



Medicare Diabetes Prevention Program: New Covered Service Call

Moderated by: Leah Nguyen
September 26, 2018 2:00 pm ET

Table of Contents

Announcements & Introduction	2
Presentation.....	2
MDPP Supplier Requirements	4
MDPP Services Eligibility	6
Resources.....	8
Question & Answer Session.....	8
Additional Information	19

This transcript was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.





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

The 2019 Medicare & You Handbook includes information on the Medicare Diabetes Prevention Program, a new Medicare-covered service. Help your patients prevent or delay type 2 diabetes and understand their treatment options. During this call, learn about the service, eligibility requirements, and how to refer your patients. A question-and-answer session follows the presentation. Before we get started, you received a link to the presentation in your confirmation emails. The presentation is available at the following URL, go.cms.gov/npc. Again, that URL is go.cms.gov/npc.

Today's event is not intended for the press and the remarks are not considered on the record. If you are a member of the press, you may listen in but please refrain from asking questions during the question-and-answer session. If you have inquiries, contact press@cms.hhs.gov.

At this time, I would like to turn the call over Erin Royer, Monitoring and Model Performance Lead for the Medicare Diabetes Prevention Program.

Presentation

Erin Royer: Hi, everyone. Thank you, Leah, and thank you all for joining me today. As Leah mentioned, my name is Erin Royer, and my role is as the Monitoring and Model Performance Lead for the Medicare Diabetes Prevention Program or MDPP. I'm here today to talk to you about the MDPP and what you all as providers can do to help your patients prevent or delay type 2 diabetes with this new preventive service.

This presentation is mainly geared towards clinicians and providers who work directly with pre-diabetic patients, so some of the slides are framed from the provider perspective. However, I like to note that there is information in the presentation for general audiences and potential MDPP suppliers as well, and we list resources throughout, and there are other MLNs available as well as office hours for the supplier audience.

So, if you're using the slide deck, I'm moving on to slide 2 where we have a few acronyms listed here that I'll be using throughout the presentation. Feel free to refer back to this slide as you need throughout the call. The most frequent acronym I'll be using is MDPP, which stands for the Medicare Diabetes Prevention Program and as the model and the subject of today's call.

Then on slide 3, there's a brief overview of what I'll be talking about during the presentation. And that includes providing an overview of the MDPP program, information about beneficiary eligibility, how you can refer your



patients to MDPP services, and some additional resources that maybe helpful to you after this call. And as Leah mentioned, there's a question-and-answer session after the presentation is finished.

So, slide 4 just gives the title slides for the MDPP program overview section. And then slide 5 depicts the issue that we're facing with diabetes in the United States. I trust that you're all aware of the high incidence and growing prevalence of type 2 diabetes. About a quarter of Americans, 65 and older, are currently living with type 2 diabetes, and half of those individuals have prediabetes. So, the prevalence is only projected to increase by 2050, approximately by twofold if current trends continue.

And care for individuals with diabetes is extremely expensive, particularly to Medicare. The Medicare spends about \$104 billion dollars annually treating Medicare beneficiaries with diabetes, which is a huge expense and like the prevalence will only continue to increase if we don't do something to curb the problem.

Slide 6 shows the Medicare Diabetes Prevention Program or MDPP as potential solution to the issue of rising diabetes prevalence. So, the MDPP is a behavior change intervention that became a covered service for Medicare beneficiaries with prediabetes earlier this year in 2018. MDPP came about based on the positive results of a smaller scale model test with the YMCA of the USA, as well as from information from the Centers for Disease Control and Prevention's National Diabetes Prevention Program.

In the MDPP, Medicare pays organizations, who are called MDPP suppliers, to provide up to two years of a structured behavior change intervention that aims to prevent or delay type 2 diabetes. The primary objective of the program is for beneficiaries to achieve at least 5 percent weight loss, which is key because that's what associated with the clinically significant reduction in a person's risk for developing type 2 diabetes.

I will say that a unique aspect of the program is that the sessions for MDPP can be delivered in group based classroom style settings by trained coaches, and the classroom settings don't have to be in a traditional clinical setting, and the coaches don't require any specific credentialing or licensing by CMS. Those two pieces of information set the MDPP apart from other Medicare coverage services. The Medicare — the MDPP is also a preventive service, which means that beneficiaries don't have to pay anything out-of-pocket for the service.

Moving on to slide 7, this is a snapshot of the MDPP excerpt from the Medicare & You Handbook. Beneficiaries have been notified of the MDPP through the mailing of the publication throughout this whole month of September. And in the segment, beneficiaries are encouraged to ask their doctors, providers, you all, about getting tested for prediabetes and to find out their eligibility for this free preventive service.

Slide 8 gives you an overview of what Medicare covers through the MDPP, and it's important for you to understand this to be able to explain to your patients, to the eligible beneficiaries about what they might experience and what kind of activities they'll be getting into if they choose to start the MDPP.

