Ready to add a diabetes prevention program at your facility?

Faculty

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Chief Science and Practice Officer
American Association of Diabetes Educators

Polling Question #1

What is your background

- RN
- RD
- Pharmacist
- CDE or BC-ADM
- Physician
- Mental health professional
- Community Health Worker/Health Educator
- Other
Polling Question #2

Have you attended a Lifestyle Coach Training?

Polling Question #3

Have you already applied for Diabetes Prevention Recognition Program (DPRP)?

Polling Question #4

Do you have a DSMES Accredited/Recognized Program?
Learning Objectives

At the end of this presentation, participants will be able to:

- Identify resources for implementing a Diabetes Prevention Program based on the new CDC Recognized criteria.
- Discuss the current billing/coding requirements.
- Discuss options for data management

**Throughout I will mention where MDPP is slightly different**

Quick overview

Diabetes Self-Management Education and Support programs do very well with the prevention program.

WHY?

DSMES Programs have Strength

- Large pool of eligible participants
- HIPAA compliant/accustomed to proper data collection and entry
- Program Coordinator (suggest Diabetes Educator (HCP))
- Ready to train Lifestyle Coaches
- Billing capabilities - Already providing service for payers-Insurers and Employers (DSME and Screenings)
- Linkage with local primary care providers – referral base
  - Medicare requires blood base test
- Transition of care for people found to have type 2 diabetes
Landscape

DPRP Registry

As of May 4, 2018

- Total of 1744 DPRP
- 168 have met Full Recognition
  - 4 are either online or combination programs
- 292 have met Preliminary Recognition
  - 8 are either online or combination programs
- 448 can apply as a Medicare Supplier
  - More than half are in Healthcare/Medical Facilities

https://nccd.cdc.gov/DDT_DPRP/Registry.aspx

Identify resources for implementing a Diabetes Prevention Program based on the new CDC Recognized criteria.
American Association of Diabetes Educators Diabetes Prevention Program (AADE DPP)

The CDC-Led National Diabetes Prevention Program (National DPP)

The Four Components of CDC’s National Diabetes Prevention Program

Groups in the National Diabetes Prevention Program are working to:

- Build a workforce that can implement the lifestyle change program cost effectively
- Ensure quality and standardized reporting
- Deliver the lifestyle change program through organizations nationwide
- Increase referral to and participation in the lifestyle change program
Lifestyle Change Program: Goals

- Lose >5-7% of starting weight reach by month 6 and maintained or exceeded in months 7-12 through:
  - Healthy eating and food tracking
  - Physical activity tracking (>150 minutes per week)
  - Learning to identify and address barriers to healthy eating and physical activity
- Relies on self-monitoring, goal setting, group process

CDC Lifestyle Change Program Structure

- 1 hour sessions (approximately)
- Classroom based or virtual
- One Year long:
  - Months 1-6: 1 hour weekly sessions
    - (minimum 16 over 26 weeks)
  - Months 7-12: 1 hour monthly sessions
    - (minimum of 6 in 6 months)

**Medicare also offers another 12 months of ongoing maintenance sessions**
Standards are set up for Quality Assurance

A. Eligibility
B. Safety of Participant and Data
C. Location
D. Delivery Mode
E. Staffing
F. Training
G. Curriculum
H. Recognition Status (Pending, Preliminary and Full)

Eligibility Criteria

- ≥ 18 and not pregnant at time of enrollment.
- BMI of ≥ 25 kg/m² (≥ 23 kg/m² if Asian American)

AND either:

- Recent blood test (self-report OK for CDC not Medicare)
  - FPG of 100-125 mg/dL (110-125 for Medicare)
  - Plasma glucose at 2 hours after a 75 gm load of 140-199 mg/dL
  - A1c of 5.7 to 6.4
- OR Diagnosed GDM (self-report OK for CDC but not Medicare)
- OR a positive screening for prediabetes based on a prediabetes risk assessments (this is NOT an option for Medicare)

Eligible?

Medicare beneficiary with previous diagnosis of gestational diabetes during all three previous pregnancies. Her BMI is 32, she screened positive on the risk assessment test and her current A1c is 5.6
Answer

No

Why?

As a Medicare Beneficiary she needs a blood based test and her blood based test is not an A1c of 5.7 to 6.4

Would she qualify for NDPP?

Eligible?

