye Burd: … I'll answer your question. So this is actually discussed in more detail in last year's rule. So, if you were looking in this year's rule, you probably didn't see any discussion about it. But essentially, yes, you're right. The blood tests do require a physician referral. So the – I think the unique difference here is that, with MDPP not requiring a referral, an individual who has received a blood test in the past 12 months from a – through a physician referral can bring that – the results of those blood tests to the supplier to essentially have the documentation that they meet the values that we require for our beneficiary eligibility. So it's, in a way, a de facto referral because, at some point, the physician would have had to refer a beneficiary who may have indication of prediabetes because of their, you know, family history or their weight to receive those blood tests.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Cindy Freudenthal.

Cindy Freudenthal: Hi. My question is, is there a limit of the in-person makeup sessions? And can an in-person makeup session be done by phone?

Amanda Van Vleet: Hi. Yes. So there is not a limit to the number of makeup sessions that can be provided in person. However, if a makeup session were offered over the phone, that would be considered a virtual makeup session. So, that would fall within the virtual makeup session limit.

Cindy Freudenthal: Okay. Thank you.

Amanda Van Vleet: And, I'm sorry, this is Amanda Van Vleet, the Program Design Lead.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Karen Bailey.

Karen Bailey: Hi. My name's Karen Bailey. And my question is I usually start cohorts in January and September because I'm through a university and I have students that help me. If I start a cohort in January of 2018, will I be able to start billing Medicare beneficiaries from that cohort in April?

Arielle Zina: Thank you. This is Arielle Zina. I'm the Program Integrity Lead. And – excuse me. So we established in this final rule that the effective date for billing privileges, because services could not, you know – are not effective until April 2018 of this year, no organization that enrolls, you know, in Medicare, whether you enroll in – starting in January or in April, that you could not have an effective date of billing privileges prior to

April of 2018. So, you can only be billing Medicare for services furnished after April 2018 when the MDPP set of service and payment policies become effective.

Karen Bailey: Okay.

Amanda Van Vleet: And I'll just add one thing to your specific scenario. You couldn't start billing in the middle of the set of services. It has to be – it has to begin billing with that first core session …

Karen Bailey: Okay.

Amanda Van Vleet: … 2018.

Karen Bailey: I have one more question. If we – because I'm – because we do have some dietetic graduate interns that I will train as coaches – I'm a Master Trainer Select, so I can do that within my organization. If they don't have a National Provider Identifier, like, we didn't – we don't have an NPI number for a particular student for whatever reason, can they go ahead and do a cohort and we use, you know, other funding for Medicare recipients, just like we would anybody else, like scholarships, grants? In other words, can we provide the services without billing, even though we may have a Medicare beneficiary in a particular cohort?

Leah Nguyen: Hold on a moment.

Arielle Zina: Thank you so much for that question. This is Arielle again. So that was a little bit of a nuanced question, so I will answer in part of it. So all coaches must have an NPI. And it actually takes, I think, about less than 20 minutes to obtain an NPI. And coaches can individually obtain them or an MDPP supplier can obtain them on their behalf. And I will note that though enrollment doesn't start until January, organizations and individuals can begin obtaining NPIs now. So I know that wasn't a direct – directly answering your question, but we thought that would be helpful information. And, then, for the specific nuances of your question, we do recommend that you submit that to the mailbox so that we can provide specific answers to that scenario as a followup at a later time. But thank you for your question, and we will move on now to the next question.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Berit Dockter.

Berit Dockter.: Hi. This is Berit. I'm with the Maryland Department of Health. And my question is about the NPI number. I know that organizations have to have an NPI as well as individual coaches. But what if you're one and the same. So in other words, like, would an individual one-stop shop DPP supplier who's just themself, do they have to have two NPIs that they're applying as an organization and also for themselves, or is it okay if they just have the one NPI? Thank you.