So, Medicare will cover up to two years of MDPP sessions for eligible beneficiaries, and these sessions are broken down into two 12-month phases. The first phase, which is the blue in the left-hand side, is the core services phase, which is a full year. During this phase, beneficiaries work with coaches to achieve that 5 percent weight loss target. It's a more intensive program where there are weekly sessions in a classroom-based setting for the first 6-months. Beneficiaries learn physical activity routine, nutrition information, and how to improve their eating habits. And the second 6-months are monthly sessions where all those lessons are



reinforced. It's important to note that a beneficiary who starts the program is eligible for the entire first year of service regardless of whether or not they meet certain weight loss or attendance milestones.

The second phase of the MDPP on the right-hand side in yellow is the ongoing maintenance sessions phase, also 12-months. These sessions reinforce and revisit what was learned in practice during the first year with monthly maintenance sessions. And this is so that beneficiaries can maintain healthy behavior changes and weight loss in the longer term.

During this phase, beneficiaries do have some skin in the game. So while the first year beneficiaries are eligible regardless of meeting any milestone, for the ongoing maintenance sessions, beneficiaries have to have met that 5 percent weight loss goal during the first year to be eligible to start, and they have to stay eligible for additional sessions by maintaining that 5 percent weight loss.

I want to make a few additional notes about this slide. I know there's a lot of information at once. But there are few more things that are key to remember when you're thinking about what's covered in these services.

First, I want to emphasize that MDPP sessions follow a CDC-approved curriculum to ensure that organizations are delivering high quality and evidence-based services. Though suppliers can construct their own curricula rather using the one that CDC makes available on the national DPP website, those curricula would still need to be approved by the CDC.

Second, as I've already mentioned, but I want to stress, beneficiaries are not required to make any copays for MDPP services. So there are no out-of-pocket costs for beneficiaries during the entire two-year program provided that they are eligible.

And third and this is important particularly from the provider perspective is we wanted to ensure ease of access to the program. So CMS does not require provider referrals for MDPP services. However, we do know that it's important for beneficiaries to consult with their health care provider about whether MDPP services are clinically appropriate for them. And so we encourage providers to educate their patients about MDPP services when appropriate. As this is a very common pathway for beneficiaries to enter the program is through their provider.

MDPP Supplier Requirements

Moving on to slide 9. There are a number of requirements organizations need to meet in order to enroll as an MDPP supplier. And this information is in this presentation because it's important for referring clinicians to know who they are referring their patients to. By understanding the requirements for MDPP suppliers, providers can – providers can answer any beneficiary questions about quality of services or standards that suppliers must meet before furnishing services. And it's also helpful if you as a provider or a provider organization may want to become an MDPP supplier yourself.

So a few things to highlight, CDC Recognition is prerequisite to enrollment as an MDPP supplier. That means all organizations enrolling as an MDPP supplier must have what's called a preliminary or full recognitions from the CDC. The whole recognition process is handled by the CDC and accomplished through submitting at least one year's worth of data to the CDC showing that you can meet aggregate data – aggregate attendance and weight loss standards.



Pending recognition is a status that organizations receive after they've applied to be a part of the CDC Recognition Program, but the status does not make an organization eligible to enroll as an MDPP supplier. In other words, once you apply to become recognized from the CDC, you have to furnish those services for a year before you can achieve preliminary or full recognition and then become an MDPP supplier. So, organizations who become MDPP suppliers have experienced furnishing these services and achieving success with them.

The next thing to call out is that all organizations must have an NPI to become an MDPP supplier. Organizations that already have an NPI can use their existing NPI to enroll. MDPP coaches must also obtain NPIs. Coach NPIs are submitted to CMS through the enrollment process. And though coaches themselves are not going to be billing, only organizations can, CMS will use coach NPI's for tracking and monitoring purposes.

Another note is that if a provider is already enrolled in Medicare, they must reenroll and go through the MDPP supplier enrollment process and create a separate MDPP specific enrollment. So, current Medicare providers are subject to the same requirements as all MDPP suppliers, including having CDC preliminary or full recognition.

There are a number of additional compliance and supplier standards that MDPP suppliers must adhere to in order to maintain their enrollment and these are outlined in detail in our supplier requirements checklist on the MDPP website. And there are links located throughout this document or throughout the slide if you'd like to go back to them at a later time.

Moving on to slide 10. While only MDPP suppliers can submit claims for MDPP services, information about the payment structure here can be helpful if you are clinician, provider, or provider representative that thinks your organization will want to become an MDPP supplier. It's also important for referring physicians to understand how MDPP suppliers are incentivized to help beneficiaries achieve attendance and weight loss goals and are therefore incentivized to help your patients lose weight to reduce the risk of diabetes.

So CMS have structured the payment for MDPP services to be performance-based. In other words, CMS pay suppliers when participating beneficiaries meet certain attendance and weight loss milestones. Overall, the idea behind this payment structure is the more performance-based milestones the beneficiary achieves that are tied to reduce diabetes risk, the more suppliers can earn. The performance-based structure incentivizes suppliers to work with beneficiaries to meet milestone throughout the two-year program. The most important milestone being 5 percent weight loss because of its link to reduce risk for type 2 diabetes.

