# Medicare Diabetes Prevention Program (MDPP) Expanded Model

## *Crosswalk Guidance*

*Centers for Medicare & Medicaid Services (CMS)*

*Center for Medicare and Medicaid Innovation (CMMI)*

# Disclaimer

This presentation 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 presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation 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.

# Agenda

**The agenda for today's presentation is outlined below.**



Note: Full crosswalk guidance can be found at: https://innovation.cms.gov/Files/x/mdpp-crosswalk-guidance.pdf

# MDPP Background

# The Medicare Diabetes Prevention Program (MDPP)

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


Up to 2 years of sessions delivered to groups of eligible beneficiaries

As a **Medicare preventive service**, there are no out-of-pocket costs.


Coaches furnish MDPP services on behalf of MDPP suppliers

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

# MDPP Beneficiary Eligibility Requirements

**MDPP is available to Medicare beneficiaries with an indication of prediabetes.**

## Medicare Eligibility

Beneficiaries must have coverage through Original Medicare (Part B) or Medicare Advantage (Part C)

## Blood Tests and Body Mass Index (BMI)

Beneficiaries must present one of three blood tests indicating prediabetes **and** BMI of at least 25 (or 23 if self-identified as Asian).

## Other Medical History

Beneficiaries must not have a previous diagnosis of diabetes or End Stage Renal Disease, and no previous receipt of MDPP services

# Medicare Diabetes Prevention Program (MDPP) Journey

## MDPP suppliers who are ready to submit crosswalk data have reached step 5 of the MDPP Journey.

### Apply for CDC recognition

Apply to the Centers for Disease Control and Prevention (CDC) Diabetes Prevention Recognition Program (DPRP).

1. Submit an application online to become a CDC-recognized organization.
2. Offer the program for 12 months.
3. Submit evaluation data to CDC every 6 months.

### Achieve CDC preliminary or full recognition

Organizations must obtain CDC preliminary or full DPRP recognition before enrolling as an MDPP supplier.

- CDC preliminary or full DPRP recognition helps assure that organizations have the capacity to become MDPP suppliers.
- Visit the CDC's Customer Support Center at https://nationaldppcsc.cdc.gov/s/ for information on CDC recognition.

### Provide MDPP services and submit claims

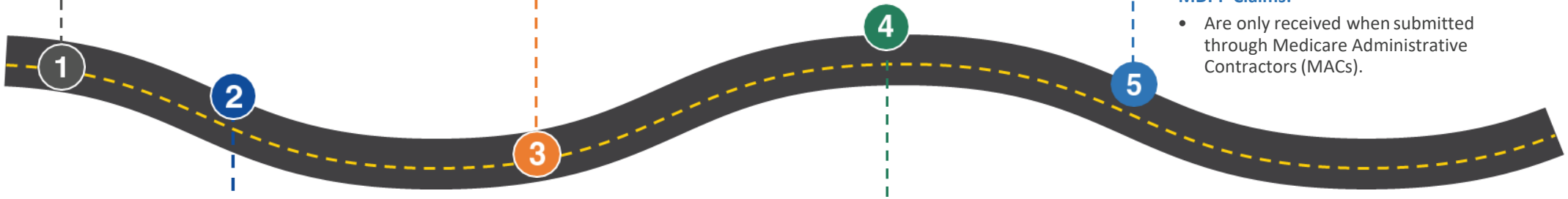
MDPP suppliers can bill Medicare for delivering MDPP services.

**MDPP Services:**

- Include up to 2 years of sessions dependent on beneficiary weight loss and attendance.
- Follow a performance-based payment structure of up to $689 per eligible beneficiary.

**MDPP Claims:**

- Are only received when submitted through Medicare Administrative Contractors (MACs).




### Prepare to enroll as an MDPP supplier

Learn about MDPP enrollment requirements as you work towards CDC recognition.

- Visit the MDPP website and review enrollment materials such as the Enrollment Fact Sheet[1] and the Enrollment Checklist[2].
- Organizations should obtain a separate NPI to be used for MDPP enrollment in order to reduce claim rejections and denials that may occur if multiple enrollments are associated with a single NPI.

### Apply to become an MDPP supplier

Choose one of the options to enroll as an MDPP supplier after gaining CDC recognition:

- Enroll online using the https://pecos.cms.hhs.gov/pecos/login.do.**
- Submit a paper CMS-20134 form.

**Recommended

[1] https://innovation.cms.gov/Files/x/mdpp-enrollmentfs.pdf; [2] https://innovation.cms.gov/Files/x/mdpp-enrollmentcl.pdf

# Inter-Agency Coordination

**CMS and CDC each have unique roles and responsibilities with respect to MDPP services.**


**Payment, Enrollment, and Oversight Arm**

MDPP suppliers receive payment from CMS and must meet and remain compliant with requirements established by Medicare


**Quality Assurance Arm**

MDPP suppliers must maintain CDC recognition and follow CDC quality standards, including use of a CDC-approved curriculum

# Crosswalk Overview

# Crosswalk Fundamentals

**Closely tracking, recording, and monitoring beneficiary data is essential to the success of an MDPP supplier.**

## Overview

The crosswalk **matches beneficiary identifiers** used for your CDC performance data submissions **with the corresponding Medicare identifiers for each beneficiary who receives MDPP services.** This information will help facilitate the evaluation of MDPP.

