Medicare Diabetes Prevention Program: Supplier Enrollment Call

Moderated by: Leah Nguyen
June 20, 2018—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-only 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 Supplier Enrollment.

During this call, find out about the program, the processes organizations and health care providers must go through to enroll as suppliers, and how to bill for services. 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 would like to turn the call over to Carlye Burd, Program Lead for the Diabetes Prevention Program model expansion at CMS.

Presentation

Carlye Burd: Hello, everyone. As Leah mentioned, my name is Carlye Burd. I am the Program Lead for the Medicare Diabetes Prevention Program, also known as MDPP. And I sit in the Innovation Center, where we have been working on implementing this expanded model for the last 2 years. And we're really excited to be speaking to you all today to provide a bit more detail on MDPP supplier enrollment.

So if you want to jump to slide 3, this is what we're going to cover today. We're going to provide a brief overview of the Medicare Diabetes Prevention Program, which is mostly just a refresher of what is covered in the services, what the payment is, and how CDC and CMS work together to implement this program. And then we will go into a bit more detail on the steps to enroll as an MDPP supplier. We'll walk through some of the resources that we've put out on our website on enrolling as an MDPP supplier. And then we will open it up to you all for questions and answers.

Overview of the Medicare Diabetes Prevention Program (MDPP)

So if you want to jump to slide 4, how did we get here? So I trust you all are aware that the incidence of diabetes is growing. Type 2 diabetes afflicts about a quarter of Americans over 65. And half of those individuals have prediabetes, which is a huge and very troubling number. The prevalence of diabetes is projected to increase approximately twofold for all U.S. adults by 2050 if these trends continue. And diabetes contributes to poorer outcomes for senior citizens and can lead to serious complications and a lower quality of life if left untreated.

Care for individuals with type 2 diabetes is also very costly. Medicare has estimated that we spend about $104 billion annually treating individuals with diabetes. And this is a huge expense and one that will only continue to increase if we don't do something to curb the problem.

Next slide – on to slide 5. The Medicare Diabetes Prevention Program is a behavioral change intervention that became a covered service in Medicare with – that became available for all individuals with prediabetes earlier this year. (Inaudible) the MDPP suppliers into Medicare. And as of April, individuals with prediabetes could begin receiving services. And the MDPP came about based on positive results of a smaller-scale model test that happened between 2013 and 2015 in coordination with the YUSA and the CDC's National Diabetes Prevention Program.

In the expanded MDPP, Medicare pays organizations called MDPP suppliers to provide up to 2 years of a structured intervention that aims to prevent diabetes. The primary objective of the program is for beneficiaries to achieve at least 5 percent weight loss. And this weight loss is really key because it's associated with a clinically significant reduction in an individual's risk for developing type 2 diabetes.

A unique aspect of this new covered service under Medicare is that sessions can be delivered in a group-based classroom cell setting by trained coaches. And these classroom settings do not have to be part of a clinical setting, and coaches don't have to have any specific credentialing or licensing under CMS. They have to go through a CDC training program. But this really sets it apart from other Medicare-covered services. Typically, preventive services are covered in a clinical setting.

The MDPP is also a preventive service, which means beneficiaries do not have to pay any out-of-pocket expenses for the service, which also makes it very accessible to that huge swath of individuals with prediabetes in Medicare.

So if you want to go to the next slide, slide 6, there are unique and ongoing roles that CMS and CDC play in implementing MDPP. As a point of framing, the M – Medicare DPP builds off of the CDC's existing National DPP. And you can think of CMS as one of many payors that are now covering a program that CDC has been administering for several years.

But to break it down a little further, CMS handles the enrollment, payment, and the oversight arm of MDPP. We enroll CDC-recognized organizations after they have achieved either preliminary or full recognition status. And we enroll them into Medicare as MDPP suppliers, just as other Medicare providers would enroll in Medicare in order to submit claims and receive payment. CMS also establishes specifics around beneficiary eligibility, meaning that the service will be covered for Part B beneficiaries who – excuse me – meet certain thresholds for body mass index, or BMI, and blood glucose. Additionally, CMS pays – sets the payment amount, the payment structure, and is responsible for all of the billing and claims processes. Finally, CMS ensures that MDPP suppliers remain compliant with both MDPP standards and broader Medicare standards.

On the other hand, CDC is really serving as the quality assurance arm for the MDPP. The CDC has standards that organizations must meet in order to gain and maintain that CDC recognition that I mentioned—that preliminary or full CDC recognition. And organizations must maintain these recognitions statuses in order to stay enrolled in MDPP under Medicare. The CDC also approves DPP curricula and sets training requirements for coaches. In other words, there's no CMS requirements for the curriculum beyond what the CDC has

already established for both the curriculum and for coach training. Organizations will use CDC-approved curricula when they furnish MDPP services throughout the program.

So on to next – the next slide, which is slide 7, this slide provides a detailed list of the eligibility requirements for beneficiaries in the MDPP program. And there are a few key requirements for beneficiaries to participate in MDPP.

First, beneficiaries must have Medicare Part B coverage. And this coverage can be either through original Medicare, otherwise known as fee-for-service Medicare, or Medicare Advantage, also known as Part C.

Secondly, beneficiaries' body mass index, or BMI, must be over 25 or at least 25. And for individuals who have self-identified as Asian, their BMI must be at least 23.

And they also must present at least one of three accepted blood tests, which are shown here on the slide, showing elevated glucose levels. I will note here that CDC does allow participants in their National DPP to enter the program using a risk assessment alone, but this is not sufficient for CMS. We are requiring beneficiaries to have these blood – one of these blood glucose tests in order to enter the program.

Beneficiaries are not eligible if they have a previous diagnosis of diabetes or end-stage renal disease.

And finally, because MDPP coverage is limited to once per lifetime per beneficiary, beneficiaries must not have previously participated in the Medicare Diabetes Prevention Program.

So if Medicare beneficiaries meet these characteristics, they are fully covered for MDPP services at no out-of-pocket cost, and MDPP suppliers can receive payment for furnishing services to these beneficiaries.

So on to the next slide, which is slide 8, this slide provides an overview of what Medicare covers through the Medicare Diabetes Prevention Program. And as I mentioned earlier, Medicare will cover up to 2 years of MDPP sessions for eligible beneficiaries. These sessions are broken down into two 12-month phases, which is shown here in this diagram.

The first phase is the core services phase, which lasts 12 months. During this phase, beneficiaries work with their coach to achieve that 5-percent weight loss. And the second – the first 6 months of this phase features intensive learning that is delivered through weekly sessions in a classroom-based setting. Beneficiaries will learn things like physical activity routines, nutrition information, and how to improve their eating habits, again, with the goal of reducing their weight and achieving at least 5-percent weight loss from their baseline weight.

The second 6 months of that first year reinforce what is learned in the first 6 months. And this is accomplished through followup monthly maintenance sessions, which are called core maintenance sessions. It's important to note here that all beneficiaries who start the program are eligible for the entire first year of services regardless of how many sessions they attend or what their weight loss is.