Male age 18 with a BMI of 34 with a fasting plasma glucose of 125 approximately 18 months ago. His most recent A1c is 5.8, taken last month.

Answer

Yes

His A1c was in the past 12 months.
Safety of Participants

- Lifestyle change programs typically do not involve physical activity during class time.
- If physical activity is offered, it is the organization’s responsibility to have procedures in place to assure safety.
- This may include obtaining a liability waiver from the participant
- and/or having the participant obtain clearance from his/her primary care provider to participate in physical activity.

Data Privacy

- Organizations should ensure the privacy and confidentiality of participants’ data.
- It is the organization’s responsibility to be versed in and to comply with any federal, state, and/or local laws governing individual-level identifiable data, including those laws related to the Health Insurance Portability and Accountability Act (HIPAA), data collection, data storage, data use, and disclosure.

Location/Delivery Mode

- Organizations may offer the program through any or all of the following delivery modes,
  - In-Person
  - Online
  - Distance Learning
  - Combination
Which ones are not currently covered by MDPP?

A. In-Person
B. Online
C. Distance Learning
D. Combination

Answer

A. Online

Medicare does accept some virtual make up sessions but not consistent combination sessions.

Staffing

- Program Coordinator
  - Primary External Champion
  - Organizational Expert
- Lifestyle Coach
  - Help participants make and sustain positive lifestyle changes
  - Understanding and sensitivity to help participants deal with the range of issues and challenges associated with making important lifestyle changes.
Lifestyle Change Program - Coach Training

- Programs must have lifestyle coaches who have the knowledge and skills to support participants, provide guidance, and help groups work together effectively.

- Curriculum:
  - CDC approved curriculum on their website the latest version released is called PreventT2.

- Training:
  - The recommended minimum length of formal training is at least 12 hours or two days set which should be completed by both program coordinators and lifestyle coaches.

Questions

1. Can anyone train a lifestyle coach?
2. How many initial hours of training must a lifestyle coach receive?
3. What is the new requirement for people who want to become a master trained lifestyle coach?
4. Can anyone train lifestyle coaches?
5. Who are the training entities?

Answer

1. No
2. Minimum of 12 hours
3. They must have taught as a lifestyle coach for 12 months
4. No
5. Next slide
Current Training Entities

https://www.cdc.gov/diabetes/prevention/lifestyle-program/staffing/training.html

Curriculum Selection

Select either:
- CDC-approved curriculum or
- Other Curriculum
  - If selecting Other Curriculum, provide the completed yearlong curriculum with any supplemental materials, handouts, or web-based content together with the application.
  - CDC will send an initial email indicating receipt.
  - Organizations should allow 4-6 weeks for review and approval of the application and assignment of an organization code.

Which Curriculum are you using?

1. PreventT2
2. 2012 CDC-Developed Curriculum*
   * There are terms and conditions when using the 2012 curriculum [https://www.cdc.gov/diabetes/prevention/pdf/curriculum_terms.pdf](https://www.cdc.gov/diabetes/prevention/pdf/curriculum_terms.pdf)

Question

Medicare DPP suppliers and ongoing maintenance sessions. Which curriculum do they use?

Answer

Medicare requires the same curriculum for the first 12 months as the CDC. For the make-up sessions the program can use any of the sessions from weeks 1-6 or months 7-12

EXCEPT:

The introductory session
CDC Recognition- Application Process:

The Process:
- Is free and simple

You need to:
- Indicate curriculum
- Indicate delivery mode
- Agree to duration and intensity
- Agree to submit data

The Benefits:
- Listing on CDC website
- Recognized as meeting the requirements for reimbursement of most payers
- CDC technical assistance

Getting your ducks in a row:

- Review the Standards
- Identify Program Coordinator
- Complete Capacity Assessment
- Identify up to 3 secondary contacts
- Identify data preparer
- Decide on curriculum
- Decide on date of first session within 6 months of effective date
- Decide on delivery mode(s)

Recognition Status
DPRP will award three categories:

1. Pending Recognition
2. Preliminary Recognition
   - A new recognition status that aligns with the CMS proposed MDPP benefit rule
3. Full Recognition
All Requirements

1. Application for Recognition
2. Lifestyle Curriculum
3. Intervention Duration
4. Intervention Intensity
5. Session Attendance
6. Documentation of Weight
7. Documentation of Physical Activity
8. Weight loss achieved at 12 months
9. Program Eligibility Requirement

Pending Recognition

- Application submission accepted: DPRP will award pending recognition, assign an approval date, and assign an effective date.
- An organization may remain in pending status for up to 36 months if it continues to submit the required data every 6 months.