## Supplier Requirement

Maintenance and submission of a crosswalk is an **MDPP supplier standard** that supplier's must meet to retain enrollment in Medicare as an MDPP supplier.

## Cadence

All MDPP suppliers must begin submitting crosswalks to CMS's evaluation partner after they have **furnished MDPP services for six months, then quarterly** thereafter.

# Crosswalk Logistics

## Crosswalks must be maintained by MDPP suppliers as a spreadsheet (e.g. Excel).

| | A | B | C | D |
|---|---|---|---|---|
| 1 | **CDC Organizational Code** | **Participant Code** | **Medicare Identifier(s)** | |
| 2 | CDC-provided organizational code of the entity providing MDPP services to the Medicare beneficiary | MDPP Supplier-created participant identifier that is also used for CDC data submission | Medicare Beneficiary Identifier (MBI) (when applicable); MBI is a randomly generated number being rolled out in phases beginning April 1, 2018. | Health Insurance Claim Number (HICN) (if applicable) Health Insurance Claim Number (HICN); the HICN is a Social Security Number (SSN)-based number assigned to beneficiaries. HICNs are being replaced by MBIs. |
| 3 | | | | |
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| 15 | | | | |

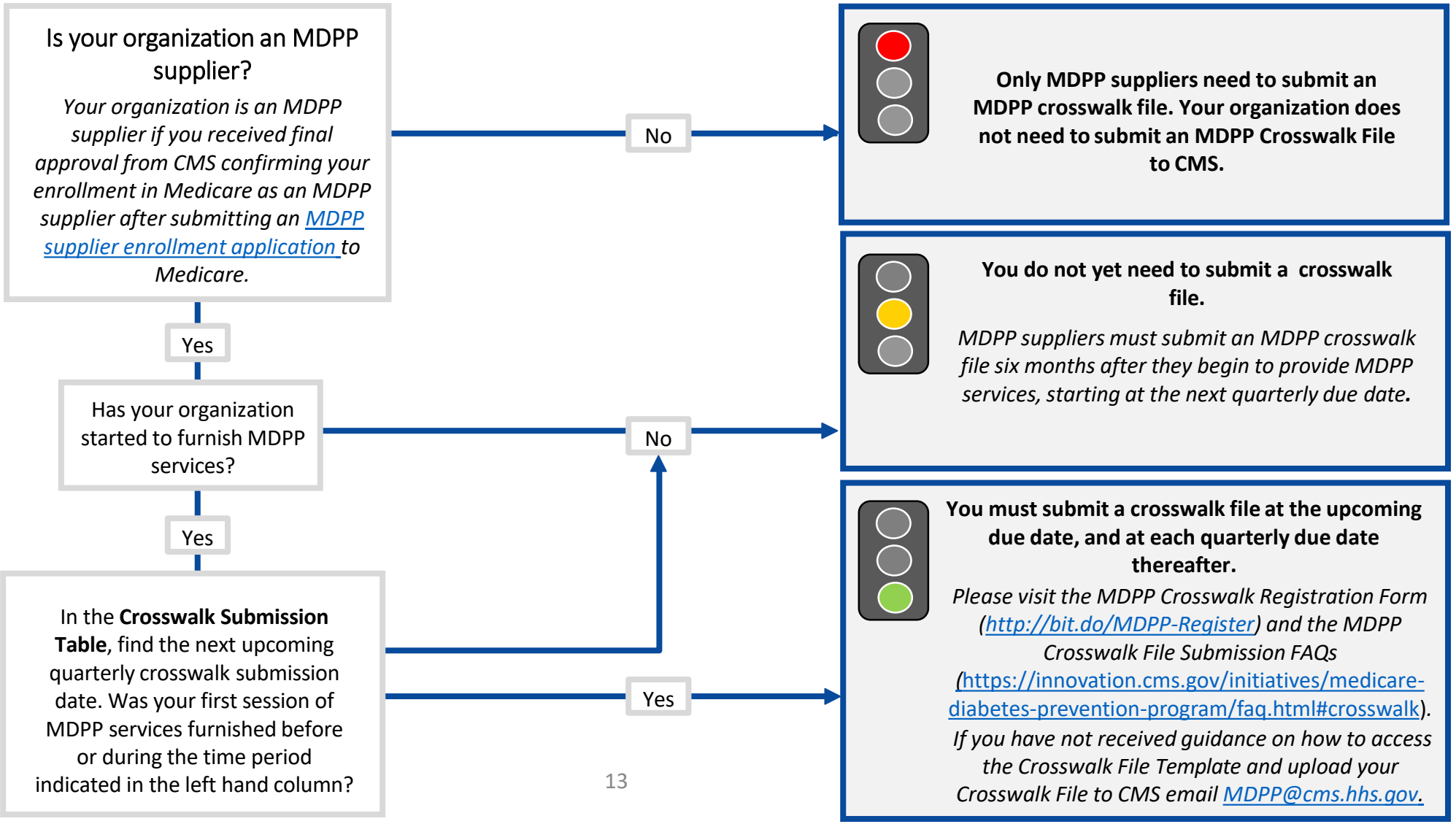
FFS Medicare | Medicare Advantage

The crosswalk exists as one file, divided into two tabs: **“FFS Medicare” and “Medicare Advantage”**

