Understanding the Medicare Diabetes Prevention Program (MDPP)

Kelly McCracken, Public Health Consultant
March 21, 2017
Michigan Diabetes Prevention Network
Objectives

- Develop an understanding of the key components and timeline for the most recent Medicare Diabetes Prevention Program (MDPP) rule as stated in the CMS 2017 Medicare Physician Fee Schedule published 11/2/16

- Gain clarity on the steps organizations can take now to prepare to be an MDPP Supplier
Background and Timeline

2010
• Affordable Care Act (ACA)
  ❖ Section 1115A(c)

2012
• Center for Medicare and Medicaid Innovation (CMMI)
  ❖ Healthcare Innovation Award (HCIA) to the Y-USA

2016
• March 2016 – Secretary of Health and Human Services announcement and Office of the Actuary certification
• July 2016 – MDPP Proposal (comment period)
• November 2016 – Physician Fee Schedule – MDPP Final Rule (first round)

2017
• Spring/Summer 2017 – MDPP Final Rule (second round)
• Spring/Summer 2017 – New CDC DPRP Standards (comment period)

2018
• January 1, 2018 – MDPP reimbursement begins
• By January 1, 2018 – New CDC DPRP Standards begin (3 years)
Key Components from the MDPP Final Rule (first round):

- Framework for expansion
- Details of the MDPP benefit
- Beneficiary eligibility criteria
  - Limitations on coverage
  - Referral policies
- MDPP Supplier eligibility criteria and enrollment policies
Framework for Expansion

• The National DPP will become a covered benefit under **Medicare Part B** beginning January 1, 2018
  • Part A – inpatient
  • Part B – outpatient
    • Approximately 70% of Medicare beneficiaries
  • Part C – Medicare Advantage program
    • Part A and Part B benefits, and typically Part D benefits
    • Approximately 30% of Medicare beneficiaries
  • Part D – outpatient prescription drugs
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Details of MDPP Benefit:

- **Core benefit** is 12 consecutive months
  - **Core sessions** = at least 16 weekly core sessions over months 1 – 6
  - **Core maintenance sessions** = at least six monthly core maintenance sessions over months 6 – 12. Offered regardless of weight loss
- CDC-approved core curriculum
- Session duration requirement – approximately one hour
Details of MDPP Benefit:

Core Sessions

Core Maintenance Sessions

Ongoing Maintenance Sessions

Core benefit = 12 months
Details of MDPP Benefit:

• **Ongoing maintenance sessions** are offered monthly after the core benefit IF participants achieve and maintain the required minimum weight loss of five percent (5%)
  
  • “**Maintenance of weight loss**” – achieving the required minimum weight loss (5%) from baseline weight at any point during each 3 months of core maintenance or ongoing maintenance sessions
  
  • “**Maintenance session bundle**” – each 3-month interval of core maintenance or ongoing maintenance sessions
Payment Model in July 2016 Proposal:

<table>
<thead>
<tr>
<th>Service Provided</th>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Sessions</td>
<td></td>
</tr>
<tr>
<td>1 session attended</td>
<td>$25</td>
</tr>
<tr>
<td>4 sessions attended</td>
<td>+ $50</td>
</tr>
<tr>
<td>9 sessions attended</td>
<td>+ $100</td>
</tr>
<tr>
<td>5 percent weight loss from baseline</td>
<td>+ $160</td>
</tr>
<tr>
<td>9 percent weight loss from baseline</td>
<td>+ $25</td>
</tr>
<tr>
<td>Maximum Total for Core sessions in Year 1</td>
<td>$360</td>
</tr>
<tr>
<td>Maintenance Sessions (Maximum of 6 monthly sessions over 6 months in Year 1)</td>
<td></td>
</tr>
<tr>
<td>3 Maintenance sessions attended with maintenance of 5 percent weight loss</td>
<td>$45</td>
</tr>
<tr>
<td>6 Maintenance sessions attended with maintenance of 5 percent weight loss</td>
<td>+ $45</td>
</tr>
<tr>
<td>Maximum Total for Maintenance sessions in Year 1</td>
<td>$90</td>
</tr>
<tr>
<td>Maximum Total for Year 1</td>
<td>$450</td>
</tr>
<tr>
<td>Maintenance Sessions After Year 1 (minimum of 3 sessions attended per quarter with no maximum)</td>
<td></td>
</tr>
<tr>
<td>3 Maintenance sessions plus maintenance of 5 percent weight loss</td>
<td>$45</td>
</tr>
<tr>
<td>6 Maintenance sessions attended plus maintenance of 5 percent weight loss</td>
<td>+ $45</td>
</tr>
<tr>
<td>9 Maintenance sessions plus maintenance of 5 percent weight loss</td>
<td>+ $45</td>
</tr>
<tr>
<td>12 Maintenance sessions attended plus maintenance of 5 percent weight loss</td>
<td>+ $45</td>
</tr>
<tr>
<td>Maximum Annual Total After Year 1</td>
<td>$180</td>
</tr>
</tbody>
</table>
Key Components: Key Components from the MDPP Final Rule (first round):