Arielle Zina: Thank you so much. So again, this is Arielle. An organization or an – to be an MDPP supplier, an organization must be an organization. I think the one kind of – they can be a sole proprietor, but in terms of how that is viewed from Medicare, it's still an organization. So, you would have the organizational NPI. And then the coaches are the individual people who are furnishing services on behalf of that organizational entity. So, in this case, they really would be two separate NPIs. There are Type 1 NPIs for organizations and Type 2

NPIs for individuals. And forgive me if I have that swapped – I do believe that it's correct. But an organization, for their MDPP supplier enrollment, would have to have an organizational NPI, and then the individual coaches would have individual, you know, Type 2 NPIs. So, they really would be different. And that's specifically because individual people cannot enroll as an MDPP supplier. It really is an organizational entity that is enrolling given that CDC recognizes organizations and not individual people. Thank you so much for that question.

****Post-Call Clarification: In this scenario the individual can enroll in Medicare as a sole proprietor and will more than likely need to obtain an EIN with the IRS. However, per Medicare policy, sole proprietors will enroll using a Type 1 NPI. So in this scenario, the individual will obtain an EIN and use that EIN as the billing Tax ID number but do not have to obtain a Type 2 NPI. There is language on the 855B form regarding this policy: Important: For NPI purposes, sole proprietors and sole proprietorships are considered to be "Type1" providers. Organizations (e.g., corporations, partnerships) are treated as "Type 2" entities. When reporting the NPI of a sole proprietor on this application, therefore, the individual's Type 1 NPI should be reported; for organizations, the Type 2 NPI should be furnished.****

Operator: Your next question comes from the line of Virginia Perigeller.

Virginia Perigeller: Hello. Thank you. I had a question about if a supplier was currently a Medicare provider of diabetes self-management education training services, do they need to enroll again?

Arielle Zina: Thank you. This is Arielle again. And yes, any organization, regardless of any existing enrollment in Medicare, would have to re-enroll as an MDPP supplier if they wanted to furnish services – MDPP services and bill for those services. So, that applies to any organization with an existing enrollment in Medicare or those without one. You have to enroll as an MDPP supplier.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Joella Roland.

Joella Roland: Hi. This is Joella. I have a question about the crosswalk. What format will that crosswalk have to be submitted in? And also, will we use the same data coding as the CSB report for CDC as we are using for those data points? Thank you.

Arielle Zina: Thank you for that question. Again, this is Arielle. We will be providing additional details on requirements such as data file formats and any kind of data languages in further guidance. I appreciate you being proactive, but we will be providing that information at a later date.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Teresa Wrightgart.

Teresa Wrightgart: Hi. This is Teresa from Poudre Valley Hospital in Fort Collins, Colorado. We have two questions. The first one is, how do we find out if a participant has ever accessed these benefits?

Amanda Van Vleet: Hi. This is Amanda Van Vleet. Similar to what Arielle said earlier, we'll be releasing that information in future guidance as soon as we can. But – so please stay tuned because we'll provide – be providing that at a later date.

Teresa Wrightgart: Okay. Thank you. And then, the second question we have is, are there different G-codes for virtual visits or they use the same as an in person?

Amanda Van Vleet: The G-codes are the same whether it's a virtual or makeup session or an in-person session. But there is a modifier that we are asking suppliers to use if the session is a virtual session. So, they would submit the same G-code whether it's in person or virtual. But if it is a virtual makeup session, they would add – you would add – a supplier would add on a modifier.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Melissa Gower.

Melissa Gower: Good afternoon. This is Melissa Gower with the Chickasaw Nation in Oklahoma. And we submitted comments on the proposed rule because our – because statute lays out our eligibility for service, which was in conflict with your discrimination clause. And I looked for the new stuff, but I couldn't find where that had been addressed. Can you tell me if that was addressed or not so that we are eligible in our health system – tribal health system?