# Crosswalk Submission

# Crosswalk Submission

## The chart below outlines if a supplier must submit a crosswalk at the upcoming quarterly due date.



# Crosswalk Submission Due Dates

**To determine when your organization must submit its first crosswalk to CMS, you must identify the date that your organization furnished its first session of MDPP services.**

**Suppliers must submit their crosswalk…**


**Six months** after they begin furnishing MDPP services, starting at the next quarterly due date

*then…*


On a **quarterly basis** all suppliers must submit (as indicated by the due dates below)

## Crosswalk Submission Table

In the Crosswalk Submission Table, find the next upcoming quarterly crosswalk submission date

| Date of first MDPP service provided by MDPP supplier | Date of MDPP supplier's first crosswalk submission |
|---|---|
| Between January 1 and March 31 | October 15 |
| Between April 1 and June 30 | January 15 |
| Between July 1 and September 30 | April 15 |
| Between October 1 and December 31 | July 15 |

# Quarterly Submission Dates

**After the initial crosswalk submission, all MDPP suppliers must submit a quarterly crosswalk according to the table below.**

| Quarter 1 Due Date | Quarter 2 Due Date | Quarter 3 Due Date | Quarter 4 Due Date |
|---|---|---|---|
| **January 15th** | **April 15th** | **July 15th** | **October 15th** |
| **Additional MDPP Beneficiaries to include in Crosswalk File** | | | |
| All Medicare beneficiaries to whom at least one session of MDPP services has been provided by the Supplier on or before Dec 31 of the previous year | All Medicare beneficiaries to whom at least one session of MDPP services has been provided by the Supplier on or before Mar 31 of the current year | All Medicare beneficiaries to whom at least one session of MDPP services has been provided by the Supplier on or before Jun 30 of the current year | All Medicare beneficiaries to whom at least one session of MDPP services has been provided by the Supplier on or before Sept 30 of the current year |

# *Submission Example 1:* Submit First Crosswalk on October 15th

**The illustrative example below outlines the process through which a supplier must identify their crosswalk submission date.**

## Potential Crosswalk Scenario

### Key Information

- **First service date:** March 15th
- **Furnished Services for 6 months :** September 14th

### Remember!

| Quarter 4 Due Date |
| --- |
| **October 15th** |
| **Additional MDPP beneficiaries to include** |
| All Medicare beneficiaries to whom at least one session of MDPP services has been provided by the Supplier on or before September 30 of the current year |

### Submission Information

- First crosswalk submission: **October 15th**
- Your crosswalk should include all beneficiaries to whom the supplier furnished MDPP services **between March 15 and September 30 of same year.**
- After your first crosswalk submission
  - Submit a crosswalk at **each** quarterly submission date.
  - The submission should include all Medicare beneficiaries to whom you have ever provided at least one session of MDPP services through the end of that quarter.

# *Submission Example 2:* Submit First Crosswalk on January 15th

**The illustrative example below outlines the process through which a supplier must identify their crosswalk submission date.**

## Potential Crosswalk Scenario

### Key Information

- **First service date:** April 2nd
- **Furnished Services for 6 months:** October 1st

### Remember!

| Quarter 1 Due Date |
| --- |
| **January 15th** |
| **Additional MDPP beneficiaries to include** |
| All Medicare beneficiaries to whom at least one session of MDPP services has been provided by the Supplier on or before Dec 31 of the previous year |

### Submission Information

- The next quarterly due date: **January 15th.**
- Your Crosswalk should include all beneficiaries to whom the supplier furnished MDPP services between April 2 and December 31.
- After your first crosswalk submission
  - Submit a crosswalk at **each** quarterly submission date.
  - The submission should include all beneficiaries to whom you have ever provided at least one session of MDPP services through the end of that quarter.

# Beneficiary Considerations

# Beneficiaries to Include In The Crosswalk

**Only eligible Medicare beneficiaries who receive services from an MDPP supplier should be included in that supplier's crosswalk.**

## This Includes

- Medicare beneficiaries eligible to receive MDPP services who receive their Medicare Part B coverage via fee-for-service Medicare.
- Medicare beneficiaries eligible to receive MDPP services who receive their Medicare Part B coverage via enrollment in a Medicare Advantage plan, known as Medicare Part C.
- Dual eligible beneficiaries if they have Part B or Medicare Advantage.

## This Does Not Include

- Medicare beneficiaries to whom the MDPP supplier may provide DPP services, who are not eligible to receive MDPP service (e.g., Part A only)
- Non-Medicare beneficiaries to whom the MDPP supplier may provide DPP services, even if those individuals are in the same cohort as the Medicare beneficiaries included in the crosswalk

# Sustain Beneficiary Records

**The crosswalk is an important document for MDPP recordkeeping to ensure that suppliers are appropriately tracking and recording Medicare beneficiaries. Remember that the crosswalk is cumulative.**



The supplier must include all eligible Medicare beneficiaries to whom the MDPP supplier has ever furnished at least one session of MDPP services by the end date for the current crosswalk submission.