The second phase of the services is considered the ongoing maintenance phase, which lasts another 12 months. These sessions also reinforce and revisit what was learned in practice during the first year so that beneficiaries can maintain those healthy behavior changes and weight loss in the longer term. During this

phase of the program, beneficiaries do have some skin in the game. In order to be eligible for the ongoing maintenance sessions, beneficiaries must have met at least that 5-percent weight loss during the first year. And to stay eligible for the sessions, they must maintain that 5-percent weight loss.

A few additional notes that I'll mention here—all MDPP sessions do follow a CDC-approved curriculum to ensure that organizations are providing high-quality and evidence-based services. But this doesn't mean there's only one curriculum that organizations can offer. Suppliers can construct their own curriculum that are tailored to the population they are serving and get those curricula approved by CDC. And that's perfectly acceptable under CMS rules.

Second, as I mentioned, beneficiaries are not required to make any copays for MDPP services as long as they remain eligible through that entire 2-year program.

Third, for ease of access, we do not require provider referrals for MDPP services, although we do know it's important for and encourage beneficiaries to consult their health care provider about whether these services are clinically appropriate for them and encourage providers to educate their beneficiaries on MDPP services. We also note that this is a very common pathway for beneficiaries to seek DPP services—is finding out through their physician. So their primary care physician really does play a crucial role here in getting beneficiaries to engage and participate in these services.

I'll note here, too, that for both the core services and the ongoing maintenance phases that there is some level of flexibility around scheduling. We know that attending weekly and monthly – even monthly sessions is difficult for any individual, not just Medicare beneficiaries. So, beneficiaries can attend makeup sessions. And these sessions can either be done in person, or there is a limited number of virtual makeup sessions that suppliers are allowed to offer beneficiaries if they miss an in-person session. It's important to note that makeup sessions can be offered virtually, but not the entire MDPP set of services can be offered virtually. That is not currently allowed under Medicare coverage.

So I'll go on to the next slide, slide 9, which talks about the payment structure. CMS has structured this payment for MDPP services to be performance based. So in other words, we pay suppliers when participating beneficiaries meet certain attendance and weight loss milestones. And overall, the idea here is that the healthier beneficiaries become, the more suppliers earn. And this performance-based structure incentivizes the suppliers to work with beneficiaries to meet these milestones through that 2 – through the – throughout the 2-year program. And the most important milestone is that 5-percent weight loss. And that is reflected in its being the highest payment in the payment structure.

This table shows some examples of how the payment increases with better outcome. So I'll walk through some of these examples. The first and second columns here indicate different milestones that beneficiaries achieve in attendance and weight loss, and the last column shows the total payment a supplier could receive when those milestones are met.

So for the first core session, suppliers will receive $25, and that's – that applies regardless. There's not going to be any weight loss at that time. That's when baseline weight is taken.

But after the first core session, for a beneficiary who attends four core sessions and just attends those sessions but does not achieve that 5-percent weight loss, a supplier can submit claims for up to $75 worth of services to Medicare for that beneficiary. So that includes the $25 payment for the first core session and the $50 payment for achievement of the fourth core session.

However, if the beneficiary attends four core sessions and achieves 5-percent weight loss, the supplier can submit claims for $235. And the large different here – difference here is due to a one-time $160 payment for beneficiaries who are able to meet the 5-percent weight loss target. And that 5-percent weight loss target can be met at any point during that first year of MDPP services. There are also larger attendance-based payments available in the second half of the year – of the first year if the beneficiary achieves 5-percent weight loss and maintains it during those second 6 months of the first year.

So here in the last couple of rows of this table, the $400 payment is available if a beneficiary doesn't achieve weight loss until month 10, whereas if the beneficiary has achieved weight loss in those first 6 months, the payment for those core maintenance sessions—those monthly followup sessions that happen in the second 6 months—those payments are higher. And that's because after the first 6 months, the supplier receives higher attendance payments if the beneficiary is able to maintain weight loss through that second 6 months vs. if they just attend the sessions alone.

And I'm happy to answer more questions about the payment if you all have them. But here are some examples and, hopefully, help illustrate how the payment structure is designed. We do have a great resource on our website that provides the – all the payments associated with each of the attendance and weight loss milestones in addition to the G-codes that would be submitted on a claim to Medicare for payment.

I'll also mention that these payments are for Part B Original Medicare, fee-for-service Medicare, and if organizations are going to be serving Medicare Advantage beneficiaries, that the Medicare Advantage plan will have the opportunity to set their own payment rates. So these payments, again, are fee-for-service only and Part C may have different – a different payment structure and different payment amounts.

All right, on to the last that – the last slide that I will deliver, and then I will turn it over to my colleague to talk more about supplier enrollment. This slide provides a high-level overview of some of the supplier requirements that suppliers must obtain prior to enrollment.

So the first and most important thing on this slide is that CDC recognition. And I think this is a great source of confusion among a lot of organizations and people who are sending questions to our mailbox. CDC recognition is a prerequisite to Medicare enrollment. So, all organizations enrolling as an MDPP supplier must have either preliminary or full recognition. And this is handled by CDC and is accomplished through submitting at least a year's worth of DPP data to the CDC that shows aggregate attendance and weight loss and meets certain standards under those preliminary and full recognition statuses.

"Pending recognition" is a status that an organization receives after they've applied to become part of the CDC recognition program. But this is – this status is provided immediately after the application is submitted to the CDC and doesn't reflect any data submitted. So, this does not make – this "pending recognition" status does not make an organization eligible to enroll as an MDPP supplier. So after that CDC recognition is met, that is

when the MDPP supplier enrollment process can begin, which Amanda Paige will talk more about in the next few slides.

A few other requirements I'll note here. All organizations must have NPIs in order to become MDPP suppliers. Organizations that already have NPIs can use their existing NPI to enroll. MDPP coaches must also obtain NPIs. And these coach NPIs are submitted to CMS through the enrollment process.

If a provider already has – is enrolled in Medicare—so, existing Medicare providers—they also must reenroll and go through the same steps that any organization that is enrolling as an MDPP supplier must do. So, they have to go through the same process and create a separate new MDPP-specific enrollment and are subject to the same requirements as other MDPP suppliers, including having that preliminary or full CDC recognition.

There are a number of additional supplier standards that suppliers must adhere to in order to maintain their enrollment. And I really encourage you to go to our website and look at the supplier requirements checklist, which details these out for you on our website.

So with that, I will hand it over to my colleague Amanda Paige Burns, who is our Program Integrity Lead on the MDPP team. And she is going to walk you through some of the steps to become an MDPP supplier.

Steps To Enroll as an MDPP Supplier

Amanda Paige Burns: Hi, everyone, and good afternoon. As Carlye said, I'm going to walk you through the steps to becoming an MDPP supplier in a little bit more detail. Now, on slide 11, you'll see a high-level overview of the process that leads to that eventuality of submitting claims to Medicare for MDPP services.