Arielle Zina: Thank you for your question. Again, this is Arielle. We will be providing further guidance on this specific question. But I will note that our policies that are finalized in this rule do not supersede any existing other regulations or statutes. So, in this specific scenario, you know, we would – our discrimination policies for MDPP suppliers would not change your, you know, – any of the existing statutes or regulations that govern an in-house system. So, for – so that should not – would not interfere with the scenario you provided. But thank you for raising that.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Gwendolyn Woody.

Gwendolyn Woody: Hi. Good afternoon. My organization is called Wellness WERKS 8, and I just had a question. It's my first time listening to one of the webinars. And I wanted to re-read the PowerPoints that you guys are talking about. Can I just send an email to get a copy of them? Because I didn't see a link to online access.

Leah Nguyen: Hi. This is Leah Nguyen. The PowerPoint is available now if you go to go.cms.gov/npc. And that stands for National Provider Call. Just select today's date, and you'll see the PowerPoint posted under the call material.

Gwendolyn Woody: Thank you so much.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Leixa Molina.

Leixa Molina: Hi. This is Leixa calling from Puerto Rico. Recent events such as Hurricane Maria have granted waivers for the territory. And I was wondering, what is CMS's take on this for Puerto Rico given Hurricane Maria?

Carlye Burd: This is Carlye Burd. I'm the Program Lead. I really appreciate that question. Actually, if you could submit that question to the MDPP mailbox, we would really appreciate it, to take some time to respond appropriately.

Leah Nguyen: Thank you.

Leixa Molina: Okay.

Operator: Your next question comes from the line of Helen Mariscal.

Helen Mariscal: This is Helen Mariscal. I have a question. I was looking for the information to see if there were any CEUs offered with this training. If so, where would I access them?

Leah Nguyen: Hi. This is Leah again. We do have many organizations that offer continuing education credits. And when we – we'll be sending an email out right after the call with a link to a webpage that we have, and you can see the organizations and the information on how to get credit.

Helen Mariscal: Thank you very much.

Leah Nguyen: All right. Thank you.

Operator: Your next question comes from the line of Jamie Creason.

Jamie Creason: Hi. This is Jamie Creason. And my question actually relates to some of the previous questions concerning the NPI …

Leah Nguyen: Can you speak up a little bit?

Jamie Creason: Sorry. What?

Leah Nguyen: Could you speak up a little bit? It's hard to hear you.

Jamie Creason: Sure. Is this better?

Leah Nguyen: Yes.

Jamie Creason: Okay. So my question is regarding the NPI and coach eligibility. So it was my understanding that, to receive an NPI, you needed to be a practitioner at the level of, you know, physician, dietitian, nurse

practitioner. Is it possible for – just to give the example of one of the previously mentioned potential coaches, which was a, you know, a dietetics student or maybe a medical assistant. Would individuals not at that practitioner level be eligible to receive an NPI and be a coach in the program?

Arielle Zina: Thank you for that question. This is Arielle Zina again. So this specific – the answer to this specific question was outlined in detail in our 2017 rule, which is why we didn't get into so much specifics on today's webinar. But, yes, because coaches are directly furnishing MDPP services to Medicare beneficiaries, they are able to obtain an NPI. And so – and we have in the past recommended that, when they are seeking to obtain their NPI, that they, you know – coaches and organizations should select the provider taxonomy that most closely correlates to that organization or individual. And if a coach is – does not see a taxonomy that most directly relates to them, they may choose "health educator" for their role as an MDPP coach.

Amanda Van Vleet: Can I just add to – one other clarification is that, in order to obtain the NPI, the coach does not have to have any kind of credential that you mentioned. They don't have to have an M.D. or be a registered dietitian or an RN. We don't require any level of credentials for coaches, just that they're trained using the CDC curriculum.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Vicki Everrett.