Once a beneficiary is appropriately added to a supplier's crosswalk, that beneficiary **should not be removed**.

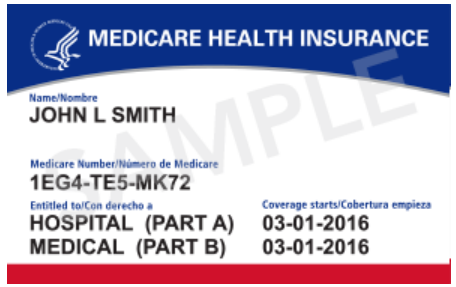
# Organize Beneficiaries By Coverage

**When adding a beneficiary to the crosswalk file, the MDPP supplier should take note of the source of the beneficiary's Medicare Part B coverage.**

## Medicare Fee-for-Service

Beneficiaries who receive their Medicare Part B coverage through **original fee-for-service (FFS) Medicare** should be included in the "FFS Medicare" tab.

FFS Card Example:



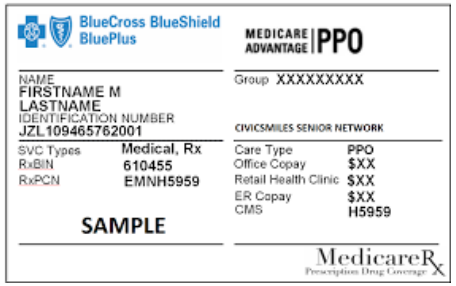

FFS

MA

## Medicare Advantage

Beneficiaries who are enrolled in (and therefore receive their Medicare Part B coverage through) **a Medicare Advantage plan** (Medicare Part C) should be included in the "Medicare Advantage" tab.

MA Card Example:




## Remember!

Medicare beneficiaries may switch between FFS Medicare coverage and enrollment in a Medicare Advantage plan during their services period. In these cases, the MDPP supplier should:

- **Keep the beneficiary listed on the original tab** representing the first type of coverage they had
- **Add the beneficiary to the other tab** for the new coverage.

# *Beneficiary Example:* Beneficiaries to Include in a Subsequent Crosswalk

**The illustrative example below outlines a scenario when a supplier must consider which beneficiaries to include on a Crosswalk submission.**

## Potential Crosswalk Scenario

### Key Information

- First service date: June 1
- First crosswalk submission: January 15
- Next quarterly crosswalk due date: April 15

### Remember!

| Quarter 2 Due Date |
| --- |
| **April 15th** |
| **Additional MDPP beneficiaries to include** |
| All Medicare beneficiaries to whom at least one session of MDPP services has been provided by the Supplier on or before Mar 31 of the current year. |

### Beneficiaries to Include

- **All beneficiaries** from the supplier's **January 15 crosswalk submission**
  - This crosswalk includes all beneficiaries to whom the supplier furnished MDPP services between June 1 and December 31 (first six months).
- Any additional beneficiaries to whom the MDPP supplier **furnished at least one session** of MDPP services from January 1 through March 31.

# Data Requirements

# Data Required for Crosswalk

**The following charts illustrate the information necessary to capture in the crosswalk for both FFS and MA beneficiaries.**

## FFS Tab: Information for Fee for Service Beneficiaries

| Column 1: CDC Organizational Code | Column 2: Participant Code | Column 3: Medicare Identifier(s) |
|---|---|---|
| CDC-provided organizational code of the entity providing MDPP services to the Medicare beneficiary. | MDPP Supplier-created participant identifier that is also used for CDC data submission. The participant code must be identical to the participant code submitted in the CDC data submission. | Medicare Beneficiary Identifier (MBI)(when applicable); MBI is a randomly generated 11 digit alpha-numeric number that replaced the Health Insurance Claim Number (HICN).<br><br>The HICN was a Social Security Number (SSN)-based number assigned to beneficiaries. Starting January 1, 2020, even for services provided before this date, suppliers must use MBIs, when submitting claims.[1] |

## Medicare Advantage Tab: Information for MA Enrollees

| Column 1: CDC Organizational Code | Column 2: Participant Code |
|---|---|
| CDC-provided organizational code of the entity providing MDPP services to the Medicare beneficiary. | MDPP Supplier-created participant identifier used for CDC data submission. Th participant code must be the same ID submitted to CDC. |

Remember!
Medicare identifiers **do not** need to be provided for MA enrollees included in the crosswalk.

[1] https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE18006.pdf

# *Column 1:* CDC Organizational Code

**For each beneficiary listed in an MDPP Supplier's crosswalk, MDPP suppliers must include the organizational code of the entity that provided MDPP services to that beneficiary.**

**Required for the following beneficiaries:**



**FFS Tab: Information for Fee for Service Beneficiaries**

| Column 1: CDC Organizational Code |
|---|
| CDC-provided organizational code of the entity providing MDPP services to the Medicare beneficiary, |

**MA Tab: Information for Medicare Advantage Enrollees**

| Column 1: CDC Organizational Code |
|---|
| CDC-provided organizational code of the entity providing MDPP services to the Medicare beneficiary. |

**Location**

This information should be listed in a column entitled "Organizational Code" for each beneficiary on the "FFS Medicare" tab or the "Medicare Advantage" tab of the crosswalk file.