The maximum available payment to an MDPP supplier for an individual beneficiary who meets all attendance and weight loss requirements is \$670 over two years. It's extremely important to know that only Medicare enrolled MDPP suppliers can submit claims to Medicare for MDPP services. Even if an organization is a Medicare enrolled provider or supplier, they cannot submit claims with these services unless they also have a separate unique MDPP supplier enrollment.

We received some claims from some non-MDPP suppliers, and we're hoping that clarifying this point will help reduce incorrect claim submissions. The Billing and Payment Quick Reference Guide and the Billing and Claims Fact Sheet are supplier support resources on the MDPP website that can help suppliers submit claims.

MDPP Services Eligibility

Next slide, slide 11 is the title slide for moving on to next section, which is talking about Who is Eligible for MDPP Services.

Slide 12 provides a detailed list of who is eligible for MDPP and this information is crucial for you as referring providers. Knowing beneficiary eligibility will help you understand what you need to know about your patients before you can direct them to an MDPP supplier. There are few things that I want to run through on this detailed slide.

The first is that beneficiaries must have Medicare Part B coverage. This coverage can be either through original Medicare also known as fee-for-service or Medicare Advantage also known as Part C. Second, beneficiary BMI must be at least 25 or 23 if a beneficiary self-identified as Asian. And, they must present at least one of three accepted blood tests showing elevated glucose levels.

We'll note that a CDC for their program allows participant to enter the program using a risk assessment tool. But unfortunately, that alone is not sufficient enough for CMS. We also need that BMI and blood glucose information.

I'll mention that the fasting glucose and two-hour glucose tests are both covered by Medicare. But currently the hemoglobin A1C test is not yet covered as a screening for prediabetes. However, if patients may prefer this test, they can still pay out-of-pocket for that option.

The third thing to note is that beneficiaries are not eligible if they have diabetes, end-stage renal disease, or history of either of those conditions. I will note, though, that patients that develop diabetes while receiving MDPP services, that is in the middle of receiving one of those two years of services, can continue with those services.

Finally, because MDPP coverage is limited to once per lifetime per beneficiary, beneficiaries must not have previously participated in the MDPP. If beneficiaries meet these characteristics, they are fully covered for MDPP services at no out-of-pocket cost. And MDPP suppliers can receive payments for furnishing services to those beneficiaries.

Moving on to slide 13 and 14, we have a few key points to call out about beneficiary eligibility. And I like to just run over – run through them quickly. The first is that beneficiaries are required to provide only 1 of the 3 accepted blood tests for eligibility. And those tests must have been completed within 12 months of the beneficiary starting MDPP services. Beneficiaries may come to you as providers to receive these tests or to be referred out for these tests. CMS also does not designate specific types or forms of documentation that should be used as evidence of these blood tests.

Second is that while providers usually take beneficiary's height and weight when they come to visit, the provider does not need to give this information to an MDPP supplier since height and weight will be collected by the supplier itself. BMI for the eligible beneficiary would also be calculated by the supplier based on that information.



Slide 14 has a few additional details. Third is that beneficiaries can self-report their history of type 1 or type 2 diabetes, which means that providers must be clear in telling beneficiaries if they have ever had a history of either of these issues since they would make them ineligible. I will mention, though, that a history of gestational diabetes is not an ineligibility criteria. In other words, a patient who has a history of gestational diabetes during pregnancy would still be eligible for MDPP. And as I mentioned previously, beneficiaries who developed diabetes while receiving MDPP services can continue receiving those services.

And finally, beneficiaries can only receive MDPP services once. It's important for providers to stress this fact to eligible beneficiaries since beneficiaries must be sufficiently motivated to stick to the program to achieve success with their one-time receipt of free services.

Then slide 15 is the title slide for the next section of how to refer your patients to MDPP services.

On slide 16, we encourage providers to use the screen, test, and refer method, for referring at-risk Medicare patients to MDPP suppliers. More information on the three-step process specifically for MDPP can be found on the CDC website but to summarize the information that can be found there is that though providers are encouraged to test their patients for prediabetes based on the MDPP eligibility criteria including BMI and one of three blood tests.

Then once it's determined that a beneficiary is eligible for MDPP services, providers can educate these patients about MDPP and refer them to an MDPP supplier. Either the provider or the beneficiary can then access the MDPP supplier map or the MDPP supplier list to find nearby suppliers by ZIP code. A beneficiary must go to an enrolled MDPP supplier for MDPP services to ensure that the beneficiary can receive these services with no copay. If there isn't an MDPP supplier in a particular location, keep checking the list. New suppliers are added on a regular basis.