Vicki Everrett: Yes. My question revolves around slide 13 and slide 15. The attendance identified in slide 13 indicates that the beneficiary must attend at least one session in order to – with weight loss in order to get paid. However, the CDC requires more frequent attendance. So I was concerned about that because, in slide 15 – or 18, rather, it indicates that the suppliers will be revoked if they lose the CDC recognition, which requires more frequent attendance.

Carlye Burd: This is Carlye. I will attempt to kind of provide some clarity around this, and I would also appreciate Pat Shea and other CDC colleagues who are actually on the line as well to jump in here if I am mis-stating anything about CDC. So in the first year for MDPP and in subsequent years, we follow the CDC curriculum. In the first year, there's no attendance requirement that we hold the supplier to in order – I'm sorry, that we hold the beneficiary to in order for the beneficiary to continue to access the services through the core services period.

And we, really, do that to allow the beneficiary kind of the access that will meet their needs and also for the supplier to really work with the beneficiary to engage them throughout that period since payment is tied directly to achievement of attendance and weight loss milestones. And that attendance of at least one session in months 10 through 12 is really what is required for the beneficiary to go on to the ongoing services period, which is something that MDPP is requiring for individuals who are able to meet that weight loss and attendance requirement, but something that is not currently in the CDC DPRP standards. And how – my understanding was that there aren't specific requirements for attendance from CDC, but that performance is measured by or – by – at an organizational level based on achievement of attendance within the CDC curriculum.

But I would love if, Pat, you could shed some light on that to make sure I'm not mis-stating. But I think, from our end, the point is, you know, no attendance requirements for beneficiaries in order to maintain eligibility in the

first year. And then, in order to go on to those ongoing maintenance sessions, they have to attend at least one session in that last maintenance interval.

Pat Shea: Yes. This is Pat Shea from the National DPP team at CDC. I think part of the issue here is that we have quality assurance functions and standards that we evaluate at the organizational level. The various payers in the country, whether it's Medicare or Medicaid or private insurers, may have different reimbursement rules for individuals. So, I think trying to keep those two separate will be helpful.
Vicki Everrett: I just feel that the CDC requires more attendance and CMS is saying there is no attendance requirement. And CDC – in order to get recognition, that is part of the criteria. And so, that seems to be a disconnect.

Stephanie Gruss: Hi. This is Stephanie Gruss, and I'm with CDC as well. I'm the Diabetes Prevention Recognition Program (DPRP) Manager. And I think something that might be helpful, because I definitely hear and appreciate what you're saying, is the fact that CMS has taken the organizational-level recognition achievement into consideration already. So, they're only allowing programs and organizations to apply that have minimally achieved preliminary recognition, which is an attendance-based recognition level, and allowing billing for those that have achieved full recognition at the organizational level.

So, the checks and balance, with CMS already knowing that the organization is meeting the attendance requirements of the lifestyle change program as specified in the DPRP standards, is already inherently there based on who they allow to apply as an MDPP supplier. I hope that helps.

Vicki Everrett: It isn't very helpful because having facilitated a cohort where there was people that did not attend and, from an organizational standpoint, it implicated our full recognition – I found that that was difficult to – I could not go and pick the people up and have them come.

Carlye Burd: Thank you for that comment. I think it would be great, if you do have continuing concerns or questions about this specific area where CDC and CMS have slightly different policies, if you could submit that to our mailbox, mdpp@cms.hhs.gov, so we can respond appropriately and get to questions that remain in the queue. Thanks so much.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Tom Manning.

Tom Manning: Hi. Thank you. I was trying to understand – make sure I understood the maximum potential payment. I got – it wasn't clear what was additive on this part vs. – I came up with $670 for 9 percent weight loss, $645 for 5 percent weight loss, and $195 for participants who did not achieve weight loss. Those three figures does not… Are those correct?

