

Centers for Medicare & Medicaid Services
Safety-Net Providers
Open Door Forum
Moderator: Jill Darling
March 21, 2018
2:00 p.m. ET

Operator: Good afternoon, my name is (Jamaria) and I will be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare & Medicaid Services Safety-Net Providers Open Door Forum.

All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there will be a question-and-answer session. If you would like to ask a question during this time, simply press star, then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

Ms. Jill Darling, you may begin your conference.

Jill Darling: Thank you, (Jamaria). Good morning and good afternoon, everyone. I'm Jill Darling in the CMS Office of Communications, and thank you for joining us today for the Safety-Net Providers Open Door Forum. Even though the government is closed today due to the snow, we were still having today's call. So we appreciate you joining us today.

Before I hand the call off to our Chair Rita Vandivort, one brief announcement from me, this Open Door Forum is not intended for the press. Any 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 Q&A portion of the call. If you have any inquiries, please contact us at press@cms.hhs.gov.

And now, I'll hand the call off to our Co-chair, Rita Vandivort.

Rita Vandivort: Hi, thank you, Jill. Yes, neither snow nor sleep will stop the Safety-Net Providers Open Door Forum. And we appreciate that you have joined us today. Corinne and I worked to try to provide the latest information to you, but if you have suggestions, please write either Corinne or myself and we'll be glad to try to put it on the next quarterly Safety-Net Providers call.

So with that, let me turn it over to Corinne Axelrod. Corinne?

Corinne Axelrod: Thank you, Rita. Hi, everybody. This is Corinne in the Center for Medicare and Medicaid Services.

And just a couple of things, I wanted to just let everybody know that we have recently updated our webpage for FQHCs and we have an updated version of the chapter 13 policy manual that includes information on care management services and some additional information on care management services on the webpage and some new FAQs. So if you're interested in furnishing care management services, I would encourage you to check on our website and get the most up-to-date information.

Our first speaker today is Carlye Burd from the Centers for Medicare and Medicaid Innovations, CMMI, and she is the program lead for the Medicare Diabetes Prevention Program. And even though FQHCs are not eligible to bill for MDPP services, we thought it would be really helpful to have her talk about these services, so that FQHCs can work with others in their community if these services are being provided by a school or church or other organization, so that the FQHCs can – will know about the program, can refer if appropriate, their patients to these programs and just have a better understanding and perhaps be able to coordinate more in their communities.

So I want to turn it over now to Carlye, who'll tell you about the Medicare Diabetes Prevention Program. Thank you.

Carlye Burd: Great. Good afternoon, everyone. This is Carlye Burd, and thanks so much for joining today, and thanks Corinne, for that introduction.

What I'm going to be doing today is, I will be walking through a high level summary of the Medicare Diabetes Prevention Program, talking about what it covers for beneficiaries under this new expanded model, who is eligible for these services, who will be providing the services under the programs, and some key facts for clinicians to know about this program.

I will be using the MDPP overview fact sheet document which is actually linked to on the agenda that was sent out for this meeting. So if you wanted to open that up and follow along with me that is what I'm going to be going through. But hopefully, I'll be able to talk in a high enough level, so that those of you who are not following along with that fact sheet can still follow along.

So the Medicare Diabetes Prevention Program is at its essence a new covered service that Medicare will be beginning to cover for eligible beneficiaries starting April 1st of this year. And the program is considered a preventive service. So that means it will be – it will not require any kind of co-pay or (co-insurance) for these beneficiaries.

And what is covered to the model? So the program covers structured sessions with a lifestyle coach. And these sessions follow a CDC-approved curriculum and provide training in dietary change, increase physical activity and weight loss strategies. I think we're all aware that these are important elements to preventing diabetes.

So those beneficiaries that will be attending this program who have pre-diabetes, and will work with their coach to change their behavior with the ultimate goal of losing at least 5 percent of their body weight, which is the percent change in body weight that has been clinically associated with the reduction and risk of diabetes.