On slide 17, we have a few more details about how you might be able to talk with your patients about the program. So when you discuss MDPP with your patients, there are a few key points that are important to stress. First is that this is a growing program that started earlier this year. Second is that it's a face-to-face classroom based intervention where coaches help participants lose weight and it's based on a successful, proven model for diabetes prevention. And third is that new suppliers are enrolling all the time. So if a beneficiary is concerned about the availability of services near them, they can check back with the supplier map as new suppliers are added.

And then slide 18 goes over a few lists of action items that you can take now if you're interested in becoming a part of MDPP. Providers in the audience can familiarize themselves with beneficiary eligibility from this presentation or from the beneficiary eligibility fact sheet on the MDPP website. Then providers can begin the screen, test, refer process to refer eligible patients to MDPP.

Using the MDPP supplier map or supplier list, providers can assign nearby suppliers for their eligible patients. If you're a provider and are intrigued by MDPP and may want your organization to become an MDPP supplier itself, you can certainly do that. There are resources on the MDPP website about how to become an MDPP supplier, including meeting CDC recognition criteria and enrolling in Medicare separately as a supplier.



If you are a diabetes prevention stakeholder, you can encourage constituent organizations to become MDPP suppliers by working towards CDC recognition, enrolling in Medicare, and once approved, completing the billing process for submitting claims. Stakeholders can also work with other providers for their screening test refer process mentioned throughout this presentation. And if you are already a CDC recognized organization, then you may be eligible to become an MDPP supplier and furnish MDPP services. And you could be the end point of provider referral for services. You would check the status of your CDC recognition on the CDC's registry and if you have preliminary or full recognition, you can begin the process of enrolling in Medicare. More information about enrollment is on the MDPP website.

Resources

Slide 19 has the title for the section on a few resources that I've mentioned throughout this presentation. And slide 20 has two main bullet points for additional resource you might want to look into. So, if you're looking for additional resources, the MDPP website is a place to find supplier support resources and overviews of the MDPP in general. The CDC's website is also useful with their overview of their screen, test, and refer process and includes resources and tips to help patient connect to DPP and Medicare beneficiaries to MDPP.

If you would like to receive updates from the model team about MDPP events and new resources added to the MDPP website, you can sign up to the MDPP listserv. And if you have questions that aren't answered through the MDPP's website's FAQ, from CDC's resources or from this presentation, you can send your question to the MDPP mailbox at mdpp@cms.hhs.gov.

And now on slide 21, we'll move on to a question-and-answer session.

Question & Answer Session

Leah Nguyen: Thank you, Erin. We will now take your questions. As a reminder, this event is being recorded and transcribed. In an effort to get through as many of your questions as possible, each caller is limited to one question. To allow more participants the opportunity to ask questions, please send questions specific to your organization to the resource mailbox on slide 20 so our staff can do more research. Preference will be given to general questions applicable to a larger audience, and we will be mindful of the time spent on each question.

All right, Dorothy, we are ready for our first caller.

Operator: To ask a question, press star followed by the number one on your touch-tone phone. To remove yourself from queue, press the pound key. Remember to pick up your handset 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, 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 Q&A roster.

Your first question comes from the line of Velvet Thorne.



Velvet Thorne: Hello, everyone. Thank you for allowing me to be on this call. I know that it was mentioned that this service is not a paid service for the beneficiary. And I know that it can be recommended by their provider. But what I wanted to know is there a specific code that the doctor will have to give a Medicare code with this MDPP program?

Erin Royer: Are you referencing a diagnosis code?

Velvet Thorne: No, a procedure like being – signing up for this actual program and participating in it. Is there like some kind of code the doctor would have to give the patient?

Erin Royer: I'm going to defer to Carlye to answer this question.

Velvet Thorne: Say for instance, if the doctor is signed up to be a provider, I forgot the name that she used – a supplier. If the doctor – provider signs up to be a supplier, would this doctor then bill Medicare with the code in order to get the \$670 over two years?

Carlye Burd: Okay. So, if a supplier is billing for a beneficiary achieving certain milestones, there would be HCPCS G-code.

Velvet Thorne: Right.

Carlye Burd: They would be used for each individual milestone. Yes.

Velvet Thorne: Okay. I'm sorry. I'm confused. I have to get it straight in my head. I know what I wanted to say. But to answer the question there would be a G-code or HCPCS.

Carlye Burd: Yes. There are G-codes for various milestones including 5 percent weight loss, four core sessions attended, nine core sessions attended. There are few that are listed on the MDPP website on our FAQ section under Billing and Claims if you'd like to look at the list of them.

Velvet Thorne: Okay. Thank you, Carlye.

Carlye Burd: Thank you.

Operator: Your next question comes from the line of Prakash Maddali.

Prakash Maddali: Hi. My name is Prakash Maddali. I'm a pharmacist. I just want find out if the pharmacist can apply to become MD – I'm sorry, Medicare prevention MPDD provider.

Erin Royer: Sure. So individuals can't enroll as MDPP suppliers. So we have to be at an organizational level. But pharmacists as part of their organization can enroll to become MDPP suppliers.

Prakash Maddali: Okay. So I work for a pharmacist

Prakash Maddali: OK. Sorry ...