Amanda Van Vleet: Hi. This is Amanda. Thanks for the question. I know that that can be a bit confusing. Yes. So $195 is the amount that an MDPP supplier can potentially bill for one beneficiary under the assumption that the beneficiary goes through the entire first year of core services. But it's also important to note that, theoretically, if a beneficiary attends the first session and then stops, that that would mean that the supplier

would only be able to bill $25. And the 670 is the maximum that a supplier can make if a beneficiary goes through the entire 2 years of MDPP services and achieves both 5 percent and 9 percent weight loss.

Carlye Burd: Can I just clarify one thing that you said?

Amanda Van Vleet: Yes.

Carlye Burd: So with the $195, that's the maximum a supplier can achieve if they go through core services without achieving that weight loss – the 5 percent weight loss. So that was the one piece that I wanted to add on to what Amanda said.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Cindy Simonic.

Cindy Simonic: Hello. Thank you for taking my question. My question is, if we – we're an FQHC. And if we decide that we want to go into this program, I understand we need to be CDC compliant. But when we do the application, can you tell me how long it will take to process that? Because I've done other applications and it's taken, like, 8 months. And this would be on the Part B, correct?

Arielle Zina: So thank you for that comment. I can't – this is Arielle again. I can't speak to your experience with applying for other – in other instances. But I will note that kind of the typical Medicare rules around application processing are that – I believe and I may have actually been seeing this a little bit out there – it's a certain number. I believe it is 65 percent of applications must be processed within 45 days of receipt and either 80 or 90 percent (and again, forgive me for not having these numbers off the top of my head; I'm happy to follow up with – to confirm these if that'd be helpful) must be processed within 60 days of receiving the application. So there are always that 10 percent of applications that may take longer than that. But in general, Medicare does try to process enrollment applications quite quickly.

I will note that there are some reasons that applications can be delayed. We – for that purpose, we encourage prospective applicants to apply through PECOS, which is the online system, to enroll in Medicare, rather than submitting a paper form, because PECOS has some kind of automated ways in which they will tell you if you haven't submitted information that is required to process your application and what have you. And I will note that a lot of that – although I have provided that kind of postmark on the way of application processing of 45 to 60 days, which is typical for most applications, there are a lot of reasons that those applications can be delayed if – so, like I had said earlier, you know, some of the information required is not provided or if there are clarifications needed and there are, you know, circumstances in which that can be delayed. But in general, Medicare does seek to have a pretty rapid enrollment processing cycle. I will note, because this is a new model, you know, we can't assure that we will be meeting those 45- to 60-day timeframes, although that would be our goal. But – so, I would just encourage you to, when you are applying – and this kind of goes for all Medicare enrollment – I encourage people to opt to enroll online so that they have less of an opportunity to have errors in their application. And ideally, that would be processed within that 45- to 60-day timeline. But thank you for that question.

Leah Nguyen: Thank you.

Dorothy, we have time for one final question.

Operator: Your final question comes from the line of Stuart Kay.

Stuart Kay: Yes. Stuart Kay. This is my question. Just was really wanting to know – I think it's been answered already – what are the qualifications to become a coach?
Arielle Zina: Thank you for that. Yes. So as Carlye mentioned, we do not stipulate specific requirements in terms of credentialing or licensing. We defer to the CDC, and they require that coaches are trained on their curriculum. But we do have eligibility criteria and eligibility criteria for coaches that don't – that, again, are not related to credentialing or licensing, but talk about kind of previous felony behaviors that are not permitted for coaches. So you can detail that in this rule. But, again, for any kind of training requirements, we would encourage you to look at the CDC standards.

Additional Information

Leah Nguyen: Thank you.

Unfortunately, that is all the time we have today. If we did not get to your question, you can email it to the address listed on slide 25. For information on evaluating today's event, see slide 24.

Again, my name is Leah Nguyen. I would like to thank our presenters and also thank you for participating in today's Medicare Learning Network Event on the Medicare Diabetes Prevention Program Model. Have a great day, everyone.

Operator: Thank you for participating in today's conference call. You may now disconnect.