The first step on this path, like Carlye walked you through, is that – the need to gain the appropriate CDC recognition. And again, you must have either CDC full or preliminary recognition as a prerequisite before you can enroll as an MDPP supplier. As Carlye mentioned, the first status that you receive from CDC after applying is "pending." And you will be in that status for no less than 12 months while you provide the services and accrue the 12 months' worth of data that you need to submit to CDC.

However, once you do meet that requirement and you are awarded preliminary recognition, you can then begin working on your enrollment application as an MDPP supplier. And that application process I will – in the next couple of slides, we'll go into this much more deeply. But here, I'll just note that that application process can be done either online through PECOS, or it can be done via paper form. You'll hear me say this a number of times throughout this presentation—but we highly, highly recommend that you utilize PECOS. It's faster. It sort of walks you through the enrollment process naturally as you go through the different sections. But once again, in the next couple of slides, I'll go through this in much more detail.

That third step is, once you have enrolled and you have gotten official approval from CMS to begin as an MDPP supplier, you can begin providing MDPP services to eligible MDPP beneficiaries that meet the requirements that Carlye went through earlier. And then that last step on this journey is, once you've been providing MDPP services to MDPP beneficiaries, you be – you can begin submitting claims to Medicare – to the Medicare Administrative Contractor, or MAC. Or if you are providing services to Medicare Advantage

enrollees, then you submit whatever information the MAO would like you to submit in order to be reimbursed for those services.

Resources on Enrolling as an MDPP Supplier

So on this next slide, on slide 12, we have our enrollment factsheet, which you can find on our website. There's a link here on the slide. And I'm just going to sort of walk you through the types of information that you can find on this factsheet so you know where to get them and how it may be useful to you as you think about or prepare enrolling as an MDPP supplier.

So the first thing noted on the factsheet are a number of steps that you should take in order to prepare to enroll as an MDPP supplier. There's a couple that are required. And then there are a couple that we recommend just so that you feel like you understand the process and all the different players and the types of things that you need to know before you go through the process to make it as easy and efficient as possible.

So the first two steps that you must complete in order to enroll as an MDPP supplier is – the very first one is you have to create an identity and access account if you're going to submit an online application. And again, we highly encourage you to submit an online application. And that is done through PECOS.

Once you have an identity-and-access account, or an I&A account, this will give you access to a number of CMS services that are important to you in your journey on becoming an MDPP supplier. And that includes PECOS, which is the application – online application environment that I noted earlier and, also, the National Plan and Provider Enumeration System, or NPPES, which is also important to you because this is how you will be provided a National Provider Identifier, which is an additional requirement. I'll talk more about that later.

But also, an important thing to note about your I&A account is that you will be able to share access to that account with a number of employees. So, it won't just be assigned to one person. So, you can sort of share the responsibilities that go along with submitting documentation and tracking your application for enrollment.

Now, the second step that you will need to take, as I mentioned earlier, is you're going to need to obtain a National Provider Identifier, or an NPI. And like I said, that's done through NPPES. The NPI is going to be a unique 10-digit identification number that Medicare provides to health care providers or, in this case, to Medicare suppliers. And you – in order to obtain that, you go through NPPES or you can fill out a paper application. We highly encourage you to go through the online application through NPPES. However, taking a look at the paper application is always a good idea just to get a sense of the type of information that you'll be required to provide when you do go through that process.

And then also for both of these steps, if you go to our factsheet online, each one has a section entitled "Helpful Resources." And we've compiled a number of links to sites that we think that provide a lot of information that will help you as you walk through this process as well as some FAQs and where to get additional questions answered for these. We are happy to answer general questions about these processes through our mailbox. But there are more specific resources that we've noted here where this is what they do and they might be able to provide some additional information.

Now, the third step is one that we recommend. So as you go on to enroll via PECOS, like I said, there are two ways: online, paper—highly recommend online. And this is our internet-based system that you will go through. It simplifies the enrollment process into those small, easy-to-understand steps. It'll take you through each section. And then also, an additional advantage to going through PECOS and the online application is that it can shorten the enrollment process. And so, you can get that official status as an MDPP supplier more quickly than you may be able to do via the paper application.

Now, the fourth step—and this is one that we recommend—is just generally learn more about the Medicare Administrative Contractors, or the MACs. So MACs are regional contractors that process the enrollment applications that you submit. And they also process Medicare fee-for-service claims as well as a number of activities. But these are the two major ones. And they will review your application, process your claims. They will also respond to your inquiries. So, they can be a very helpful resource. And also, MACs are generally the entities that provide provider and supplier education about fee-for-service billing requirements.

And then also noted on our factsheet, again, are a couple helpful resources about MACs. Another thing I wanted to note about them is that I mentioned that they are regional contractors. So, depending on where your locations are, you would submit them to the corresponding MAC in that region. And we have some more information on determining which MAC and which jurisdiction you submit applications both on our website and in our MDPP factsheet FAQ that's available online.

Let's see. And then moving on to slide 13, we went over this, the two options for enrolling as an MDPP supplier. So, I hope you feel like you know about PECOS and that it is definitely the preferred route to go and all the benefits of doing that.

And then the next resource that we want to walk you through is – can also be found on our website at the link provided here. And that is our enrollment checklist. And this checklist is really to make sure that, at the point where you are ready to go on PECOS or to start filling out a paper application, that you know the types of documentation you need, you know the types of information you need to compile before you sit down and actually go through it. So, we hope in providing this that the process will be more efficient and you will be well-prepared to just get through and enter all the information that you need at once.

So if you look through the checklist, the first couple steps are – you know, we mentioned before that you need to obtain the National Provider Identifier. And I will also note that the NPI should be at the supplier level. But also, one of the requirements that we note in our resources is that each coach that is listed on your application, and into the future if you add additional coaches, they also need to have an NPI in order to be able to provide MDPP services. And you will also need to obtain the tax identification number, or a TIN. And that second step of creating the identity-and-access account is also noted here. And these are the two preprocesses that you really need to accomplish before you can, once again, get access to the CMS systems to provide – or to submit the application.

The rest of the checklist really goes through that documentation that I was referring to that you should gather and have on hand as you go through the application cycle – the application process. So that includes, you know, your documentation that shows that you have either preliminary or full DPR – CDC DPRP recognition. And the checklist will sort of list out what you need and, like, the types of documentation that you actually need.

And then there are a couple other important things to highlight. You will need to know the location information of any of the locations where you will be providing MDPP services. This includes both administrative locations and community settings. And the checklist will walk you through how to sort of figure out what is an administrative location and what is a community setting so that you're making sure that you list the appropriate locations.

You'll need to provide a business – a primary business telephone number. And then if you are an organization or – with 5 percent or more ownership of or partnership in or managing control of that organization, you will also need to provide additional information along with your application.