The program covers up to two years of these coaching sessions. During the first year, the sessions are more frequent. The first six months includes weekly sessions. And then the second six months, the program turns over to monthly follow-up sessions and these are really to maintain that weight loss that would hopefully achieve in that first six months and to reinforce the

learnings and the behavior change strategies that were taught at the beginning of the program.

And Medicare is paying for these services through a performance based payment structure through the CMS claim system. So the – excuse me. I'm getting a call right now. I'm trying to end it. So the CMS claims system will be making the payment issue that supplier; that will be providing these services in their communities.

And the payment can range from \$125 up to \$670 per beneficiary over the course of two years. And this payment amount depends on the beneficiary's attendance and weight loss.

So what does the program mean for beneficiaries as well? Beneficiaries can access the existing programs starting April 1st, and we'll have coverage for the services with no co-sharing as I mentioned earlier. And who is eligible for these services? Beneficiaries have to enroll in Part B. Otherwise, we'll note that this is also because it's considered a preventive service, Medicare advantage plan and beneficiaries that have part C will also be covering that service.

Beneficiaries have to meet certain BMI and blood test requirement to indicate that they have pre-diabetes. Beneficiary can't have any history of type 1 or type 2 diabetes.

What does this mean for providers? So, the Medicare Diabetes Prevention Program does not require a physician referral, which is really important because beneficiaries might find out about these services being offered through organizations such as the YMCA or as Corinne mentioned their local school or church.

However, clinicians play an extremely important role in helping beneficiaries understand their risk of diabetes and their treatment options. For example, physicians will be facilitating beneficiaries receiving those blood tests that are required for beneficiaries to enter the program.

We also know that beneficiaries and most adults are not aware of having pre-diabetes. The statistic that we commonly cite is that only 14 percent of adults, 65 and older that have diabetes are actually aware of this condition. So clinicians play a really crucial role in helping these beneficiaries identify their risk of diabetes, identify that they have pre-diabetes and then potentially making them aware of the Medicare Diabetes Prevention Program in their areas that they can access to help prevent their risks of developing diabetes.

So who is providing the MDPP services? So there are a couple of key things to know about the organizations that will be providing the MDPP services. These organizations as a pre-requisite have to have CDC recognition. CDC has an existing program called the National Diabetes Prevention Program and CDC has been administering this program for several years now. And they have a recognition program that is kind of similar to an accreditation program. So any organizations that will be providing MDPP services and getting paid by Medicare have to have that CDC recognition.

In addition to having that CDC recognition, these organizations will enroll in Medicare just like any other provider has to enroll in Medicare to receive payment from Medicare.

And within that enrollment, there are several requirements that they have to meet, but it's important to note that this is a unique enrollment type and we established unique MDPP supplier class specifically for this purpose. So any existing provider that already is enrolled in Medicare has to undergo the same process of both obtaining CDC recognition as pre-requisite. And then, enrolling in Medicare as an MDPP supplier. And those two things have to happen prior to the furnishing of and receiving payment for MDPP services.

Some key dates for you to know, we finalize our rule making just as half November, so this is a very new program that rule effectuated supplier enrollments beginning in January. So that's – when this organization such as the YMCA and a lot of Local Health Departments, begun to put together their enrollment applications and submit them to CMS. The enrollment application process does take some time. So, we are still in that process of reviewing these enrollment applications that have come in.

It's important to note that enrollment is continuous, there is no end date for the prior enrollment. So the more organizations that become eligible to enroll, the more suppliers we will enroll in Medicare overtime, and the greater access beneficiaries will have to these services. But it will take sometime as this is a new program.

April 2018, is the first date when the supplier has begun furnishing and billing Medicare for MDPP services. And again, these are only the enrolled suppliers, so it will be a handful at first and then continue to grow over time as more suppliers become enrolled.