# *Column 1:* What is a CDC Organizational Code?

**The CDC assigns each CDC-recognized organization registered with the Diabetes Prevention Recognition Program (DPRP) a unique organizational code when the organization's application for recognition is approved and pending status is awarded.**

**CDC Recognition is delivery mode-specific**

**In Person**

**Online**

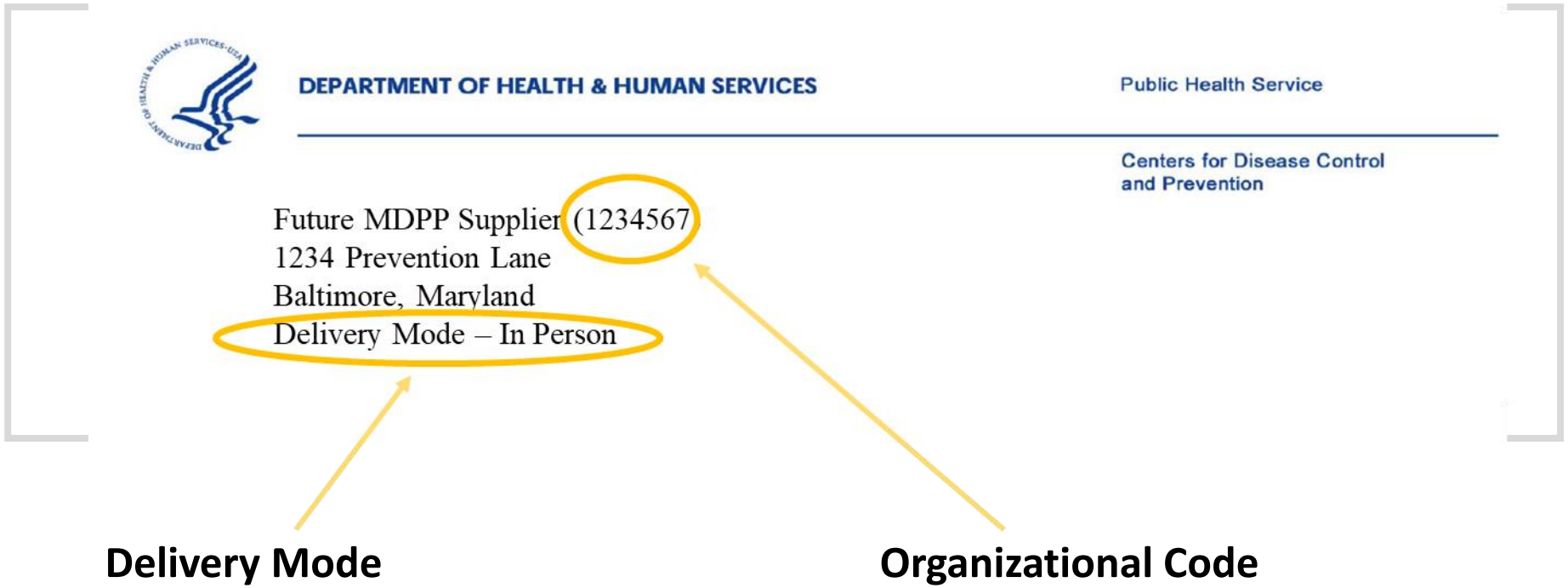
**Distance Learning**

**Combination**

- A single organization may be provided with up to **four separate organizational codes** if it applies for recognition in more than one of the four delivery modes.
- Because MDPP services are provided in person, **only in-person organizational codes should be reported on the crosswalk submitted to CMS.**
- The CDC requires all organizations to apply and be approved for recognition in **any delivery mode** in which the organization plans to provide services, **before it begins providing services via that delivery mode.**

# *Column 1:* Where to Find Your CDC Organizational Code

**You can find your organizational code on your CDC recognition letter, awarding your organization preliminary or full recognition status in the in person delivery mode.**



# *Column 1:* Question 1

**The following Q&A addresses a scenario when a supplier has one CDC organizational code with multiple MDPP supplier enrollments.**

**Question 1:** What if my organization has one CDC organizational code associated with multiple MDPP supplier enrollments*?*

**Answer:** If an organization with one in-person organizational code is associated with multiple MDPP supplier enrollments, **the MDPP supplier should submit one crosswalk file per MDPP supplier enrollment.**

- This may be the case if an organization with CDC recognition has administrative locations in different states, and has enrolled separately in these states under the same organizational code.

# *Column 1:* Example 1

**The illustrative example below outlines a scenario when a supplier has one CDC organizational code with multiple MDPP supplier enrollments.**

## Potential Crosswalk Scenario

Prevent Diabetes, Inc. and has one in-person CDC organizational code. The organization operates in two states, Georgia and Maryland, and therefore has two enrollments in Medicare as an MDPP supplier—one in each state.

**Prevent Diabetes, Inc. must submit two crosswalk files.**

- One that lists all beneficiaries to whom the organization furnished MDPP services under its Georgia enrollment **and**
- One that lists all beneficiaries to whom the organization furnished MDPP services under its Maryland enrollment.