And then once again, you'll need to gather information on the coaches who will be providing MDPP services. So you need to do this when you submit your original application. And then if you hire or bring on any additional coaches, you will need to update your enrollment application to reflect those changes. And the types of information that you'll need for each coach include their name, their birth – their date of birth, their Social Security number, the NPI that I noted previously that you will need for each coach. And then another thing that I wanted to highlight is, when you submit your application, there'll be a section for contact information. So, you'll need to select a contact person that you provide information for. We definitely want to highlight here that it's not a required field. But we highly, highly encourage you to provide an email—and an email that is regularly checked—because that is our method for communicating with MDPP suppliers. So if there's a requirement or, for instance, in the future when MDPP suppliers are submitting their crosswalk data, which is a requirement for MDPP suppliers under the supplier standards, we'll send out notice that we – we'll send out notifications certifying you know when deadlines are coming up. And so, hopefully, those will be of use. But if we do not have your email, we will not be able to provide those notifications to you that will be, hopefully, helpful.

And then we also note a number of additional documents that you may need for your application. So, it's good to go through the checklist and see if any of these would apply to your own organization. And then also, we just want to note that there is an enrollment fee for the application, so you should have that readily available.

And you may, in some circumstances, be required to submit fingerprints of – and this is referring back to the individuals that may have 5-percent or more ownership of the organization that's requesting to be an MDPP supplier. So be prepared for that request. Okay, and then I believe I am going to turn it back to Carlye.

Carlye Burd: Sure. Thank you so much, Amanda Paige. And I really recommend going through those documents that she just went through in detail. I think that the factsheet, the first document she went through, is really great for any organization that hasn't achieved that preliminary or full recognition yet but is starting to prepare and think about enrollment once they do meet the recognition.

Or if you do have full or preliminary recognition but aren't quite ready to begin the enrollment process, that's a really good place to start and then, as Amanda Paige mentioned, going to the checklist once you're ready to start the application. And that will help guide you through what information is needed.

So the last slide here, slide 15, How You Can Help Make MDPP Success – a Success, I am assuming there are folks out there that might not be interested in becoming an MDPP supplier but may be referring a provider or a diabetes prevention stakeholder. So, we wanted to just provide you with a few ways that you can help or you can get involved.

So of course, for those of you who are part of CDC-recognized DPP organizations, check your recognition status. We – there is a registry that is linked to at the bottom of this slide that lists all of the CDC-recognized organizations and whether they're in pending, preliminary, or full recognition.

And if you're recognized, you are eligible to enroll now through PECOS. So definitely, I hope that those organizations out there with those recognition statuses will begin to use the resources that they have available and, of course, reach out to our mailbox or get in touch with us as they have questions prior to enrollment.

For our diabetes prevention stakeholders, encouraging organizations to work towards gaining that CDC recognition so that they can provide MDPP services, and helping educate organizations on some of the CMS enrollment and billing processes using the resources that we have provided on our website, and also by signing up to – for other calls through the MLN since there's a lot of good information that is put out all the time on billing and can be of use to these new types of providers that may not be familiar with PECOS or billing, and also working with providers to increase awareness and increase referrals from clinicians.

If you are a clinician, you should become familiar with the beneficiary eligibility criteria and what Medicare is covering, and you can start educating your patients on prediabetes and encourage them to participate in MDPP. And I think an important point here that I didn't mention when I was talking about beneficiary eligibility is that those blood tests are good for up to 1 year after a beneficiary's received those blood test results. So, they can use blood test results to enter the program as long as they've received those results within the last year.

And you can also get to know your local DPPs. So this slide deck was actually finalized prior to the release of our supplier map, which is now up and running on our – on the CMMI, the Innovation Center website. So, if you go to this website at the bottom, of this slide, go.cms.gov/mdpp, you can find a link to the MDPP supplier map. And you can search via ZIP Code™ to find suppliers that are enrolled in your area.

And the supplier application process is ongoing. There's no end date. It started in January. We have over 60 locations now. No, Amanda Paige updated me. We have over 70 locations now. And those numbers will continue to go up, and we will continue to update the supplier map on a regular basis to show where the suppliers are located across the country.

Frequently Asked Questions

So before we jump into your questions, I wanted to first go through some of the more frequently asked questions that we receive on supplier enrollment and, hopefully, answer some of the questions that you all might have and get ahead of you. And just bear with me for one second here while I pull up the right question.

So one of the questions that we get frequently is, Can a group of health care providers apply for an NPI instead of applying individually? So a lot of times, coaches may not be familiar with or may not have the time to apply for their own NPIs. So, the question is whether someone can apply on behalf of their coaches.

And the answer to this is, Yes, a health care provider or a group of health care providers can have a particular organization apply for an NPI on their behalf through a process called electronic file interchange, also referred to as bulk enumeration. And rather than a provider or group of providers submitting a paper or web application,

this process provides an alternative to health care providers to obtain an NPI through the submission of an electronic file. And there is a link that can be found on our FAQs, the section – the FAQ section of our website that links to find out more about this process.

The second question I wanted to go over is, If we are a group of organizations such as a health system or a hospital system, do we need to have separate applications for individual sites? In other words, can we use one application that covers multiple sites or do we have to submit multiple applications?

So the answer is that you can provide multiple locations on the same application within a given state. But you must include all the required information for that location. So, you must be able to list multiple sites as either administrative locations or community settings. And this can be under either one CDC recognition status or multiple CDC recognition status. And CDC assigns organization codes to organizations under their National DPP. So, there can be multiple organization codes on one MDPP supplier enrollment application or it can just be one organization code in that application.

So that's really important because some organizations are deciding to create a network or consolidate with each other under one MDPP supplier enrollment. And that is perfectly permissible as long as the organization codes are listed on the MDPP supplier enrollment application and it's – and it is designated as either administrative or community setting. And the enrollment checklist that Amanda Paige went over has those definitions of what an administrative location is versus a community setting.

All right. The third question I wanted to go over, which we get a lot, Can individuals or coaches enroll in Medicare as MDPP suppliers? Or a common related question is, I am a physician; can I enroll as an MDPP supplier?

So the answer to that question is, No, both CDC and CMS work at the organizational level when it comes to Medicare – when it comes to DPP and Medicare DPP. So, CDC grants recognition to organizations, and MDPP suppliers enroll in Medicare at the organization level. So, individuals cannot enroll as an MDPP supplier even if they – even if one individual or one physician is providing these services.

Another common question we get is, When it comes to NPIs for coaches, what taxonomy should coaches use? And this really – there's no requirement that CMS sets forth for taxonomies for NPIs. And that's the – basically the, like – the description of the type of provider the coach would be. So, coaches can use any taxonomy type that they – that fits their natural designation. For example, if it's a nurse that happens to be an MDPP coach or a physician that happens to be an MDPP coach or some other type of provider, they can fit the type of taxonomy that most closely matches their licensure or certification. If not, coaches can choose health educator in the cases where no other taxonomy is applicable to them.