Now, few other things that I wanted to mention for you all that I think really important for you to know, there's three key points. One is if you are a provider, you should familiar yourselves with – familiarize yourselves with the eligibility criteria for MDPP services. And these are listed in that overview fact sheet that I just went through. And it's important to get familiar now with those services – with those criteria, because beneficiaries can actually receive blood test up to a year in advance of starting MDPP services.

So second important thing for you to know and what you can do now, is to get familiar your local DPP organizations in your area. And as I mentioned it may takes time before they actually become suppliers, because the enrollment process does take time but you can reach out in the meantime to the DPP organizations in your area to determine whether they plan to enroll as a supplier and potentially start forming relationships to refer your pre-diabetic patient to these organizations, once they become suppliers. So probably naturally asking where can I find that list of organizations.

So the CDC had the registry online, where you can find the list of all the organization that are eligible for MDPP supplier enrollment. So, there's two ways that you can go back finding that list. You can just Google CDC registry of recognized organizations or you can go to our website which is go.cms.gov/mdpp, and click on the updated guidance on the list of organizations, that have supply among the page.

We're also going to see posting a list of suppliers after they have – their enrollment applications has been approved. And that map will become available continue spring. And we will notify the public once that is available. So if you do want to receive that notification. Again you can go to our website, go.cms.gov/mdpp and sign-up for our listserv and you will receive notification when that supplier map is available.

The third important thing you can do now. And this may or may not apply to your organization, but there are steps to take to become MDPP suppliers. In terms of many resources on our website and actually we've included these resources in the agenda of the (CDM). So, there's an enrollment fact sheet. And it talks through the steps prior to actually enrolling that new organizations would need to take in (lessons), thing such as setting up I&A account, PECOS account and getting NPIs. And some of those more technical details.

And then there's also an MDPP enrollment checklist. And this walks through the types of information that are required for that enrollment application. I tell you and encourage you, if you are interested and if your provider, or if you are part of an organization that is interested in becoming an MDPP supplier to sign-up for our list or there's also MDPP mailbox. You can find that the web address or the e-mail address on our website.

Again and then there's also a help desk number on our website. But you can call if you have question. But I would definitely encourage you to first look at our website and this kind of information on our website and resources there. And then if you can't get your question answered, definitely reach out to our mailbox or help desk.

So with that, I will turn back over to Jill. Thank you so much.

Jill Darling: All right, thank you, Carly. Next we have (Cecilia Blandio) who – we're going to be Emergency Preparedness Rule, overview and where we are now.

(Caecilia Blondiaux): Thank you, Jill. Good afternoon, everybody.

So, I just want to recap really quickly where we are now with the Emergency Preparedness Rule. As many of you are aware the rule on Emergency Preparedness published in September 2016 became effective in 2016, and had a one year delayed implementation date to ensure that providers inspired could come into compliance with the requirements by November 15th of last year.

Where we are now, is that we started serving after November 15th 2017. The regulation applies to all 17 provider and supplier types. Compliance is required for participation in Medicare. One thing that's really important to know is that the Emergency Preparedness Rule and the requirements of the rule are just one of the conditions of participation or coverage that many facilities, many provider types already have to meet. And that we are surveying the facilities for compliance with emergency preparedness requirement in conjunction with their existing survey cycle. So the same enforcement process takes place if a facilities is found out of compliance.

So just as a recap, the Emergency Preparedness Rule had four core elements which are the Risk Assessment and Planning, the Policies and Procedures, the Communication Plan and the Training and Testing program which make up the emergency preparedness program as a whole for facilities. So all providers must develop an emergency plan using an all hazards approach. We've defined all hazards as is an integrated approach to emergency preparedness planning that focuses on the capacities and capabilities that are critical to spectrum of emergencies or disasters.

So one thing we really want to focus on is not to just focus on natural disasters but also look at a man-made emergencies that could occur and what is specific to a provider's or supplier's; geographic location. These disasters and hazards may include anything that are care related emergencies, equipment and power failures, interruptions in communication, lost of portion or all of the facility and interruption to a normal operation such as the food, water. So we really require that the facilities do a risk assessment based on their geographic location, but make it an all hazards approach when looking at it.

