# CY 2024 Physician Fee Schedule Updates to MDPP

November 16, 2023



### The Problem: The Prevalence and Cost of Diabetes

Diabetes affects many individuals, negatively impacts health outcomes, and carries high costs. Effective behavior change can reduce the risk of type 2 diabetes.

## While Many are At-Risk for Diabetes, Few are Aware

1 in 2

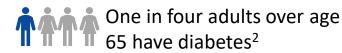
Adults over age 65 have prediabetes<sup>1</sup>

however...



Only 1 in 7 adults aged 65 and older with prediabetes are aware of their condition<sup>1</sup>

### Diabetes Prevalence is High and Growing



and...



Prevalence of diabetes is expected to double by 2050 among adults<sup>3</sup>

# The Disease Burdens the System with High Costs

2.6x Diabetes causes individuals to spend 2.6 times more on health care per year<sup>5</sup>

Annual Medicare cost of care for Americans 65+ with diabetes <sup>4</sup>

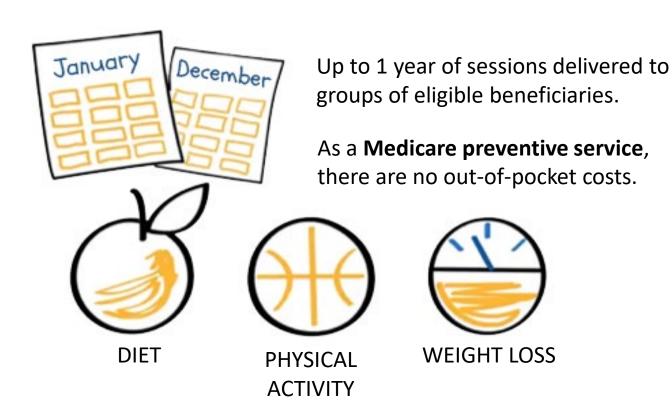


Adults with diabetes have twice the hospitalizations and ED visits, and take a larger number of prescription drugs<sup>2</sup>

Source: 1) <a href="https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf">https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf</a>; 2) <a href="https://diabetes.org/about-diabetes/statistics/about-diabetes">https://diabetes.org/about-diabetes/statistics/about-diabetes</a>
3) <a href="https://www.cdc.gov/media/pressrel/2010/r101022.html">https://www.cdc.gov/media/pressrel/2010/r101022.html</a>; 4) James Boyle, et al., "Projection of the Year 2050 Burden of Diabetes in the US Adult Population: Dynamic Modeling of Incidence, Mortality, and Pre-Diabetes Prevalence," Population Health Metrics 8, no. 29 (2010): 1–12; 5) <a href="https://diabetes.org/newsroom/press-releases/new-american-diabetes-association-report-finds-annual-costs-diabetes-be">https://diabetes.org/newsroom/press-releases/new-american-diabetes-association-report-finds-annual-costs-diabetes-be</a>

### The Solution: The Medicare Diabetes Prevention Program (MDPP)

A group-based intervention targeting at-risk Medicare beneficiaries, using a CDC-approved National Diabetes Prevention Program curriculum.



Coaches furnish MDPP services on behalf of MDPP suppliers

MDPP suppliers' primary goal is to help Medicare beneficiaries achieve at least 5% weight loss

### The Evidence Base: CDC's National Diabetes Prevention Program (DPP)

MDPP builds on the success of the CDC's National DPP. The National DPP is a structured lifestyle intervention that was tested in the Medicare population through an Innovation Center-funded DPP Model Test (Y-USA test).