Finally, the last question I wanted to go over – well, two related questions. One, Is there a fee associated with Medicare MDPP enrollment, and does this fee vary based on geography?

So the answer to the first question is, Yes, there is a standard application fee for initial enrollment and for revalidation. So that's every 5 years after you initially enroll, you have to revalidate your enrollment. And this fee is $569 for calendar year '18, and it's updated annually.

And the answer to the question, Does this fee vary based on geography? In other words, If my organization has multiple locations, is the fee applied more than once?

So this $569 fee doesn't vary based on geography. However, the supplier may be required to pay more than one fee, depending on whether the application has locations in more than one state. And just to get more nuance here, it's not just any location. If the MDPP supplier chooses to add an administrative location, that location would result in a new PTAN, which is a provider number assigned by CMS. And the application fee would vary – would be applied if those locations are in multiple states. The application will be applied per state.

So with that, hopefully, I answered some of the questions that some of you had. And I will turn it back over to Leah to facilitate the question-and-answer session.

Question & Answer Session

Leah Nguyen: Thank you, Carlye. 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 up your handset before asking your question to assure 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, 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 Sharon Harrell.

Sharon Harrell: Hi. Thank you. This is Sharon Harrell from Leesburg Regional Medical Center in Leesburg, Florida. My first question is, We did submit our supplier enrollment application not realizing the difference between the pending and preliminary recognition. And of course, we are in the pending status right now. So, now that – that is clarified as of today for us, I'm wondering if we're going to end up having to repay our application fee next year when, hopefully, we receive our preliminary recognition.

Joe Schultz: Hi, Sharon. My name's Joe Schultz. I – I'll help address your question. So if you submitted an application fee and your application was unable to be processed by your Medicare Administrative Contractor, you can request that your application fee be reimbursed. So, go back to your Medicare Administrative Contractor and ask that they reimburse your application fee.

Sharon Harrell: Thank you.

Joe Schultz: And then when you reapply, you will have to pay the fee again.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Annette McClenahan.

Annette McClenahan: Hi. This is Annette McClenahan from Lee Health. And I was wondering, Do you bill both for the 1500 and a UB for the MDPP? And where do the G-codes fall into those two processes?

Carlye Burd: Yes, so I'll answer this question. This is Carlye. We do use the 1500 – CMS-1500 claim form, or its electronic equivalent only, for the payments for these services. And the G-codes are located – if you want an easy reference guide, we have a payment reference guide on our website, go.cms.gov/mdpp. And I think it's just called Payment Quick Reference Guide. And it's two pages. The second page lists all the G-codes and all the descriptors of the G-codes so you can know exactly which G-code is associated with which payment.

Leah Nguyen: Thank you.

Annette McClenahan: So is there also then the UB?

Carlye Burd: Go ahead.

Annette McClenahan: I'm sorry. So I guess what I was confusing, Is there also – is there a billing process for the UB or the facility charge, or there is just only the 1500 …

Carlye Burd: No.

Annette McClenahan: … in the slash G-code?

Carlye Burd: Right. There's only the 1500 form …

Annette McClenahan: Okay.

Carlye Burd: … or its electronic equivalent. There's no facility-based payment. Any hospital or Part A supplier or provider has to create the MDPP enrollment under Part B Medicare and use the CMS- 1500 form for payment.

Annette McClenahan: Okay. Thank you very much.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Maryann Palmeter.

Maryann Palmeter: Hi. Maryann Palmeter, University of Florida Jacksonville Physicians. Thank you for taking my call. I'm – I guess I'm a little bit confused on the coaching and – the coaches and the enrollment process for coaches. Could you – would you mind just covering that? Would they just enroll just like an MDPP supplier? Or – I'm not really sure that I understand the differences in the enrollment process.

Joe Schultz: Hi, Maryann. This is Joe again. So your coaches don't have a separate enrollment requirement. Your coaches will be attached to your MDPP application on a roster. Your coaches are required to enumerate – they are required to get an NPI number. But they don't have a separate enrollment requirement. So, when you look at the 20 – the 20134 form, you'll see that, in Section 7, you establish a coach roster. And that's where you would include the folks who are serving as DPP coaches.

Maryann Palmeter: Thank you. Very helpful.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Tamara Martinez.

Tamara Martinez: Hi. This is Tamara from Southwest District Health in Idaho. I have a question about is there going to be a specific diagnosis code for these G-codes?

Carlye Burd: That's a very good question. Thank you for that. There is a requirement to put a diagnosis code in all claims. But we don't prescribe or set forth a requirement for that diagnosis code. So, it's up to the supplier. And I believe we – in one of the factsheets that we're going to be releasing soon, we talk about this and make some suggestions on what could be used if you're not sure. But the answer is, Yes, there has to be a diagnosis code, but there's no requirement for what that code is and it can be determined by the supplier.

Operator: Your next question comes from the line of Pamela Beaule.

Pamela Beaule: Hi. This is Pamela Beaule from St. Mary's Regional Medical Center in Maine. And I'm questioning on the application fee because it seems contradictory to how the application fee has been applied in the past. In the past, we've paid the application fee on our Part A application but not on services that we're billing on a 1500. And when I look at the website – on Medicare's website for the application fee, it doesn't talk about this application as being – having to pay an application fee. It talks about the 855A, the 855S. And when I called our MAC, they said, "No, there's no application fee." So, I'm just questioning why we would have to be paying something on a 1500 claim.

Joe Schultz: Hi, Pamela. This is Joe again. So when the Diabetes Prevention Program was established in the regulation, we did expand the definition of an institutional provider to include Medicare Diabetes Prevention providers. So your question – generally, you have it right that Part A and institutional providers would pay the application fee. But the definition has been expanded to include Diabetes Prevention – Medicare Diabetes Prevention Program. So, the information you may have gotten from your Medicare Administrative Contractor is incorrect. A fee is required for enrollment.

Pamela Beaule: So will you be updating the matrix that's on the website? Because it doesn't talk about that.

Joe Schultz: Yes, so if it hasn't yet, and we will update the matrix.

Pamela Beaule: Thank you.

Joe Schultz: The – yes.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Tina Jorgensen.

Tina Jorgensen: Hello. This is Tina Jorgensen. I'm with the Oneida Comprehensive Health Division in Wisconsin. And I was just wondering if – is there a certain time period of when we're supposed to bill if we bill after the very first class or session, and then do we bill every 6 months thereafter?

Carlye Burd: Thanks for that question. You can bill as soon as you furnish services. So, there's no, you know, time period you have to wait before you begin billing after you furnish the services. Of course, you have to have your enrollment application approved and be within the CMS system before billing can begin. But as long as you are approved MDPP supplier, you can bill on an ongoing basis. And you have up to a year to submit claims after services are rendered. But we really do highly encourage claims to be submitted as soon as possible after the services are furnished.

Operator: Your next question comes from the line of Steven Bradt.