With the exception of transplant programs which are already incorporated under the transplant hospital emergency plans. The 17 providers and suppliers

are required to be in compliance with these four core elements. The Emergency Preparedness Rule when it came out, it was based on the hospital emergency preparedness requirement. But there are variations between different providers type.

So for instance long term care and your intermediate care facilities with individuals with intellectual disabilities, your ICF-IIDs, they have to account for missing residents. Another variation is subsistence needs, required only for inpatient providers. Home health agencies and hospices have to inform officials – emergency officials of patients in need of evacuation. So there are very many of variation between the provider types.

So, just going over the four provisions. All four provisions that are considered the core elements are required on an annual basis. So, your development of an emergency plan based on the risk assessment. And all hazards approach, the policies and procedures, the facilities have to develop and implement the policies and procedure based on the risk assessment. And that must address a variety of issues to include subsistence needs, you know, your evacuation procedures for sheltering and place, tracking a patient and staff during an emergency.

So, the communication plan is also an annual update. We want to make sure that you have the state and local emergency officials contact information. But also really its intent is to coordinate patient care within the facility and across healthcare providers in an emergency. So, knowing who to contact at the state level or the region and within your own community for assistance.

Then the last element is the Training and Testing Program. Facilities are currently required to conduct drills exercises and provide internal training to staff. And there's another one requirement where we had some inquiries on. It's about the temperature controls and emergency standby power system.

So, under the policies and procedures for subsistence needs and there is a requirement for alternate source energy. But under there's also standard E and standard E only applies to long term care critical access hospitals and hospitals which talks about the actual emergency power and standby system.

So, what we've done now which I think is, you know, really helpful to all of you is in September of last year, we published the surveyor training for emergency preparedness. And within this, on this platform, which is on our website, I think you were provided the link and it's a cms.gov survey and certification Emergency Preparedness. But under this, we have the surveyortraining.cms.hhs.gov. And our surveyor training is actually also accessible and available for providers and suppliers. So, if you want to get the same type of training, our surveyors are getting, it's now accessible. When you open the platform it will ask, are you a surveyor, are you a provider and it will allow you to take the training that is accessible to our surveyors.

So, again, just a recap, we begun surveying for compliance late November and the surveys are being conducted by either health surveyors or life safety code surveyors in conjunction with the regular scheduled surveys. And we did do some data analysis so far looking at, you know, the citations we're getting between from November to now. And it looks about give or take 26 percent of facilities are being cited for an Emergency Preparedness tag at least one of them. And looking, diving a little more into it, we've seen that the facilities are either being cited for one of those general requirement. Or they're being primarily cited for the training and testing.

So, one thing that I really want to mention is the Training and Testing part of the Emergency Preparedness requirement, requires the facility to conduct to full scale exercise that's community based. Or when not acceptable conduct an individual facility based exercise. And then they also have to do with second exercise of their choice which could be a full scale exercise or a table top exercise or an individual facility-based exercise.

So, one thing what we have feedback on is that for instance facilities are reaching out to their state and local emergency official. And they're unable to coordinate or be part of the state wide exercise for unknown reasons. So, what we want to make sure is facilities if that is the case, they conduct an individual facility-based exercise to test their Emergency Preparedness program.

Another good thing to look at, is conducting the tabletop exercise prior to doing a full scale or individual facility-based exercise, just because it tends to highlight some areas that you may have not thought about. It may strengthen or clarify before you go out and conduct a real community based exercise.

Another thing is to look at, the rule for a lot of flexibilities. So, we're not advising how to document the plans. So we're not saying use that form. Or, you know, it must be setup in this certain format. So, what we want to just to make sure of is that, when the surveyor is on site that the facility can demonstrate compliance through the documentation as outlined in our state of operations manual Appendix Z, which covers emergency preparedness for all providers and suppliers.