Note: **Both** crosswalk files would list the **same** organizational code for **each** beneficiary listed on the individual crosswalks.

# *Column 1:* Question 2

**The following Q&A addresses a scenario when a supplier has multiple CDC organizational codes associated with one MDPP supplier enrollment.**

**Question 2:** What if my organization has multiple CDC organizational codes associated with one MDPP supplier enrollment?

**Answer:** If an MDPP supplier has multiple in-person organizational codes associated with a single MDPP supplier enrollment, the MDPP **supplier will submit only one crosswalk file.**

- This may be the case if a single MDPP supplier is made up of multiple CDC-recognized entities located in a single state.

# *Column 1*: Example 2

**The illustrative example below outlines a scenario when a supplier has multiple CDC organizational codes for one MDDP supplier enrollment.**

## Potential Crosswalk Scenario

Carolina Pharmacy has numerous locations throughout South Carolina, and wishes to provide MDPP services at three of their locations: Carolina Pharmacy of Charleston, Carolina Pharmacy of Greenville, and Carolina Pharmacy of Columbia. Two of these locations have applied for CDC recognition in the in-person delivery mode and both have been awarded preliminary recognition status, Carolina Pharmacy of Charleston and Carolina Pharmacy of Greenville. Carolina Pharmacy has chosen to enroll in Medicare under it's Carolina Pharmacy of Charleston organizational code. Because all of its locations are in one state, it can include all three locations in the same enrollment. Carolina Pharmacy of Charleston is the administrative location and Carolina Pharmacy of Greenville and of Columbia are community settings.

**Carolina Pharmacy should submit one crosswalk file as it has a single MDPP supplier enrollment in Medicare**

- For each given beneficiary listed in the crosswalk, Carolina Pharmacy should provide the organizational code of the location that provided MDPP services to that beneficiary. Therefore, Carolina Pharmacy's single crosswalk file may contain up to two different in-person organizational codes.

- Carolina Pharmacy of Columbia does not have it's own CDC organizational code. Entries for beneficiaries served at this location should list the organizational code listed in Section 2.B.2 of Carolina Pharmacy's MDPP enrollment.

# *Column 1:* Question 3

**The following Q&A addresses a scenario when a beneficiary switches sites under a single Medicare enrollment.**

**Question 3:** What if my organization provides MDPP services at multiple sites under a single Medicare enrollment and a beneficiary switches between two of these locations, both of which have their own organizational code?

**Answer:** If a beneficiary switches to a new location associated with a different organizational code, the MDPP supplier:

- **Should create an additional crosswalk entry** (i.e. a new row) within the same crosswalk file for the beneficiary that is associated with the organizational code for the second location.
- **Should not remove the existing entry** for the beneficiary associated with the original location.

# *Column 1:* Example 3

**The illustrative example below outlines a scenario when a beneficiary switches sites under a single Medicare enrollment.**

## Potential Crosswalk Scenario

Alice recently moved to Charleston from Greenville. In Greenville, Alice received MDPP services from Carolina Pharmacy at their Greenville location. After Alice's move, she began receiving MDPP services from Carolina Pharmacy at their Charleston location.

- To accommodate this switch, Carolina Pharmacy should add a new line for Alice associated with Carolina Pharmacy of Charleston's organizational code within its single crosswalk file.
- Carolina Pharmacy will not remove the existing line in the crosswalk where Alice is associated with Carolina Pharmacy of Greenville's organizational code.

| CDC Organizational Code | Participant Code | Medicare Identifier |
|---|---|---|
| 1234567 | 000001 | 1EG4TE5MK72 |
| 1234567 | 000002 | 1FH4MN2LZ72 |
| 7654321 | 000001 | 1DL6FD8FT72 |
| 1234567 | 000003 | 1SL9UT6VC72 |
| 7654321 | 000002 | 1EG4TE5MK72 |

FFS Benes | MA Benes

Alice's original entry associated with Carolina Pharmacy of Greenville's organizational code.

Alice's new entry associated with Carolina Pharmacy of Charleston's organizational code.

**Note**: The Caroline Pharmacy of Greenville should **not** reassign Alice's participant code (00001) to a new individual after she has moved.

# *Column 2:* Participant Code

**For each beneficiary listed in an MDPP Supplier's crosswalk, MDPP suppliers must include the participant code for the participating beneficiary for whom MDPP services were provided.**

**Required for the following beneficiaries:**



**FFS Tab: Information for Fee for Service Beneficiaries**

| Column 2: Participant Code |
|---|
| MDPP Supplier-created participant identifier that is also used for CDC data submission. |

**MA Tab: Information for Medicare Advantage Enrollees**

| Column 2: Participant Code |
|---|
| MDPP Supplier-created participant identifier used for CDC data submission. |

**Location**

This information should be listed in a column entitled "Participant Code" for each beneficiary on the "FFS Medicare" tab or the "Medicare Advantage" tab of the crosswalk.

# *Column 2:* What is a Participant Code

**The CDC assigns each CDC-recognized organization a unique organizational code when the organization's application for recognition is approved and pending status is awarded.**

**The CDC Diabetes Prevention Recognition Program requires organizations to assign each individual who participates in the organization's DPP classes (participants) a unique identifier for the purposes of performance data submission.**

**25**

The participant identifier **cannot exceed 25 alphanumeric characters.**

**1+**

The same identifier **cannot be used more than once** per organizational code.