Steven Bradt: Good afternoon. Carlye, thank you very much for the informative presentation. I am from George Washington University Milken School of Public Health. I work a lot with FQs. My question is really linked to that we've seen contributing factors with respect to the management of diabetes linking to behavioral health, specifically the social determinants of health and senior population. I work myself in a rural location. So how is the linkage of preventing diabetes in the senior population linked to the use of behavioral health to address the – shall we say the nonconformities of nutrition, food desert, and/or social isolation?

Carlye Burd: Thanks so much for that question. I mean, I think we could have a separate webinar just talking about diabetes and some of the comorbid conditions that you mentioned, some of mental health conditions. Our regulations don't really speak to the connections there, you know, specify that the suppliers have to coordinate at all with behavioral health.

However, we do not – we don't discourage these types of coordination activities and definitely hope that there is some innovative, creative organizations out there that can put MDPP as part of the larger care portfolio. And coordinated services between behavioral health and DPP is definitely a great idea. So, I would say, you know, our – because we're talking about this from, you know, a CMS perspective and we put out what regulations there are and what rules there are, I'll just say there's no rule that prohibits that – those kinds of services.

I'll add, too, that there is beneficiary engagement incentives allowed. So that means organizations can provide other types of services as part of MDPP as incentives, such as transportation. Maybe it's a farmer's market voucher. And these – as long as these incentives are provided to beneficiaries to advance the clinical goals of MDPP, which is to reduce the risk of diabetes, they can address social determinants. So, if you have, for example, someone living in a rural population that needs transportation to their class, they can receive a voucher from the DPP organization. And that is permissible. Or if someone is living in a food desert and attending a DPP class, the organization could provide, for example, farmer's market or food vouchers – healthy food vouchers as long as these incentives advance those clinical goals of the program as I mentioned. So I

can't – I would love to speak more about it. But I hope I at least addressed some of CMS's, I guess, perspective on this issue.

Amanda Paige Burns: And I would just note for a second to add on to what Carlye said. If you are going to use beneficiary engagement incentives, the examples that Carlye provided are ones that we sort of provide as examples in our rule. But it is – we do have very clearly defined conditions under which you can provide the incentives. So, we encourage you to take a really good look at that section of the rule. And we, typically, encourage those to reach out to legal counsel to just determine whether or not a given incentive is appropriate for their organization.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Dana Dose.

Dana Dose: Hi. I was wondering, if a patient has a blood test within the last year that makes them eligible, let's say in October they got – and had a fasting blood sugar of 115, but then, since then, like in February, if they would have gotten a fasting blood sugar of 98, would they still be eligible for a program starting like this summer, for example? Or does it have to be the most recent blood test that makes them eligible?

Carlye Burd: Thanks so much for that question. We don't actually specify that in our rules. And I think that this is one of those instances where a beneficiary should probably consult their medical provider around the appropriateness of the services. And I think if you want, you can submit that question to our mailbox, mdpp@cms.hhs.gov, and we can think about it a little bit more. We haven't gotten that question. But I'll just say that we don't – I don't believe that we have any rules or requirements around that.

Operator: Your next quest – your next question comes from the line of Susan De Abate.

Susan De Abate: Yes, thank you very much. This is Susan De Abate calling from Sentara Healthcare, Hampton Roads. I'm trying to clarify because we have been starting to try to do some preliminary work and working on our charges. And we are an outpatient diabetes center providing diabetes prevention. And we are still in the preliminary but trying to work within our system to identify how to accomplish the 1500 billing. I'm having difficulty because they say we're a hospital, we don't do 1500. And I keep explaining that we're an outpatient diabetes center. We do outpatient diabetes classes. But they don't bill those on a 1500. So they're having difficulty. Any help? As most of …

Carlye Burd: Sure. Can I just ask for a followup? Who is "they"? Like, who is telling you …

Susan De Abate: Our billing and accounting departments. I've talked to billers …

Carlye Burd: Sure, okay.

Susan De Abate: We do our outpatient physician offices. And I said, "No, they are not doing the DPP. We are."

Carlye Burd: Okay. So I think the issue here is probably around your outpatient facility having one type of enrollment and Medicare DPP needing the separate MDPP supplier enrollment. And once you go through the

MDPP supplier enrollment process, your facility will have that enrollment and will be a Part B MDPP provider and therefore able to use the CMS-1500 or electronic form. So I think that might be where the confusion is because, although you are a Part A facility, you would be reenrolling as a Part B CMS provider. Does that help?

Susan De Abate: Yes, that makes a lot of sense.

Carlye Burd: Okay.

Susan De Abate: Thank you so much.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Mary McDermott.

Mary McDermott: Hi, there. It's Mary McDermott here from Johns Hopkins. So a couple of questions. So we're currently enrolled with Medicare. We're going to submit this new application. Are we going to get a new provider number? And will that be used only for MDPP claims, or will we use that even for our non-MDPP services?

Joe Schultz: Hi, Mary. This is Joe speaking. Yes, when you enroll as a diabetes prevention provider, you will receive a new PTAN, or Medicare Provider Transaction Number. And you will use that PTAN if you want to call your Medicare Administrative Contractor to get the status of your claims related to your diabetes prevention enrollment.

Mary McDermott: Okay. So we – so then for our non-MDPP services, our regular annual wellness visits for non-prediabetes patients, we would use our original number?

Joe Schultz: That's right.

Mary McDermott: Okay. One more question. Is there going to be a resource for where we can see the – so as a for instance, the coaches need to be reported on the claim form. Is there going to be a resource that tells us what field on the CMS-1500 you want that information in?

Carlye Burd: Yes, actually, our – we're working on a factsheet that we hope to have released sometime this summer that will have walk-through. But the short answer to your question is that the coaches should be listed in the Rendering Provider field as the rendering provider. So, you can list their – the coach NPIs there.

Mary McDermott: So they're not physicians though. But we would be …

Carlye Burd: No.

Mary McDermott: … billing under their name?

Carlye Burd: They're listed there for tracking purposes. It's not – it's – well, it isn't – I'm not sure if it's in the same field or not, but you're not billing under the coach NPIs. In fact, you can list multiple coach NPIs on a claim, depending on how you have – whether there's been one or multiple coaches administering the sessions. But it's still – the billing still happens at the supplier level. If not sure if Joe …

Mary McDermott: Got it.

Carlye Burd: … wants to add …

Mary McDermott: So our supplier …

Joe Schultz: No, you got it right.

Carlye Burd: Okay.

Mary McDermott: So the supplier, presumably, is the physician who heads the program and, you know, our group. But we just – okay. So I think I understand what you're saying. Thank you.

Joe Schultz: So to clarify, that you will be billing through the type 2 NPI number associated with your diabetes prevention program entity that you set up in the NPI registry. So if you set up a type – a separate type – you don't have to set up a type 2 N – a separate type 2 NPI number. You can use an existing one. But if you do, you're billing through the tax ID number and the type 2 NPI number of the organization.

Mary McDermott: Great.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Brittany Hanes.