But really just to have providers and suppliers, look at our Appendix Z that covers the Emergency Preparedness, because it does give these surveyor notes of look at this type of documentation does the facility. But there's no specific format. So just making sure that whoever is on site during the survey is able to provide a survey or that information, if he or she should ask for it.

Next step, we're actually going to look at pulling theoretically some of the data and see if there's any trends in certain areas whether training and testing. Obviously, this year was a little bit tough for facilities, because they we're waiting on an interpretive guidelines to come out but really looking at timelines or there trend.

And then, we will partner up with some agencies such as or ASPR TRACIEs colleague that has been fantastic and helping us out to look and see what we can put out there to assist providers and suppliers. And just really not to recreate that we all or reinvent the way with this.

On our website, we do have a link to our ASPR TRACIEs colleagues, so that is the Assistant Secretary for Preparedness and Response. Their Technical Resource Assistance Center and Information Exchange. And when you click on those links, one thing that's been really great about partnering with us or TRACIE on this rule, is we wanted to have an area where providers and

suppliers to go and say hey, I have no idea how to start a risk assessment, or how should I put together our training program.

So, ASPR TRACIE, if you contact them, they'll be able to provide a little bit of resources to you, checklist that may support you developing your program. And not to lose the site of behind the rule. So, the intent behind the Emergency Preparedness final rule is to collaborate and coordinate with emergency officials to ultimately improve patient access to care and continuing care during disasters.

One thing we stress is assist one another, utilize the healthcare coalitions that are out there, Public Health Department, Emergency Preparedness Experts and share lessons learned with one another as well.

So, with that being said, we do have mailbox that was in the agenda (scgemergencyprep@cms.hhs.gov). Any questions, you're happy to e-mail that e-mail box and we'll try to respond within three or four working days to your inquiries.

And with that being said, I'll turned it back over to Jill.

Jill Darling: All right, thank you, (Caecilia). And thank you to Carlye.

I think you were breaking out at the very end when you were going over the e-mail for emergency preparedness. So, I'll repeat it for those who don't have the agenda. It's S as in Sam, C, G, E, for emergency, scgemergencyprep@cms.hhs.gov. So, (Jamaria), we will go into our Q&A please.

Operator: As a reminder, ladies and gentlemen, if you would like to ask a question, please press star then the number one on your telephone keypad. If you would like withdraw your question, please press the pound key. Please limit your questions to one question and one follow-up to allow other participants time for question. If you require any further follow-up, you may press star again to rejoin the queue. And we'll pause for just a moment to compile the Q&A roster.

Again, as a reminder, if you would like to ask a question, press star then the number one on your telephone keypad.

And at this time, there are no questions in queue.

Jill Darling: All right. Everyone, this is Jill. I'll hand it off to Rita or Corinne for any closing remarks.

Corinne Axelrod: Well, this is Corinne. And I would just say, thank you to our speakers who provided some excellent and important information. And, you know, as Rita said at the beginning, if you have other topics that you'd like us to address on the next open door forum call, please let us know. And we're happy to get a speaker who can address that topic.

Rita, is there anything else that you wanted to add? Rita might be on mute, so Jill.

Rita Vandivort: You are right, Corinne. Thank you very much. I just want to echo what Corinne said, and I thank our speakers for providing such informative talks. And we hope that you let us know, what you would like to hear next.

With that, I'll turn it to Jill.

Jill Darling: All Right. Thank you, Rita and Corinne.

So, thanks everyone for joining us today. Hopefully you're having better weather than us in Baltimore. So, the next Safety-Net Providers Open Door Forum will be in a few months. So, be on the look out for the agenda. So, thank you everyone, have a great day.

Operator: Thank you for participating into the Safety-Net Providers Open Door Forum Conference Call. This call will be available for replay beginning at 5:00 p.m. Eastern standard time today, March 21st, 2018, and ending at 11:59 P.M. Eastern time on Friday, March 23rd, 2018.

The conference I.D. number for the replay is 31647889. The number to dial for the replay is 855-859-2056.

This concludes the call, you may now disconnect. Presenters, please remain.

END