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Beneficiary Eligibility Criteria:

- Enrolled in Medicare Part B
- BMI of at least 25 or at least 23 if self-identified as Asian
- Have, within the 12 months prior to attending the first core session:
  - HgbA1c test with a value between 5.7 and 6.4 or
  - Fasting plasma glucose of 110 – 125 mg/dL or
  - 2-hour post-glucose challenge of 140-199 mg/dL
- No previous diagnosis of type 1 or type 2 with the exception of gestational diabetes (GDM)
- Do not have end-stage renal disease (ESRD)
- No previous receipt of MDPP services
Limitations on Coverage:

- Beneficiaries who meet the eligibility criteria would only be able to receive MDPP services once in their lifetime.
Referral Policy:

• Self-referral
• Community-referral
• Health care practitioner-referral (which includes non-physician practitioner referrals)
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Who Can Enroll as an MDPP Supplier?

• An organization with preliminary or full recognition from the CDC’s Diabetes Prevention Recognition Program (DPRP)
  
  • What is preliminary recognition?
  
  • Anticipate that CDC will address standards for preliminary recognition in new DPRP Standards to begin in 2018.
  
  • CMS will propose an interim definition in final rulemaking (round 2).
  
• Existing Medicare suppliers would have to enroll separately as MDPP suppliers
What are the Enrollment Policies for an MDPP Supplier?

• Enrollment regulations set forth in 42 CFR part 424, subpart P
  • Time limits for filing claims
  • Requirements to report and return overpayments
  • Procedures for suspending, offsetting or recouping Medicare payments in certain situations

• Screening regulations set forth in 424.518(c) for “High Categorical Risk”

• Obtain an National Provider Identifier (NPI)
What is “High Categorical Risk” Screening for Suppliers?

• Screening regulations set forth in 424.518(c) for “High Categorical Risk”
  • Site visit by CMS
  • Fingerprints required from anyone who has 5% or more ownership interest in the organization
  • Background checks
What about Lifestyle Coaches or “Coaches?”

• Coaches need to obtain an NPI
  • National DPP organizations will need to submit a roster of coach NPIs, names and SSNs to CMS upon applying for enrollment as an MDPP supplier

• Coaches cannot apply to be an MDPP supplier on their own
  • Just like the CDC DPRP’s definition of recognized programs, MDPP suppliers are at the organizational level

• Any individual can become a Coach
MDPP Suppliers – IT and Infrastructure Needed to Comply with Medicare

- **Submit** claims using standard forms/procedures
- **Attest** to participant session attendance/weight loss at time of claims submission
- **Track** payments and resolve discrepancies between claims submitted and data entered in medical records
- **Comply** with statutes and regulations for Medicare suppliers (e.g. submit claims within time limits; report and return overpayments)
  - **42 CFR part 424, subpart P**
MDPP Suppliers – IT and Infrastructure Needed to Comply with Medicare

- **Maintain detailed records** of services provided within a medical record
- **Retain** participant medical records for **seven** years and provide access to CMS upon request
- **Maintain a crosswalk** between identified beneficiary data submitted to CMS and identified beneficiary data submitted to CDC’s DPRP
- **Handle protected participant data in compliance with HIPAA** and other standards
What Can Your Organization Be Doing Now?

- Understand **enrollment regulations**
- Understand **High Categorical Risk** screening
- Understand the application process to enroll in Medicare - **PECOS**
- Download free software to submit claims – **PC-ACE Pro32**
- Review process for obtaining an **NPI**
- Continue to work toward obtaining full-recognition from the CDC’s DPRP
- Work with provider groups to encourage Medicare beneficiary referrals with blood-based values
- Watch for the **new DPRP Standards and the next final rule (round 2)** to come out in Spring/Summer 2017
Spring/Summer 2017 – Final Rule (second round):

- Virtual
- Interim definition of “preliminary recognition”
- Payment structure
  - Duration limit for ongoing maintenance sessions
  - Attribution of beneficiaries in the program
- Coach roster – how info will be used during enrollment and monitoring
- Program integrity policies

CMS intends for organizations to be able to apply to enroll as MDPP suppliers at the conclusion of the next round of rulemaking.
For more information:

• Visit the CMS website and sign up to receive updates:
  https://innovation.cms.gov/initiatives/medicare-diabetesprevention-program/

• Visit the AADE DPP Network to look for workshops, trainings and webinars that review and prepare your program for successful and sustainable DPP implementation
  http://www.diabeteseducator.org/dpp
Questions?

Thank you

kmccracken@chronicdisease.org