Brittany Hanes: Hi. Yes, this is Brittany Hanes. I'm calling from Medicine Shoppe Pharmacy in Lufkin, Texas. And we are at the very beginning of all of this. We've filled out, I guess, the recognition form, so we have preliminary status. Do we have to go ahead and start providing services now and wait that year before we enroll in PECOS? Or at what point do we start the enrollment process?

Carlye Burd: So you mean you're in pending status?

Brittany Hanes: I think so.

Carlye Burd: Okay. So if you just applied to the CDC recognition program, your – an organization would be in pending status. So, that's likely what you're in right now. And yes, you're correct. Services do have – data has to be submitted on a year's worth of services to CDC. The cohort sizes of those classes are pretty small. I believe the minimum number is five participants in a class over the – a course of the year under CDC standards. So it's – it doesn't have to be a large class. But we do encourage organizations to, you know, either work with other payors or a lot of organizations will receive grant funding for that first year for services. And

that really is meant to just make sure that organizations have the capacity and have demonstrated a level of quality in servicing the DPP prior to enrolling in Medicare.

And then, to your second question about when do you start the process of enrollment in Medicare, you can't begin that process until you have that preliminary or full recognition. You can begin some of the – with some of the steps that Amanda Paige outlined. So you can get an NPI. You can get your coaches to get NPIs. You can get an identity-and-access account and use that enrollment factsheet that's linked to in this presentation to start preparing for enrollment. And we definitely encourage organizations to do that ahead of time prior to enrollment and then taking a look at that factsheet or the checklist as well so you can start gathering information that you're going to need for your enrollment. But you can't actually submit the enrollment application until you have preliminary or full. And if you do, your application will be rejected.

Brittany Hanes: Okay. So first, you start off with pending status. And that's when you get your NPI, your coaches' NPI; you start your five participants, and you go for a year. And then do you go into preliminary status, or is that full recognition after the year?

Carlye Burd: After a year, you'll get assessed by CDC. And depending on where your data are and where your performance is in terms of attendance and average weight loss among the participants, you'll receive either preliminary or full recognition.

Brittany Hanes: Okay.

Carlye Burd: Or you can remain in pending if you can't achieve those standards under preliminary or full.

Brittany Hanes: Okay. And then once you're either preliminary or full, then you can start looking into the enrollment section.

Carlye Burd: Yes, and that's – so it's – just to clarify, these are two separate agencies. So the pending, preliminary, the recognition, all of – everything to do with recognition status is handled through CDC. And everything to do with MDPP enrollment and Medicare enrollment is handled through CMS. So there are – they are not connected. It's one before the other.

Brittany Hanes: Got you. Okay. That helps immensely. Thank you.

Operator: Your next question comes from the line of Sarah Wright.

Sarah Wright: Hi. This is Sarah Wright from the Wisconsin Primary Health Care Association, Madison, Wisconsin. My question was – it says that patients who have previously received MDPP services, they're not eligible to participate. In other words, you can't get reimbursed for their services. What if they had started one or had, you know, gone to a few sessions but didn't complete it, I mean, and they want to reenroll and go through a new MDPP service? Are they – is it still not reimbursable?

Carlye Burd: So I'll just explain what the requirement is. And there is a little bit of flexibility for people who start the services and then take a break. For example, if someone starts and has their first session, they go to maybe two or three sessions, and then they take a few months off but decide to reengage; as long as it's within

1 year, the patient can reengage in the program. But after 1 year, they can't come back and start over and – because it's not considered a covered service at that point. So, that first session really starts the time – starts the clock, and they have 1 year to participate. And so, they can't come back and restart if they don't attend within that 1 year.

Sarah Wright: Okay. So even if they've taken a break for as long as like 5 years, you know, and they really want to get back and then …

Carlye Burd: Yes.

Sarah Wright: … that wouldn't count.

Carlye Burd: It would not count. Correct. So, this is a once-per-lifetime benefit. So, there can't be repeat coverage under Medicare. Of course, we don't regulate whether someone self-pays if they feel very motivated and want to join the program again. But Medicare won't cover it, and suppliers won't be reimbursed.

Sarah Wright: Okay. Thank you.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Patricia Kidd.

Patricia, your line is open.

Patricia Kidd: Oh, hi. I'm sorry. Hi. This is Patricia Kidd from EmblemHealth. We're in the process – we have a – we have applied. Well, I think we're getting pretty close to getting it approved—our application. But we're trying to figure out the whole billing information. We've really been struggling with that because we've never billed anybody before. We've gone on to a lot of the different websites. We saw something that we needed to have a local security officer before we could do that. We didn't know if we had a local security officer at EmblemHealth, which we don't think we do. We don't know any of the procedures to do that. I mean, is this something that you're going to provide more information for us? Because it really is – we don't really have anything to base anything on. We're getting from – you know, from the people above us, you know, "Can you write up procedures, and can you write up the operations for this so that we can do it?" But I don't have any of that information. Is that something that you're going to provide?

Carlye Burd: Patricia, can I ask a clarifying question? Since you're a health plan, are you talking about billing for your health plan members?

Patricia Kidd: So it would be two different things. I mean, we're looking to bill for our own members, right? So we want to bill for the people that we offer the Diabetes Prevention Program who are Medicare recipients. And then we are also going to see if we can contract with Medicare Advantage plans and see if we would – I guess, my understanding is that we would work out a price with them and then they would get reimbursed from CMS for if they meet their different goals. I don't really understand that either. I'm sorry.

Carlye Burd: So I guess I'll just say – I'll try to provide the information that we provide about Medicare Advantage and fee-for-service and, hopefully, it answers your question. And if not, we can follow up over the mailbox. So for Medicare Advantage plans, there's no – for Medicare Advantage beneficiaries, there's no billing of Medicare fee-for-service for those individuals. The Medicare Advantage plan would cover – would pay for those services through whatever contract is worked out between the DPP organization and the Medicare Advantage plan.

For billing to Medicare, any MDPP supplier via their enrollment would be able to bill Medicare for fee-for-service beneficiaries through their local MAC.

I am not sure what you are referring to with respect to the security officer. I think, for that question, if you could send us the information that you have found on this through our mailbox, we can try to address that question. But I'll say that we don't specify any requirements around having a security officer in the Medicare Diabetes Prevention Program regulations.

So after you become – and after your enrollment application is approved, which I'm glad to hear it sounds like things are going well and you'll be approved soon, you can bill your Medicare Administrative Contractor in the New York region, and I'm not sure which one that is.

Joe Schultz: National Government Services (NGS).

Carlye Burd: NGS, National Government Services. And you can submit claims to NGS using the CMS-1500 form. And you would submit those claims for the fee-for-service beneficiaries only. For Medicare Advantage beneficiaries, again, if they're your own members, you know, you, like – the cost would be covered within the Medicare Advantage plan. But if you're contracting with it out to another Medicare Advantage organization, that MA organization would set the fee schedule for those members. And I'm looking at Amanda Paige to see if she has anything to add.

