

# The MDPP Bulletin

April 2024, Issue 1



Welcome to the Centers for Medicare & Medicaid Services (CMS) Medicare Diabetes Prevention Program (MDPP) Model quarterly supplier newsletter, *The MDPP Bulletin*. In this issue, you will find program announcements, answers to frequently asked questions, and MDPP supplier success stories.

## Announcements and Reminders

### Updated MDPP Website and Resources

The [MDPP website](#) was recently updated to include new resources and guidance for MDPP suppliers, including the [Diabetes Self-Management Education and Support \(DSMES\) Enrollment Checklist](#), [FAQs](#), and more. If you are working with Medicare Advantage Plans in your region, visit the [Medicare Advantage Plan Directory](#) to find an updated listing of Medicare Advantage (MA), Cost, Program of All-Inclusive Care for the Elderly (PACE), and Demonstration Organizations.

### Special Opportunity to Accelerate Participation in the MDPP

To become a MDPP supplier, preliminary, full, or full plus recognition from the Centers for Disease Control and Prevention's (CDC's) Diabetes Prevention Recognition Program (DPRP) is required. As of January 1, 2024, American Diabetes Association (ADA)-recognized and Association of Diabetes Care and Education Specialists (ADCES)-accredited Diabetes Self-Management Education and Support (DSMES) delivery organizations can be fast-tracked by the DPRP to preliminary recognition, skipping the 12-month pending recognition stage. A [DSMES enrollment checklist](#) is available for DSMES Delivery Organizations who would like to learn more about this opportunity and how to enroll as a MDPP supplier.

## Welcome!

The Centers for Medicare & Medicaid Services' (CMS) Medicare Diabetes Prevention Program (MDPP) is an evidence-based behavioral intervention that aims to prevent or delay the onset of type 2 diabetes for eligible Medicare beneficiaries diagnosed with prediabetes through a combination of diet, physical activity, and weight loss. MDPP beneficiaries can attend up to 22 sessions, either in-person or via distance learning within a 12-month period.

## Save the Date

4/16/24, 5/21/24

[DPRP Office Hours](#)

2-3pm EST



CDC-recognized organizations are invited to attend DPRP Office Hours. National Diabetes Prevention Program (National DPP) and DPRP subject matter experts will answer questions pertaining to the presented topic.

9/11/2024 & 9/12/2024

**Virtual MDPP Supplier Summit**

12-4pm EST

For a full list of upcoming events, please visit our [MDPP learning calendar](#).

### Calendar Year (CY) 2024 Physician Fee Schedule Updates

- MDPP suppliers can now bill Medicare for each session attended (up to 22 sessions) during the 12-month period of MDPP services.
- Suppliers may continue to receive performance payments for:
  - Beneficiaries who achieve 5% or 9% weight loss.
  - Beneficiaries who maintain 5% weight loss for each session in the core maintenance period.
- To simplify the billing process, MDPP suppliers are paid for beneficiary attendance at each MDPP session. G-codes indicating whether a session was provided in-person (G9886) or via distance learning (G9887) have replaced the virtual modifier.
- Claims for achieving 5% or 9% weight loss (G9880 or G9881) with a date of service (DOS) on or after January 1, 2024, should have an attendance claim (G9886 or G9887) with the same DOS as the weight loss claim.
- If the 5% or 9% weight loss (G9880 and G9881) is based on a virtual weight collection associated with a distance learning session, then G9887 (distance learning G-code) should also be submitted with weight loss claim.
- Expanded coverage of diabetes screening tests to include the Hemoglobin A1C (HbA1c) test.
- [Payment transition guidance](#) is available for MDPP suppliers. Refer to the November 2023 [webinar on CY 2024 PFS changes](#) to learn more.

## Frequently Asked Questions

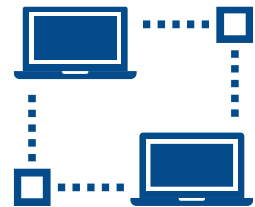
Each issue of *The MDPP Bulletin* will highlight important FAQs from the MDPP website. This issue will focus on **distance learning**. See the [FAQs](#) page for a full list of questions and answers pertaining to MDPP.

**Q: What if a beneficiary moves to a location where there is no MDPP supplier after he or she has started receiving the set of MDPP services?**

**A:** If there is no MDPP supplier in the new location, the beneficiary can attend virtual sessions through distance learning (e.g., a live virtual classroom), if offered. The beneficiary may also identify other MDPP suppliers that offer distance learning delivery of MDPP services.