Preliminary Recognition

- Must have submitted a full 12 months of data on at least one completed cohort.
- Must meet the following criteria:
  - Submission includes at least 5 participants who attended at least 3 sessions in the first 6 months
  - and whose time from first session attended to last session of the lifestyle change program was at least 9 months
  - At least 60% attended at least 9 sessions in months 1-6, and at least 60% attended at least 3 sessions in months
Full Recognition

- Must meet the following criteria:
  - The 12 month data submission includes at least 5 participants who attended at least 3 sessions in the first 6 months and whose time from first session to last session of the lifestyle change program was at least 9 months.
  - Must meet the requirements for pending and preliminary recognition.
  - Must meet requirements 6-9

Implement a Lifestyle Change Program


Once you are ready to become a CDC Recognized Program:

Complete Online Application form:


Questions:

dprpask@cdc.gov
Billing/Code Requirements

Data for DPRP

Submitting Evaluation Data to the CDC DPRP:
- Submit data using comma separated value (CSV) format through the CDC portal
- Data may be submitted at any time during the month of the "effective date"
- Transmitted data must conform to the specifications in the data dictionary
Table 4: Data Dictionary: Evaluation Data Domains

<table>
<thead>
<tr>
<th>Field Access Code</th>
<th>Data Domain Name</th>
<th>Field Labels</th>
<th>Field Values</th>
<th>Comments</th>
</tr>
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<tr>
<td>0</td>
<td>DPRP Data</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>DPRP Data</td>
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DPRP Data Dictionary

Table 5: Data Dictionary: Evaluation Data Domains

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DPRP Data Dictionary
Question

If a person has a makeup session the same day as a regularly scheduled session do you record the weight and physical activity twice?

Answer

YES - Weight
The weight would be the same for the Make Up Session and the Regular Session. Since weight is not self-reported.

NO - Physical Activity
For physical activity, the participant should logged/tracked their physical activity. So the LSC would record the Make Up session the week before the session that was missed. Then they would record the regular session physical activity.
Data Collection Tools

- AADE – Data Analysis of Participants System (DAPS) - https://www.diabeteseducator.org/prevention/data-analysis-of-participants-system
- Compass by QTAC Some States use this as a platform (Utah, New York) - https://compass.rihacny.org/
- Integrative Health Partners Network - http://ihpn.online/for-diabetes-educators
- Workshop Wizard - http://workshopwizard.org/
CMS and CDC – Unique Roles in MDPP

CMS
- Interested MDPP suppliers should reach out to CMS for information and support related to:
  - MDPP supplier standards and compliance
  - Achieving and maintaining enrollment as an MDPP supplier
  - MDPP coach eligibility
  - MDPP beneficiary eligibility
  - Delivery of MDPP services
  - Documentation and record keeping requirements
  - Billing and claims process
  - Performance-based payments

CDC
- Interested MDPP suppliers should reach out to CDC for information and support related to:
  - CDC DPP Standards and Operating Procedures
  - CDC recognition requirements
  - CDC curriculum requirements
  - Effective delivery of the National DPP

National DPP Coverage

Increase Program Coverage & Reimbursement

Commercial Insurers
- More than 60 commercial insurers have coverage for the National DPP. Examples include:
  - Aetna
  - Blue Cross Blue Shield
  - Humana
  - UnitedHealthcare

State Coverage
- The following states have the National DPP as an insurance benefit:
  - Arizona
  - California
  - Georgia
  - Minnesota
  - New York
  - Oregon

Medicaid
- Medicaid programs in the following states provide benefits for the National DPP:
  - Alaska
  - Illinois
  - Kansas
  - New Mexico
  - Washington

https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/
Overview of MDPP Services

MDPP services are offered over a two year period and are intended to prevent the onset of type 2 diabetes.