Amanda Paige Burns: Yes, I just wanted to add one thing to that. In addition to, you know, Medicare Advantage being a little bit different in terms of Medicare, you're not going to bill Medicare and Medicare doesn't set those rates but with – between you and the MAO that you contract with. You are also still – but you, if you are the Medicare Advantage plan, you would still have to submit the encounter data to CMS and provide that information to any MA plans that you contract with. So, just keep that in mind as well.

Leah Nguyen: Thank you.

Patricia Kidd: So you send them – you fill out a form, and you actually mail it to them? Is that how it is done? You fill out a claim form?

Carlye Burd: Yes. The claim form is submitted to a local Medicare Administrative Contractor. And again, that's only for fee-for-service beneficiaries.

Joe Schultz: You can use electronic.

Carlye Burd: And it's – right. And the – there's an electronic version we definitely recommend. I think, actually, all providers are required to use the electronic version of the claim unless they get an exemption. So, it'd be handled online. And I'd just say, if we haven't answered your question, email us and we'll try to provide more clarity.

Leah Nguyen: Thank you.

Patricia Kidd: Okay.

Operator: Your next question comes from the line of Sareena Oncea.

Sareena Oncea: Hi.

Operator: Sareena …

Sareena Oncea: Thank you. I'm Sareena, and I'm calling from Providence in Portland – in the Oregon region. I'm curious if someone is not – does not meet eligibility for attendance and weight loss in the second year of the program and that changes and they meet attendance – excuse me – particularly weight loss and they continue to meet attendance, are they reeligible for additional sessions in that second year?

Carlye Burd: Thank you so much for that question, Sareena. This is Carlye. I will answer that. So in order to – in order for a beneficiary to go on to that second year, the beneficiary has to have met the 5-percent weight loss within the first year. So, they can't start that second year of services unless they've met 5-percent weight loss in the first year.

And at – if they have met the 5-percent weight loss within the first year, they can start services. But they must maintain the 5-percent weight loss every – during every 3-month interval during those ongoing maintenance sessions. So that second year is broken up into four 3-month intervals, and beneficiaries have to attend at least two out of three monthly sessions in addition to maintaining the 5-percent weight loss in order to stay eligible for the ongoing maintenance services in the second – in the next interval. So say you have a beneficiary who's in month 4 of the second year and they attend a session that month, but they don't meet the weight loss; they attend the second month, they don't meet the weight loss; they have to make sure they meet the weight loss in that third month in order to stay eligible for the services in the second half of the second year.

Leah Nguyen: Thank you.

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

Teresa Williams: Yes, if the hospital – if a hospital is the MDPP supplier that's submitting the application, does the administrative location need to be within the hospital's slice of space?

Joe Schultz: No, this is Joe speaking. So your administrative location just has to meet the requirements outlined in the supplier standards for a Diabetes Prevention Program supplier. If the true administrative location

is not within the hospital, then you can enroll as a diabetes prevention supplier with the administrative location that fits the description under the supplier standards.

Teresa Williams: Okay, because the standard said that it must be located at an appropriate site. But it doesn't really reference what an appropriate site would be.

Joe Schultz: I believe what the appropriate site is referring to is a facility that has a phone number, that has a sign, and is equipped to bill the Medicare program.

Teresa Williams: Okay. But it doesn't have to be within the four walls of the hospital.

Joe Schultz: No, because there's tons of other provider types that aren't hospitals. So it's – the supplier standards were created to accommodate them as well.

Teresa Williams: Okay, thank you.

Joe Schultz: You're welcome.

Leah Nguyen: Thank you.

Operator: Your next question comes from the line of Michelle Songer.

Michelle Songer: Hi. This is Michelle calling on behalf of an FQHC. I just wanted to verify, we just got documentation in that we got some type of recognition from CDC. I'm not sure what level it is now that I'm listening to this webinar, so I'll have to verify that. But I wanted to ask, How will we know if the patient is eligible for the program because you're saying that once they start it, the ticker starts and then it ends? Is it going to be listed on their Medicare eligibility page that they've already enrolled like they do for the annual – you know, for the one-time aorta screening or the one-time wellness exam? How are we going to know whether or not a patient's eligible?

Carlye Burd: Sure. That's a great question, and thanks for asking that, Michelle. So we are working on putting together an electronic – a way that suppliers can check electronically whether an individual has received MDPP services in the past, so whether they've fulfilled their once-per-lifetime benefit. For now, though, you can call your Medicare Administrative Contractor and ask about a beneficiary to see whether they have previously attended MDPP services.

Because this is a new benefit, a new program, I don't suspect that many beneficiaries have because they would have had to start in April. So, this might be more applicable next year when there has been at least a year of the – of services being provided across the country. So, we will be releasing more guidance later this year around that mechanism of being able to check through CMS systems whether someone has previously received the service. So, I would recommend you signing up for our listserv on our website, and then you'll hear more from us as we release guidance on that.

Leah Nguyen: Thank you. Dorothy, we have time for one final question.

Operator: Your final question comes from the line of Stephen Willis.

Stephen Willis: Good afternoon. This is Stephen Willis, Physician Assistant at Rockwood Diabetes and Endocrine Center in Spokane, Washington. And I'm trying to just have a little clarity on what the requirements are to be a coach. I've looked at the website and pulled up the CFR corresponding documentation, but just a little more information on what defines a coach.

Carlye Burd: Sure. So the requirements that you're probably looking for and why you can't find them is because the CDC actually sets those requirements in terms of coach training and what it takes to be a coach and provide DPP. CMS requires – has a few additional requirements beyond those CDC standards. For example, coaches have to have NPIs and have to submit their information to CMS. But we don't set any training requirements, or we don't require any specific licensure or certification for coaches. So, I think what I would recommend is going to the CDC's Diabetes Prevention Recognition Program website and searching there for information on coach qualifications.

Amanda Paige Burns: Yes, and this is Amanda Paige. It should be when you go to their website, if you look at the 2018 DPRP standards, it should be included in that document. And then just one additional requirement that we have that isn't a CDC requirement is just that we require each coach to have a background check where we're just making sure that there's someone that should be providing the service to Medicare beneficiaries. We just wanted to highlight that additional requirement as well.

Carlye Burd: And that's done through the enrollment application.

Amanda Paige Burns: Yes.

Carlye Burd: So the suppliers are not doing the background check. The – CMS is doing the checking through CMS systems that we're connected to. And that's why we require the information that we do on the individual coaches.

Amanda Paige Burns: Although in certain scenarios, if the supplier does want to do a pre–background check just to make sure that the coach is indeed eligible and will clear the CMS background check, we encourage you to do that if you feel like that's something you would like to do.

Stephen Willis: Great, thank you for the clarity.

Amanda Paige Burns: Yes.

Leah Nguyen: Great. 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 20.

Additional Information

For information on evaluating today's event, see slide 21.

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. Have a great day, everyone.

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