This organization-generated number is used to deidentify individual participants in data submitted to **CDC** and is different from a Medicare Identifier (discussed later).

# *Column 2:* Including Participant Codes in the Crosswalk

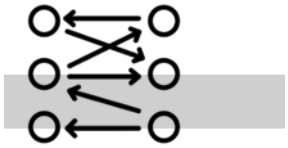
**For each beneficiary listed in the crosswalk, the MDPP supplier should provide in the column entitled "Participant Code" the unique participant code assigned to that particular beneficiary, which the MDPP supplier created for CDC data submissions.**

accordance with the CDC requirement, all participant codes associated with an organizational code should be unique a single Medicare beneficiary and should not repeat among non-Medicare beneficiaries or anyone in the program.

**If an MDPP supplier has only one organizational code associated with its MDPP enrollment,** every participant code will be unique.

**Example:**

| Organizational Code | Participant Code |
|---|---|
| 1234567 | 456 |
| 1234567 | 234 |
| 1234567 | 789 |
| 1234567 | 890 |



**If an MDPP supplier has multiple organizational codes associated with a single enrollment,** all participant codes listed in the crosswalk may not be unique, but the combination of the organizational code and the participant code must be unique.

**Example:**

| Organizational Code | Participant Code |
|---|---|
| 5694730 | 456 |
| 5694730 | 234 |
| 4890318 | 456 |
| 4890318 | 235 |

# *Column 3:* Medicare Identifier(s)

**For each beneficiary listed in an MDPP Supplier's crosswalk, MDPP suppliers must include the MBI/HICN of the participating beneficiary for whom MDPP services were provided.**

**Required for the following beneficiaries:**


**FFS Tab: Information for Fee for Service Beneficiaries**

| Column 3: Medicare Identifier(s) |
|---|
| Medicare Beneficiary Identifier (MBI) (when applicable); MBI is a randomly generated number that was rolled out April 1, 2018.<br><br>Health Insurance Claim Number (HICN) (if applicable); the HICN is a Social Security Number (SSN)-based number assigned to beneficiaries. HICNs were replaced by MBIs. |

**MDPP suppliers must provide the MBI for each beneficiary listed in the "FFS Medicare" tab.**

- Beneficiaries who receive their Medicare Part B coverage via enrollment in a Medicare Advantage plan will have a member identifier assigned by their MA plan, MDPP suppliers are not required to include the MBI or HICN for beneficiaries listed in the "Medicare Advantage" tab of the crosswalk.

Note: MBIs and HCINs are Protected Health Information (PHI) and suppliers should **handle this information in compliance with all applicable laws and regulations**.

# *Column 3:* Changes to Medicare Identifiers

**Each fee-for-service MDPP beneficiary will have a Participant Code (created by the supplier for CDC data) and a Medicare Identifier (from CMS).**


**Medicare is currently phasing out its current identifier the "HICN"**

- Until recently, Medicare assigned each beneficiary a Health Insurance Claims Number (HICN), which is based on a beneficiary's social security number (SSN).

**Medicare is currently phasing in a new identifier the "MBI"**

- A new, unique Medicare Number has replaced the SSN-based HICN on each new Medicare card, which all beneficiaries should have received by October 2018.
- These new cards have a new identification number called the Medicare Beneficiary Identifier (MBI), which is a randomly generated 11 digit alpha-numeric number.

**Transition Period**

There is a transition period where beneficiaries can use either the HICN or MBI for Medicare transactions (April 2018 - December 31, 2019). To accommodate this transition on the crosswalk, the "FFS Medicare" tab should have two columns under the "Medicare Identifier" header where the HICN or MBI can be entered.

# *Column 3:* Enter and Update Medicare Identifiers in the Crosswalk

**The information below outlines scenarios in which a supplier would change a beneficiary's Medicare Identifier.**

| If… | Then… |
|---|---|
| If a beneficiary **has not received** their MBI and provides a HICN | Insert HICN; Leave the MBI column blank |
| If a beneficiary **has already received** their MBI | Insert MBI; Leave the HICN column blank |
| If a beneficiary **obtains an MBI during the MDPP services period** | Add the beneficiary's MBI to the MBI column, and remove the HICN in the HICN column |

| Medicare Identifier | |
|---|---|
| **HICN** | **MBI** |
| 999119999 | |
| 555115555 | |
| | 1EG4TE5MK73 |

**Remember!** You should **not** enter dashes as part of the HICN or MBI.

# *Column 3:* Removal of HICNs from the Crosswalk

**Starting January 1, 2020, beneficiaries and suppliers must use the MBI for most Medicare transactions, including MDPP.**




By **January 1, 2020** you must remove **all** HICNs from the crosswalk file maintained by your organization. HICNs documented in past crosswalk file submissions and saved as part of your organization's historical records do not need to be deleted.


The **January 15, 2020** crosswalk file submission, and all crosswalk file submissions thereafter, **should list only MBIs** and contain no HICNs.