**Q: Can a FFS Medicare patient enroll with any MDPP supplier offering distance learning MDPP sessions, even if the supplier is located in a different state?**

**A:** Yes. Eligible FFS Medicare patients can enroll with any MDPP supplier offering MDPP sessions via distance learning, regardless of where the patient and supplier are located.



**Q: Can MDPP suppliers offer distance learning MDPP sessions to FFS patients living in other states?**

**A:** Yes. Suppliers must ensure that all patients are eligible for MDPP under FFS Medicare and follow all CDC DPRP Standards for distance learning. All MDPP suppliers must maintain the capacity to offer MDPP services in person, even if they are currently delivering most or all MDPP sessions via distance learning.

**Q: How should MDPP suppliers submit claims for MDPP sessions delivered via distance learning to patients located in other states?**

**A:** MDPP suppliers should submit all claims for MDPP services to their MAC, regardless of where the patient is located. The claims submission process will be the same for MDPP sessions delivered via distance learning as for MDPP sessions delivered in-person. MDPP suppliers should use “Other” (99) as their Place of Service (POS) code for sessions delivered via distance learning and that the Virtual Modifier (VM) is not required on claims for G9887. For MDPP billing, claims may list the currently enrolled location (not the coach’s home address) as the POS in CY 2024.

## MDPP Supplier Success Stories

Each issue of the *MDPP Bulletin* will feature MDPP suppliers and highlight their successes. This month, we’re introducing Providence St. Joseph Health – Oregon and the Johns Hopkins Brancati Center. We’d like to hear from you! If you have a success story and would like to be featured in an upcoming newsletter, please email us at [mdpp@cms.hhs.gov](mailto:mdpp@cms.hhs.gov).



### Providence At-A-Glance

- MDPP supplier since 2018
- Launches an average of 8 MDPP cohorts per year
- Employs 4 coach contractors and 1 substitute coach
- Utilizes a digital outreach campaign to recruit beneficiaries in alignment with planned MDPP cohort start dates

### Providence St. Joseph Health – Oregon

Special thanks to Sareena Oncea, Mo Morris, and Kelly McLaughlin from Providence St. Joseph Health – Oregon for sharing your best practices with the MDPP community!

### Digital Outreach Campaign

Providence’s digital outreach campaign has been successful in generating MDPP referrals while reducing administrative burden. This campaign selects eligible patients and automates outreach for MDPP. Providence launched their digital outreach campaign under a [1705 grant](#) with the CDC through [Comagine](#), a nonprofit health care consulting firm. In 2021, Providence piloted their digital outreach campaign in collaboration with [Xealth](#), a digital care platform which connects to the EHR. The pilot was fully expanded by 2023 to all 53 PSJH-Oregon clinics.

Providence conducts digital outreach to potential MDPP participants about 5-6 weeks before cohorts begin. Xealth identifies eligible potential participants and sends them an email invitation to an upcoming MDPP information session. Information sessions occur 2-3 weeks before MDPP cohorts begin. This gives patients time to attend an MDPP information session and enroll in an MDPP program, while giving coaches and program administrators ample time to prepare for their cohorts.

Prior to launching the digital outreach campaign in 2021, Providence averaged 5 cohorts a year with 2-3 lifestyle coaches. Since then, enrollment has easily doubled, and Providence launches an average of 8 MDPP cohorts a year with 12-22 participants per cohort. Since launching the digital outreach campaign, Providence has noticed an increased retention rate among MDPP participants. Their MDPP programs boast an average 86% retention rate at 6 months, and 80% at one year.

Prior to launching the campaign, staff spent numerous hours on MDPP marketing and outreach, including calling and sending postcards to potential MDPP participants, sending electronic letters through the

patient portal, traveling to local clinics, attending staff meetings, and distributing flyers. While these approaches increased enrollment, they were time-consuming and unsustainable. Once launched, the digital outreach campaign significantly decreased administrative burden.

While referrals are still made by healthcare providers at the point of care, the digital outreach campaign has become the main source of referrals for Providence’s MDPP. Providence does digital outreach in waves, and outreach may reach up to 3,500 people per wave. This campaign spreads the word about MDPP more widely than providers would be able to achieve at the point of care alone.