Medicare Beneficiaries Eligible for MDPP

- Enrolled in Medicare Part B
- BMI of at least 25 if not self-identified as Asian, or a BMI of at least 23 if self-identified as Asian
- 12 months prior to attending the first core session,
  - a hemoglobin A1c test with a value between 5.7 and 6.4 percent or
  - a fasting plasma glucose of 110-125 mg/dL, or
  - a 2-hour plasma glucose of 140-199 mg/dL (oral glucose tolerance test)
- No previous diagnosis of type 1 or type 2 diabetes - exception gestational diabetes
- Do not have end-stage renal disease (ESRD)
- Has not previously received MDPP services (ONE TIME BENEFIT)

Eligibility Criteria for ongoing maintenance sessions

- Must attend at least one in-person core maintenance session in months 10-12 and achieve or maintain 5% weight loss in months 10-12 to be eligible for coverage of the first ongoing maintenance session interval
- Must attend at least 2 sessions and maintain 5% weight loss within an ongoing maintenance session interval to be eligible for the next ongoing maintenance session interval

Intervals are 3 months for 12 months
American Association of Diabetes Educators Diabetes Prevention Program (AADE DPP)

Percentage of Participants who must meet the blood test criteria or previous GDM Diagnosis?

National DPP?

MDPP?

Answer

National DPP – 35% must have a Blood Based Test
Clinical Diagnosed GDM is included

MDPP - 100% must have a Blood Based Test
Previous GDM does not qualify

A person is enrolled in your program and week 2 is diagnosed with type 2 diabetes. Can she stay in the classes and continue in the program?

National DPP?

MDPP?
Answer

National DPP - Yes but should be referred to their PCP for referral to an accredited/recognized DSMES program and other resources such as MNT as appropriate.

MDPP - Yes and can also be referred to an accredited/recognized DSMES program and other resources such as MNT as appropriate.

Diagnosed with Diabetes

- Diabetes diagnosis exclusion applies only at the time of the first core session
- If person diagnosed after first core session can continue

Make up Sessions are allowed

- In Person
  - Must use same curriculum as session missed
  - Maximum of one per week; maximum of one per day or regularly scheduled sessions

- Virtual
  - Same requirements as in-person make-up sessions
  - Only by beneficiary request
  - Compliant with DPRP virtual standards
  - Max of 4 during the core service period, of which no more than 2 are core maintenance sessions
  - Max of 3 that are ongoing maintenance sessions
  - Weight loss measurement taken cannot be used for payment or eligibility
MDPP

- MDPP to be “additional preventive service” allowing co-pays to be waived (Can be open to interpretation)

**Recommendation Summary**

<table>
<thead>
<tr>
<th>Type of Intervention</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral interventions that have an effect on CV risk factors and/or blood pressure, blood glucose, and physical activity and are the basis of this intervention</td>
<td>Performance-based payment structure, which ties payment to performance goals based on attendance and/or weight loss</td>
</tr>
<tr>
<td>MDPP G-codes that suppliers created to submit claims for payment when all the requirements for billing the codes have been met</td>
<td>New (HCPCS) G-codes that MDPP suppliers created to submit claims for payment when all the requirements for billing the codes have been met</td>
</tr>
</tbody>
</table>


### MDPP HCPCS G-Codes

<table>
<thead>
<tr>
<th>HCPCS G-Code</th>
<th>Description</th>
<th>VM Allowed</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>GW73</td>
<td>MDPP beneficiary attended 1st MDPP core session.</td>
<td>No</td>
<td>$25</td>
</tr>
<tr>
<td>GW74</td>
<td>MDPP beneficiary attended a total of 4 MDPP core sessions.</td>
<td>Yes</td>
<td>$50</td>
</tr>
<tr>
<td>GW75</td>
<td>MDPP beneficiary attended a total of 6 MDPP core sessions.</td>
<td>Yes</td>
<td>$50</td>
</tr>
<tr>
<td>GW76</td>
<td>MDPP beneficiary attended 3 MDPP core maintenance sessions in month 3-8.</td>
<td>Yes</td>
<td>$25</td>
</tr>
<tr>
<td>GW77</td>
<td>MDPP beneficiary attended 2 MDPP core maintenance sessions in months 10-12.</td>
<td>Yes</td>
<td>$25</td>
</tr>
<tr>
<td>GW78</td>
<td>MDPP beneficiary attended 3 MDPP core maintenance sessions in month 7-9, and achieved the 5% weight loss from his/her baseline weight. Use GW79 or GW80.</td>
<td>Yes</td>
<td>$50</td>
</tr>
<tr>
<td>GW79</td>
<td>MDPP beneficiary attended 2 MDPP core maintenance sessions in months 10-12, and achieved the 5% weight loss from his/her baseline weight. Use GW77 or GW81.</td>
<td>Yes</td>
<td>$50</td>
</tr>
</tbody>
</table>
Using NCPP HCPCS Codes