(Inaudible)

Carlye Burd: Can I add something to that just quickly? This is Carlye Burd. I'm the program lead. You would first have to go through CDC recognition. So, you can't enroll right away in Medicare without first having CDC recognition, which takes a minimum of one year. And I wanted to caveat with that.

Erin Royer: Yes. Thank you, Carlye.

Operator: Your next question comes from the line of Jennifer Kelly.

Jennifer Kelly: Yes, hello. I was wondering if are – if we are already certified to provide the DSMT and we're certified through the American Diabetes Association. Our Medicare carrier when we were talking about them, CGS, they've thought that, that would automatically enroll us into – we could perform this program as well.

Erin Royer: So, unfortunately, it's not the same certification process. You would still have to go the CDC for their recognition process before being eligible to enroll. The CDC recognition is the prerequisite, the only permissible prerequisite for MDPP eligibility.

Jennifer Kelly: Okay. Thank you for clarifying.

Operator: Your next question comes from the line of Diana Rafailova.

Diana Rafailova: Hi, everyone. My question is and you kind of went over that, that an existing organization that already has an NPI. When they are enrolling in MDPP, do they need to get another NPI for MDPP or they can use that existing NPI?

Erin Royer: Sure. So at the organizational level, if the organization already has an NPI, they can use that existing NPI or they can choose to get a separate NPI for MDPP. It's really up to the organization. Same with coaches, if a coach already has an NPI they can use that for their NPI number for MDPP or they can obtain a separate one.

Diana Rafailova: All right. So if a dietician who already has an NPI who wants to be the lifestyle coach, they can just use their dietician NPI for that.

Erin Royer: Yes.

Diana Rafailova: Okay. Okay. Thank you.

Operator: Your next question comes from the line of Serena Onsey.

Serena Onsey: Hi. My name is Serena. I'm calling in from Providence in the Oregon region. My question is if a participant drops out part ways through the program, can they start again from where they left off at another time with the same organization or different organization?

Erin Royer: So, I'm going to actually refer to Amanda VanVleet for the answer to this question.



Amanda VanVleet: Sure. Thanks, Erin. Yes, so the MDPP services structure is set up like a timeline. And so basically it's all based on the date that the beneficiary receives their first core session. And the beneficiary has – they're eligible for MDPP services for one year from that date.

So basically if the beneficiary stops coming, they can pick up the sessions again as long as they spent time within that one year. But if it's outside of that one year, then that means that they would have reached their lifetime limit since it's a once per lifetime service and that they could not – they couldn't start again and be covered by Medicare at that point. And I will also add to that that if the beneficiary were to start services from the beginning maybe stop for a while and come back as long as they met their requirements within that first year, they could still continue on to the second year at that point. But it's more based off of the timeline structure.

Serena Onsey: Thank you.

Operator: Your next question comes from the line of Wendy Lannon.

Wendy Lannon: Good afternoon and thank you for taking my call. I had a question related to claims submission processes and specifically using – the potential of using other intermediaries, and if you guys in particular had any experience or any feedback on the Solera Health Network which serves as the (inaudible).

Erin Royer: Sure. So, I'm going to refer to Carlye for the answer of this question. I will mention that our general policy is that an organization is permitted to partner with a third-party administrator to facilitate MDPP supplier requirements. However, claims preparation and submission are the responsibility of the MDPP supplier or the billing agents who furnishes the MDPP supplier's billing and collection services. But I'll defer to Carlye to speak specifically to the Solera piece of your question.

Carlye Burd: I actually missed the last part of your question. I'm not sure if you cut out or if you're done in asking the question.

Wendy Lannon: I think I was done. There was a lot of, what I heard, too, that you probably heard, was a lot of static on the line. I don't know if that was somebody moving. I'm not sure where it came from. But I was pretty much done. It was basically, in particular, if you guys had any feedback on and experience with the Solera Health Network as an intermediary for beneficiary help enrollment and claims submission.

Carlye Burd: Sure. So like Erin said that we do permit MDPP suppliers to work through billing agents and third-party administrators. But we won't comment specifically on feedback or the experience of using Solera. It's just not something that CMS can comment on, but we do know that some suppliers are using Solera for that purpose.

Wendy Lannon: OK, very good. I think that's sufficient. Thank you.

Operator: Your next question comes from the line of Tamiko Guthrie.



Tamiko Guthrie: Hi. This is EmblemHealth. We are supplier for the MDPP. And we've been contacted by another insurance company so that we would do their Medicare Advantage classes for them for the MDPP. But we're a little confused as to who gets the reimbursement, is it the other insurance company that gets the reimbursement for the measures that people like somebody loses their 5 percent and they come to all the things, who gets that reimbursement? Is it EmblemHealth? Or is it the other insurance company that contracts with us to be their supplier?

Erin Royer: So, I'm not sure if Amanda Paige is on the line. But I defer to her or to Carlye for the specifics of that question.