# *Column 3:* Question 1

**The following Q&A addresses a scenario when supplier must identify a Medicare Identifier.**

**Question 1:** How do I identify whether a beneficiary has a HICN or MBI?

**Answer:** MDPP suppliers can review a beneficiary's Medicare card to identify whether a beneficiary has received their MBI:

- HICN
  - 9 numbers plus one or two letters of the alphabet or one letter of the alphabet and a number. (e.g. 123-45-6789-A1)
  - One, two, or three letters of the alphabet followed by 9 numbers (e.g. WC-A-123-45-6789)
- MBI
  - 11-character alpha-numeric identifier, with letters and numbers intermixed

# *Column 3:* Identify an MBI

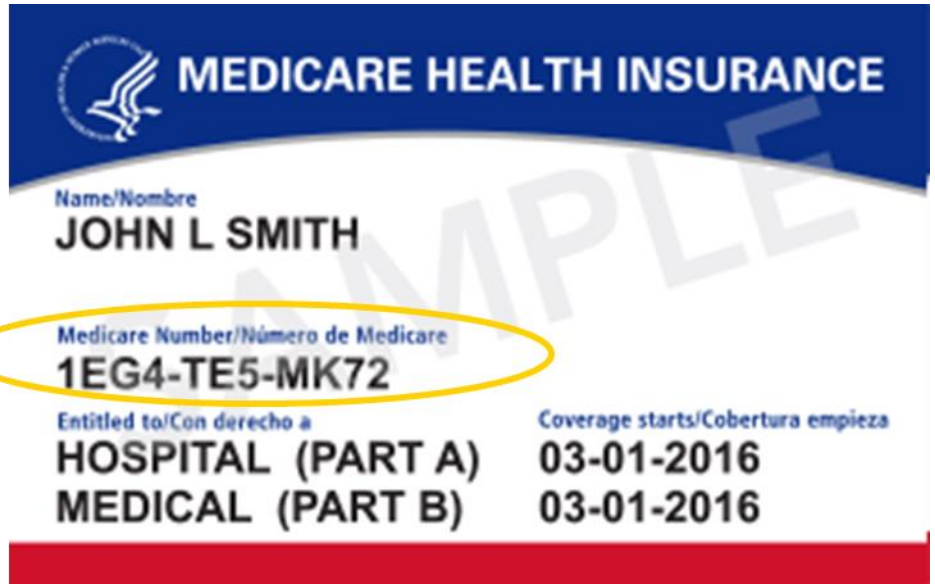
**MBIs have unique characteristics that allow for easy identification.**

## MBI Characteristics

Utilize the following rules to successfully identify a beneficiary's MBI:

- 2nd, 5th, 8th, and 9th characters will always be a letter.
- Characters 1, 4, 7, 0, and 11 will always be a number.
- The 3rd and 6th characters will be a letter or a number.
- The dashes aren't used as part of the MBI. They won't be entered into computer systems or used in file formats.

## MBI Example



# Question & Answer

Please submit your question via the Q&A tab.

- If you have additional questions that are not addressed by this webinar today, please submit them to mdpp@cms.hhs.gov.
- Contact the CDC's help desk for CDC recognition and curriculum related questions: NationalDPPAsk@cdc.gov.
- Be in the know about all things MDPP: join our listserv, here!

# Appendix

# Acronyms

**Below is a list of acronyms frequently used throughout this presentation.**

| Acronym | Description |
|---|---|
| CMS | Centers for Medicare and Medicaid Services |
| CMMI | Center for Medicare and Medicaid Innovation |
| MDPP | Medicare Diabetes Prevention Program |
| CDC | Centers for Disease Control and Prevention |
| CDC DPRP | Centers for Disease Control and Prevention Diabetes Prevention Recognition Program |
| National DPP | National Diabetes Prevention Program |
| FFS | Fee for Service |
| MA | Medicare Advantage |
| HICN | Health Insurance Claims Number |
| MBI | Medicare Beneficiary Identifier |
| PHI | Protected Health Information |

# Crosswalk Due Date Examples

| First MDPP services provided | First crosswalk submission due | Beneficiaries included in the first crosswalk submission | Example |
|---|---|---|---|
| On or before March 31 | October 15 | **All beneficiaries** to whom your organization furnished at least one session of MDPP services **between January 1 and March 31.** | **First Service Date**: March 15.<br>**Six Months**: September 14<br>**First Crosswalk Submission**: October 15<br>**Beneficiaries to Include in First Crosswalk**: All beneficiaries to whom the supplier furnished MDPP services between March 15 and September 30 of same year. |
| On or after April 1 | The quarterly crosswalk due date immediately following the date at which your organization has furnished MDPP services for six months | **All beneficiaries** to whom your organization furnished at least one session of MDPP services in the **first six months + beneficiaries required to be submitted for the quarterly crosswalk.** | **First Service Date**: April 2<br>**Six Months**: October 1<br>**First Crosswalk Submission**: January 15<br>**Beneficiaries to Include in First Crosswalk**: All beneficiaries to whom the supplier furnished MDPP services between April 2 and December 31. |

**After your first crosswalk submission:**

Submit a crosswalk at **each** quarterly submission date. The submission should include all beneficiaries to whom you have provided at least one session of MDPP services through the end of that quarter.