- HCPCS G-codes are used when submitting claims to Medicare for payment. NCPP HCPCS G-codes may be used only once per eligible beneficiary (except for G9684 and G9691).
- The initial session (G9678) or bridge payment (G9684); claim must be submitted before any other claims will be paid.
- NCPP supplies should submit claims when a performance goal is met.
- Use the non-payable G-code (G9691) to report attendance at sessions that are not associated with a performance goal. These codes should be listed on the same claim as the payable codes with which they are associated (e.g., report G9691 for sessions 2 and 3 if you are reporting G9874 for session 4 attendance).
- Each HCPCS G-code should be listed with the corresponding session date of service and rendering coach National Provider Identifier (NPI).
- If a beneficiary switches suppliers, the new supplier may receive a bridge payment (G9893) for the first NCPP session furnished to that beneficiary. More than one supplier may claim a bridge payment for the same beneficiary.
- The Virtual Modifier, "VM", should be appended to the end of any G-code that is associated with a session that was furnished as a virtual makeup session (e.g., G9893/VM).
Virtual Make up Sessions

- Recent communication from Medicare on adding a modifier for MDPP virtual make up sessions.
- VM – MDPP virtual makeup session

Billing and Claims

<table>
<thead>
<tr>
<th>MDPP Care Services</th>
<th>Ongoing/Maintenance Sessions (12 months, 8 intervals)</th>
</tr>
</thead>
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Medicare Diabetes Prevention Program (MDPP)

Sessions Journey Map
Engagement Incentives

- Any engagement incentives provided must be connected to the CDC approved curriculum
  - For example, gym memberships may be OK, but not movie theater tickets
- Incentives cannot be tied to achieving weight loss or attendance
- Technology equipment must be reasonably necessary for curriculum
  - (i.e. digital scales and pedometers but not smartphone)
- Incentives cannot exceed $1000 in aggregate per beneficiary
  - Permanent ownership limited to $100 value

MDPP

- Once in a lifetime benefit
- Virtual programs were not approved
  - Some make up sessions can happen virtually
    - Maximum of during the core services period of which no more than 2 are core maintenance sessions
    - Maximum of 3 that are ongoing maintenance sessions
    - Weight loss measurements taken cannot be used for payment or eligibility

MDPP Suppliers MUST

- Have MDPP preliminary recognition or full CDC DPRP recognition
- Have an active and valid tax-identification number (TIN) or national provider identifier (NPI)
- Pass enrollment screening at the high categorical risk level
- On the MDPP enrollment application, submit a list of MDPP coaches who will lead sessions, including full name, date of birth, social security number (SSN), and active and valid NPI and coach eligibility end date (if applicable)
- Meet MDPP supplier standards and requirements, and other requirements of existing Medicare providers or suppliers
- Revalidate its enrollment every 5 years
MDPP Supplier Support - Resources

MDPP suppliers will be able to access helpful tools and resources to meet their specific needs:

1. Orientation
2. Recruitment/Engagement
3. Delivery
4. Success
5. Sustainability

Supplier Road Map

Medicare Diabetes Prevention Program (MDPP):
MDPP Supplier Road Map

Medicare List serve for updates!
MDPP Resources Available Online

- Journey map: Illustrates the participants' journey through the MDPP sessions

- MDPP Payment and Billing: Provides charts and tables of MDPP payment structure with HCPCS Codes

- MDPP 101:
  - Talks about CMS and CDC unique roles and responsibilities. Might be a good transition slide. (Page 14)
  - Discussion on Data Collection and Submission. (Page 23)
  - Billing and Claims. (Pages 26-30).
Billing and Claims

Step 1: The provider submits a claim to Medicare Part B.

Beneficiary receives a service (e.g., foot exam).

Service provider submits claim.

Billing and Claims (cont.)

Step 2: Medicare Part B sends payment to the MAC.

Medicare claims clearing houses.

Medicare Administrative Contractors (MACs).

Claims processing.

Billing and Claims (cont.)

Step 3: The provider receives payment.

MACs.

Provider Suppliers & Beneficiaries:
- Provider: Takes on payment and reimbursement.
- Beneficiary: Receives Medicare reimbursement.