#### **Decades of Evidence**

- Backed by over 20 years of evidence
- Research shows DPP can decrease the risk of type 2 diabetes in individuals with prediabetes by 58% <sup>1</sup>



#### **CDC's National DPP**

- Implemented nationally
- CDC established the Diabetes Prevention Recognition Program (DPRP) to set quality assurance standards for the program



#### **DPP Model Test (Y-USA test)**

- Assessed DPP effectiveness among the Medicare population
- Showed that group-based community sessions can lead to beneficiary weight loss and Medicare savings

**CDC** Recognition is the First Step to MDPP Success



#### **DPRP** Recognition

- Organizations must achieve full or preliminary DPRP recognition before enrolling in Medicare as MDPP suppliers
- DPRP recognition helps assure that organizations have the capacity to become MDPP suppliers



#### **DPRP Curriculum**

- MDPP suppliers utilize a CDC-approved curriculum to deliver MDPP services
- CDC-approved curricula include evidence-based topics like healthy eating and weight loss

### **Program Duration and Covered Services**

MDPP core services includes six months of weekly core sessions followed by six months of monthly maintenance sessions

#### **MDPP Core Sessions**

#### **Months 1-6 (Weekly Sessions)**

- Up to 16 sessions offered at least a week apart during the first 6 months
- In-person and distance learning sessions are available and must meet specific requirements
  - ✓ Follows a CDC-approved curriculum

#### **Maintenance Sessions**

#### **Months 7-12 (Monthly Sessions)**

- A minimum of 6 monthly sessions during the second 6 months
- In-person and distance learning sessions are available and must meet specific requirements
- ✓ No beneficiary copay

✓ No referral required

Sample Activities:

Fitness Log

Food Log

Veight Log

# Increasing Access and Equity

- We anticipate the programmatic updates will boost supplier enrollment, with the goal of increasing beneficiary participation and retention due to increased access to the Set of MDPP services.
  - Extending the PHE flexibilities will especially increase equitable access to diabetes preventive services among rural and at-risk populations, as well as minority beneficiaries who reside in communities underserved by healthcare providers.
  - Providing both suppliers and beneficiaries more flexibility in how the Set of MDPP services are delivered, including in-person, distance learning, or a combination.
  - Reducing disincentives in the current outcomes-based reimbursement approach as many MDPP suppliers serve populations that may be less likely to achieve the 5% weight loss threshold, and therefore, would be operating at a financial loss.
  - Simplified billing process...may expand the potential pool of organizations who will be able to provide MDPP Set of services due to the more regular payments.
  - Assures payment for services that are actually rendered.

# CY 2024 PFS Changes to MDPP

- Circumstances have changed since the start of the expanded model.
   We have received comments from interested parties in response to
  - Increased virtual options
    - Expand access to MDPP for beneficiaries in rural areas, those who lack access to healthcare providers, specifically
      minority beneficiaries living within underserved communities, beneficiaries who are homebound or who lack
      transportation options, as well as increase beneficiary choice of delivery modality and flexibility of location.
  - Remove most references to ongoing maintenance sessions
    - MDPP and the National DPP should align terminology where applicable. To the extent possible, CMS may make conforming changes in future rulemaking, including applicable definitions.
  - Simplified payment structure
    - Allows for an adequate and predictable payment stream to cover the cost of providing services as long as beneficiaries attend sessions.
    - Expand the potential pool of organizations who will be able to provide MDPP Set of services due to the more regular payments.

# Extending PHE Flexibilities through 12/31/2027

- Alternatives to the requirement for in-person weight measurement (§410.79(e)(3)(iii))
  - Permits an MDPP supplier to obtain weight measurements for MDPP beneficiaries for the baseline weight and any weight loss-based performance achievement goals in the following manner:
    - 1) via digital technology, such as scales that transmit weights securely via wireless or cellular transmission; or
    - 2) via live, synchronous online video technology, such as video chatting or video conferencing, wherein the MDPP Coach observes the beneficiary weighing themselves; or
    - 3) by submitting a date-stamped photo or video recording of the beneficiary's weight, with the beneficiary visible
- Elimination of the maximum number of virtual services (§410.79(e)(3)(iv))
  - MDPP suppliers may provide all MDPP sessions virtually
    - As long as the virtual services are furnished in a manner that is consistent with the Centers for Disease Control and Prevention (CDC) Diabetes Prevention Recognition Program (DPRP) standards for distance learning sessions, follow the CDC-approved National DPP curriculum requirements, and the supplier has an in-person DPRP organizational code8

# Defining the MDPP Delivery Modalities

# Virtual Delivery Limited to the CDC DPRP Definition of "distance learning"

- Adding New Delivery Modality Definitions
  - 1) Distance learning: An MDPP session that is delivered by trained Coaches via remote classroom and is furnished in a manner consistent with the DPRP Standards for distance learning sessions. The Coach provides live (synchronous) delivery of session content in one location and participants call-in or video-conference from another location.
  - Combination delivery: MDPP sessions that are delivered by trained Coaches and are furnished in a manner consistent with the DPRP Standards for distance learning and in-person sessions for each individual participant.