Carlye Burd: I can take this, and I think that we saw this question come through our mailbox. So, you will also be receiving a written response. But the short answer is if a Medicare Advantage – so CMS doesn't govern relationships or business agreements between Medicare Advantage plans and suppliers. We just stipulate that any Medicare beneficiary receiving MDPP must receive MDPP from an enrolled MDPP supplier. So, if EmblemHealth is acting in this instance as an enrolled MDPP supplier and furnishing MDPP services to other Medicare Advantage beneficiaries, that agreement would be worked out between you, EmblemHealth, as the MDPP supplier, and the other Medicare Advantage plan. And there would no claims submitted to CMS because their Medicare Advantage services and Medicare Advantage receives payments from CMS and then providers submit claims directly to the Medicare Advantage plan.

So, in your case, you would be the provider and you would be submitting claims to the other Medicare Advantage plan for the services you are providing to their MA members. Does that help out?

Tamiko Guthrie: I'm still kind of confused. So, we would try to – so, for example, we would try to bill the other- we would try to bill the other insurance company for the measures that their participants met?

Carlye Burd: Correct. So, you would essentially be serving as the provider in this case. You've enrolled as a supplier. You are providing services, MDPP services, and you would have to set up an agreement for payment for the services that you are furnishing to their members. And CMS doesn't govern what Medicare Advantage pays out to their suppliers for MDPP services. We just – in our fee schedule that pertains to fee-for-service payments not Part C payments, which is Medicare Advantage.

Tamiko Guthrie: So, we wouldn't send anything to Medicare?

Carlye Burd: No.

Tamiko Guthrie: We would just tell the other insurance company, this is what you have to pay us, is that correct?

Carlye Burd: Yes. You'd negotiate between you as the MDPP supplier in the Medicare Advantage plan.

Tamiko Guthrie: But if we did run community classes that weren't Medicare Advantage so that they would just be Part B, those then we would bill Medicare for the performance measures?



Carlye Burd: So, if you were furnishing any services to Part B fee-for-service beneficiaries in the community, you would submit claims to Medicare for those services.

Tamiko Guthrie: Okay. All right. Thank you.

Operator: Your next question comes from a line of Sarah Hill.

Sarah Hill: Hi. I have a question about the length of time in which you are able to drop a bill for Medicare Diabetes Prevention patient. So for brand new suppliers who are just now getting the pending status through CDC, if it takes over a year to then be able to move into preliminary. I'm standing through CDC plus you to have apply for the MDPP program. Can you retroactively bill for those first patients that you provided services for that were eligible under MDPP if it's over a year from that start date?

Erin Royer: So, for that question, the actual effective date that would be applicable to that MDDP supplier is based on the submission of the MDDP enrollment application.

Sarah Hill: Okay.

Erin Royer: So, the date that is most important is not the one for the CDC recognition but for the submission of the application to Medicare. So, since it takes a year before an organization can even submit that enrollment application, they would not be able to backfill or retroactively bill for services when they are not eligible be an MDPP supplier.

Sarah Hill: Got you. So you can only ...

Erin Royer: It's a ...

Sarah Hill: Sorry, I was just going to say, so ...

(Crosstalk)

Erin Royer:... from the effective date.

Sarah Hill: Got you. Okay. Thank you.

Operator: Your next question comes from a line of August Segovia.

August Segovia: Yes. Hi. Our question was the hemoglobin A1C blood test, is that covered under preventative services so that we don't have to put a diagnostic code of diabetes for the patient?

Erin Royer: I'll defer to Carlye on this one to see if she knows anything about it. I only know that the H1C is not – the A1C is not covered as a screening test for prediabetes.

Carlye Burd: Yes, that's right. So, it's only covered if the patient has diabetes for ongoing screening so it's not covered as a preventive service at this time.



August Segovia: I see. Thank you.

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

Melissa Shipp: Hi. This is Melissa from The Ever Clinic at DaVita Medical Group, and I am wanting to know is there any data available on what level of participation is typically required for a supplier to break even for this program as far as how many...

(Crosstalk)

Erin Royer: Yes. I'll defer to Carlye to see if have any information on that. I'm not – I do not think that we have that at this time.

Carlye Burd: No. We, we don't provide that type of information because everyone's business operations and overhead are different. And there's no way for us to really tell you or generalize, you know, how – at what point you'd be able to break-even.

Melissa Shipp: OK. Thank you.

Operator: Your next question comes from a line of Tom Fox.

Andrea McMillan: Hello. This is Andrea McMillan. I work with Tom Fox. My question is regarding the CDC enrollment criteria versus Medicare DPP, MDPP criteria. We are currently in a pending status. And we'll have our first cohort enrolled. And then hopefully we'll be able to submit our data and get – apply for Medicare DPP.

Regarding that, if we enroll participants in future cohorts that meets CDC requirements, but they don't meet the Medicare requirements and we achieve CDC recognition through CDC enrollment criteria, can we still apply for Medicare DPP because we received CDC recognition? Or do all of our participants that meet the outcomes criteria have to meet the enrollment criteria for Medicare in order for it to qualify?