### **Overcoming Challenges with Distance Learning**

Providence offers MDPP entirely via distance learning. To navigate technical challenges associated with distance learning, Providence MDPP coaches set up “tech hours” 30-minutes before class. Coaches help participants with common challenges such as making sure their microphones and cameras were working properly prior to the MDPP session. Providence shared that technical issues among participants have been minimized over the years due to this support.

One challenge associated with distance learning is documenting weight measurements. Providence has streamlined a weight capture process for MDPP participants. Coaches schedule 1-2 hours on each MDPP session date to conduct live weigh-ins via Zoom. Participants are scheduled in 15-minute intervals for live weigh-ins. Coaches set up a HIPAA-compliant virtual waiting room where participants remain until their individual weigh-in time. The same link is used for live weigh-ins and MDPP sessions, and participants can access this link through MyChart® and the patient portal. This streamlined approach to weight capture reduces the amount of time coaches spend providing technical support to participants and reduces participant burden associated with taking time-stamped photos.

### **Words of Advice**

Relationship building, networking, and communication contributed to Providence’s success with MDPP outreach and programming. Providence staff meet regularly with other health systems in their area and emphasize the importance of collaboration with community programs. Patience and perseverance also led to sustainable improvements in MDPP recruitment and retention.

### **Johns Hopkins Brancati Center – Maryland**

Special thanks to Megan Brown from the Johns Hopkins Brancati Center for sharing your best practices with the MDPP community!

### **Wraparound Services**

The [Johns Hopkins Brancati Center](#) offers wraparound services to promote equitable access to MDPP. Since 2023, 17% of MDPP participants have utilized wraparound services. Staff attribute their 72% retention rate in part to wraparound services and

### **Brancati Center At-A-Glance**

- MDPP supplier since 2018
- Launches an average of 20-25 MDPP cohorts per year
- Employs 7 full-time coaches
- Offers wraparound services to promote equitable access to MDPP

community partnership. The Brancati Center employs 2 full-time community health workers (CHWs) to facilitate outreach, provide wraparound services, and track wraparound service utilization through an EMR. Since 2018, the Brancati Center has received a majority of its funding for wraparound services from the state of Maryland.

Wraparound services include transportation, technology, and food access. The Brancati Center partners with [MTA Mobility](#) and has a contract with Lyft to assist participants who need reliable transportation to join in-person cohorts. State-based funding has allowed the Brancati Center to offer technology devices on loan to MDPP participants for 1 year. They also partner with [Moveable Feast](#), a structured food-based program in Baltimore City that delivers medically tailored meals to qualifying participants struggling with food insecurity. CHWs refer MDPP participants to community resources if they are struggling to pay utility bills, pay for internet services, or find a healthcare provider.

At enrollment, MDPP participants complete a 16-item online survey that assesses social determinants of health (SDOH) and barriers to MDPP participation. This survey addresses topics such as food insecurity, transportation needs, and financial strain. If SDOH needs are identified in the survey results, CHWs follow up with the participant to determine which wraparound services are needed. CHWs also document SDOH data in the EMR so the participants' health care providers can see the results. In the past 6 months, there has been a 95% response rate for this survey among Medicare enrollees.

### **Community Outreach**

While 60-70% of MDPP referrals are made by health care providers at the point of care, the rest are made through community outreach. The Brancati Center promotes MDPP at 3-4 outreach events per month. These outreach events include health fairs at community- and faith-based organizations and local health expos.

The Brancati Center offers A1C screenings at outreach events. These screenings are conducted by coaches and CHWs in collaboration with an on-site physician who interprets results for participants. Additionally, the Brancati Center partners closely with 10 Baltimore City churches to do community outreach. Since 2016, this partnership has allowed the Brancati Center to promote MDPP to a wider audience.

### **Words of Advice**

Building relationships with community partners has been instrumental in the Brancati Center's success with MDPP. The Brancati Center emphasized the importance of maintaining connections within the community. For suppliers without wraparound services, knowledge of local referral sources such as food pantries and affordable connectivity programs for internet can greatly improve access and outcomes for MDPP participants.



*We welcome feedback from MDPP suppliers! If you have suggestions for future newsletter topics or outreach events, please email us at [mdpp@cms.hhs.gov](mailto:mdpp@cms.hhs.gov). Thank you for reading and have a great day!*