# Other Changes

### Retiring Ongoing Maintenance Services (services in months 13-24)

- In the CY 2022 PFS, we removed eligibility for the Ongoing Maintenance Sessions for those beneficiaries who started the set of MDPP services on or after January 1, 2022.
- Eligibility for ongoing maintenance services will end December 31, 2023, for all beneficiaries.

### Defining "make-up session"

 A core session or a core maintenance session furnished to an MDPP beneficiary when the MDPP beneficiary misses a regularly scheduled core session or core maintenance session.

### Defining "MDPP services period"

• The time period, beginning on the date an MDPP beneficiary attends his or her first core session, over which the Set of MDPP services is furnished to the MDPP beneficiary, to include the core services period described in paragraph (c)(2)(i) and, subject to paragraph (c)(3) of this section.

#### MDPP session

A core session or a core maintenance session

# Updating the MDPP Payment Structure

- Fee-for-service payments for beneficiary attendance during the core services period
  - Make payments to an MDPP supplier if an MDPP beneficiary attends a core session or core maintenance session
  - Allow up to 22 sessions (alone or in combination with other codes, not to exceed 22 sessions in a 12-month timeframe)
- Diabetes risk-reduction performance payments retained
  - Beneficiary achieves the required 5% weight loss
  - Beneficiary maintains the 5% weight loss goal during a core maintenance session in months 7-12
  - Beneficiary achieves 9% weight loss

# CY24 MDPP Payment Structure

HCPCS G-Code	Payment Description*	CY 2024
G9886*	Behavioral counseling for diabetes prevention, in-person, group, 60 minutes	\$25
G9887*	Behavioral counseling for diabetes prevention, distance learning, 60 minutes	\$25
G9880	5 percent weight loss (WL)Achieved from baseline weight	\$145
G9881	9 percent WL Achieved from baseline weight	\$25
G9888**	Maintenance 5 percent WL from baseline in months 7-12	\$8
G9890	Bridge Payment	\$25
	Subtotal Maximum Attendance-Based Payment	\$550
	Total Maximum Payment	\$768

<sup>\*</sup>Medicare pays up to 22 sessions billed with codes G9886 and G9887, combined, in a 12-month period:

Months 1-6: 1 in-person or distance learning session every week (max 16 sessions)

Months 7-12: 1 in-person or distance learning session every month (max 6 sessions)

<sup>\*\*</sup> Suppliers must submit claim for 5 percent weight loss (G9880) prior to submitting claims for the maintenance 5 percent WL from baseline in months 7-12 (G9888).

# Questions?

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## Resources



### Access all the latest materials, webinars, and information about MDPP

• MDPP Website: <a href="http://go.cms.gov/mdpp-exp">http://go.cms.gov/mdpp-exp</a>



### Ask questions of the MDPP model team

MDPP Supplier Support Center: <a href="https://cmsorg.force.com/mdpp">https://cmsorg.force.com/mdpp</a>



### Stay updated, ask questions, or provide feedback

• Sign up for our listserv by emailing <a href="mailto:mdpp@cms.hhs.gov">mdpp@cms.hhs.gov</a>



### Read the CY2024 PFS Final Rule

• <a href="https://www.federalregister.gov/public-inspection/2023-24184/medicare-and-medicaid-programs-calendar-year-2024-payment-policies-under-the-physician-fee-schedule">https://www.federalregister.gov/public-inspection/2023-24184/medicare-and-medicaid-programs-calendar-year-2024-payment-policies-under-the-physician-fee-schedule</a>