Erin Royer: I'm not sure if I'm understanding your question. Are you asking me if all beneficiaries have to meet beneficiary eligibility criteria once you become a supplier?

Andrea McMillan: Not once we become a supplier. In order to become a MDPP supplier, we have to have CDC recognition. And the enrollment criteria for CDC are not as rigid as they are for the Medicare enrollment, i.e., the screening test, the fasting blood glucose, etcetera, and the BMI as well. So, if we enroll participants in our pending program that meet CDC requirements and achieve CDC recognition with those participants and we have – and we achieve full recognition through CDC, is that sufficient to apply for DPP, a Medicare DPP and then only enroll Medicare recipients that meet the Medicare guidelines?

Erin Royer: So, I think the issue there might be that you have to start billing from a beneficiary's first session. So, it wouldn't be possible for a beneficiary to start services prior to an organization being eligible for MDPP until being able to bill for them or keep them as an MDPP cohort. Although I'll defer to Amanda VanVleet in case there's any more information there or to clarify.



Amanda VanVleet: Yes. I was just going to say more broadly that, again, it's not – so I understand that you're applying for CDC recognition and you would have to wait until you have that CDC recognition in order to apply to be an MDPP supplier. If you would then at that point apply and become enrolled as an MDPP supplier, then you could have mix cohorts of Medicare and non-Medicare beneficiaries in the same cohort. It's just that the Medicare – the Medicare beneficiaries who are eligible for MDPP would be the only beneficiaries who would be subject to MDPP requirements. And the other participants in that program would just be subjects to CDC standards. I don't know if that helps answer your question.

Carlye Burd: And I'll add one other thing. Before you become an MDPP supplier, MDPP requirements don't pertain to you. So it's only as soon as you become an MDPP supplier and begin billing Medicare or beneficiaries who have received MDPP services that those requirements apply. You don't need to meet our requirements as part of CDC's recognition program. You just need to meet CDC's recognition program requirements. And then once you become a supplier, that's when our requirements kick in. Does that help?

Andrea McMillan: And those requirements — Yes, it does because that has been a big question. So we will follow the CDC requirements in order to achieve CDC recognition. Then when we achieve CDC recognition and then apply for Medicare – and start enrolling Medicare participants. Medicare participants have to meet Medicare participation requirements. But we can also co-enroll CDC – under the CDC if they're not a Medicare recipient. We'll just have to submit those – will we submit those sets of data separately?

Carlye Burd: So to CDC, you won't have to separate any data. Your data submissions will still remain the same. And we'll follow the same standards. And then for Medicare you'll only submit claims on fee-for-service beneficiaries. We won't accept...

Andrea McMillan: Okay.

Carlye Burd: ... any other information on any other – yes.

Andrea McMillan: Okay, understood. Okay, great. Thank you very much. I appreciate that.

Operator: Your next question comes from the line of Erica Arcos.

Erica Arcos: Hi. This is Erica. I'm from Sun Health and we are an MDPP supplier. Just curious if when submitting the claims for the MDPP classes, is a diagnosis code required for those submissions?

Erin Royer: So, I'll defer to Carlye to answer this question.

Carlye Burd: Actually, Amanda will answer it.

Amanda VanVleet: Sure. Sure. Yes, so MDPP claims are treated just like all other Medicare claims. So there does need to be an ICD-10 diagnosis code. But because a referral is not required, if you receive a referral with the diagnosis code, you could use that. If you don't receive a referral, then you can just choose whichever diagnosis code that you find that's appropriate. There's one for example that other specified counseling. But you could choose settings that you think is more appropriate.



Erica Arcos: Okay, so there's not like a requirement on specific diagnosis codes that are not covered or anything like that, like it won't be denied due to a diagnosis code that's not covered for that benefit?

Amanda VanVleet: Correct.

Erica Arcos: OK, thank you.

Operator: Your next question comes from the line of Noel Javal.

Noel Javal: Hi. Can you hear me?

Erin Royer: Yes. Yes, I can.

Noel Javal: OK, sorry. So in the beginning Carlye talked about eligibility for the second year. And I was wondering if CMS had any recommendations on how we go about inviting MDPP or Medicare providers to that second year without kind of outing them on their privacy of weight and meeting a weight loss goal?

Erin Royer: I'm sorry. Can you repeat your question?

Noel Javal: Sorry. So regarding the second year or being eligible for the second year, does CMS have any recommendations on how we can invite them to the second year without kind of outing their privacy of their weight loss goal and where they're at in achieving it or not?

Erin Royer: That's an interesting question. I'll see if Carlye or Amanda has any thoughts on that. I don't believe we have any guidance out about that. I'm not sure we can make a specific recommendation.

Carlye Burd: Yes.

Erin Royer: Carlye, Amanda?

Carlye Burd: I don't think that we can really speak to that. I will say what we have said about- you know- the second year, which is that you can combine second year participants into core maintenance sessions into cohorts that are still in their first year as long as they're in the core maintenance sessions. So, say have a core maintenance session that's on a different topic that the beneficiary hasn't yet attended, you can have them join that class as an ongoing maintenance session. And that might be a way to be discreet about who is moving on versus not.

But, yes, we haven't – that's a really interesting question. I definitely – it might be something worthwhile asking CDC about. And if you don't get a good answer, definitely maybe seeking some counsel, outside counsel to answer that question.

Noel Javal: Okay, thank you so much.

Operator: Your next question comes from the line of Lexi Allembaugh.



Lexi Allembaugh: Hello. We are an MDPP supplier. And we've been submitting our claims. We have a group NPI, we have health coach NPI, and we have the MDPP PTAN. But our claims are getting as far as the – going to the group NPI but not adequately linking to get through to the coach NPI or the PTAN. So, I think there's something with our – something that we – some steps we've missed in getting our enrollment.

Amanda VanVleet: So, I would say the – we do have some guidance online about filling out claim forms specifically for MDPP that I would recommend taking a look at on our website. Our website is go.cms.gov/mdpp and it is the billing and claims fact sheet. But we're – so in order to fill out the claims and the coach NPI, it needs to be in the rendering provider space. I'm not sure if you have been filling out the claims that way. And then the billing provider on NPI goes into block 33. I'm not sure if that might be the problem. But there are fact sheets online that list some more specific information that may help in filling out the claim form.

Lexi Allembaugh: OK, that – we had — I checked ours – both of those are what we have done. I'm just thinking there's something with when we got an NPI for our health coach, I don't know how to or if she's linked to the group NPI, if there's something special we're supposed to do because she's not normally a provider.

Carlye Burd: Have you – this is Carlye. Have you listed her on your PECOS enrollment application? If she's new, was she either included on the original application or have you updated the application to include that NPI?

Lexi Allembaugh: That's what I'll check on. I'll get with our credentialing office. So it needs to be on the PECOS enrollment for our group NPI she needs to be?

Carlye Burd: Yes. So there's a section of the PECOS application where you have to submit the coach NPIs in a spread – usually in a spreadsheet form. And if the coach NPIs aren't linked to the MDPP supplier application, then the claims won't be processed. So that is probably — might be what is happening here.

Lexi Allembaugh: OK, thank you very much.

Operator: Your next question comes from the line of Herminio Bezerra.

Herminio Bezerra: Yes. I'm calling from Uvalde. And we are – we have here a Community Health Development, Inc. And I just got the paperwork to hear your discussion and I'm a little confused. But to have – to be able to provide MDPP services, what kind of background personnel we need? What kind of background our personnel need to be able to be for us to furnish the program?

Erin Royer: Sure, so this is Erin. To provide MDPP services, your organization will first have to go through and become recognized by the CDC. And part of that recognition process includes following the CDC standards for their recognition process. And that includes their requirements for coach training and the information can be found on the CDC's National DPP website.

I believe it's linked throughout this presentation, different parts of the CDC site. Slide 20, for example, has their general website for the National DPP and information on gaining CDC supplier recognition. And if you view that



site to find the standard and operating procedures, they'll have a section on the coaches and the training that they need to go through.

Herminio Bezerra: Okay

Erin Royer: So no specific licensing or credentialing by CMS. But through the CDC process, that's where you find the training requirements.

Herminio Bezerra: All right, thank you very much.

Operator: Your next question comes from the line of Amber Rector.

Amber Rector: Hi. This is Amber from the University of Utah. My question is, did the organization that enrolls, does it have to have a not-for-profit status under the NPI or that TIN?

Erin Royer: This is Erin again. I do not believe that's a requirement. Although I'll defer to Carlye or Amanda VanVleet for clarification.

Carlye Burd: No. There's no requirement that the organizations that enrolled are non-for-profit.

Amber Rector: Okay..

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

Operator: Your final question comes from the line of Diana Rafailova.

Diana Rafailova: Hey, this is Diana. I wanted to find out if MDPP programs are allowed to perform those glucose test screenings to see if the potential member's eligible to participate in the program?

Erin Royer: So are you asking if the MDPP supplier can test the beneficiary on site?

Diana Rafailova: Yes.

Erin Royer: Okay. I'll defer to Carlye for answering the question.

Diana Rafailova: Thank you.

Carlye Burd: Actually, I think that this will be a good question to submit to the mailbox mdpp@cms.hhs.gov, and we can provide that little guidance over ...

Diana Rafailova: Yes.

Carlye Burd: Because we have to look back on our rule to get you the right answer.

Diana Rafailova: Okay. Thank you.



Additional Information

Leah Nguyen: Thank you. Unfortunately, that is all the time we have for questions today. If we did not get to your question, you can email it to the address listed on slide 20. We hope you will take a few moments to evaluate your experience. See slide 22 for more information.

An audio recording and transcript will be available in about two weeks at www.cms.gov/NPC. 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.