Medicaid & Medicare Coverage for Diabetes Prevention

NIHB National Tribal Health Conference

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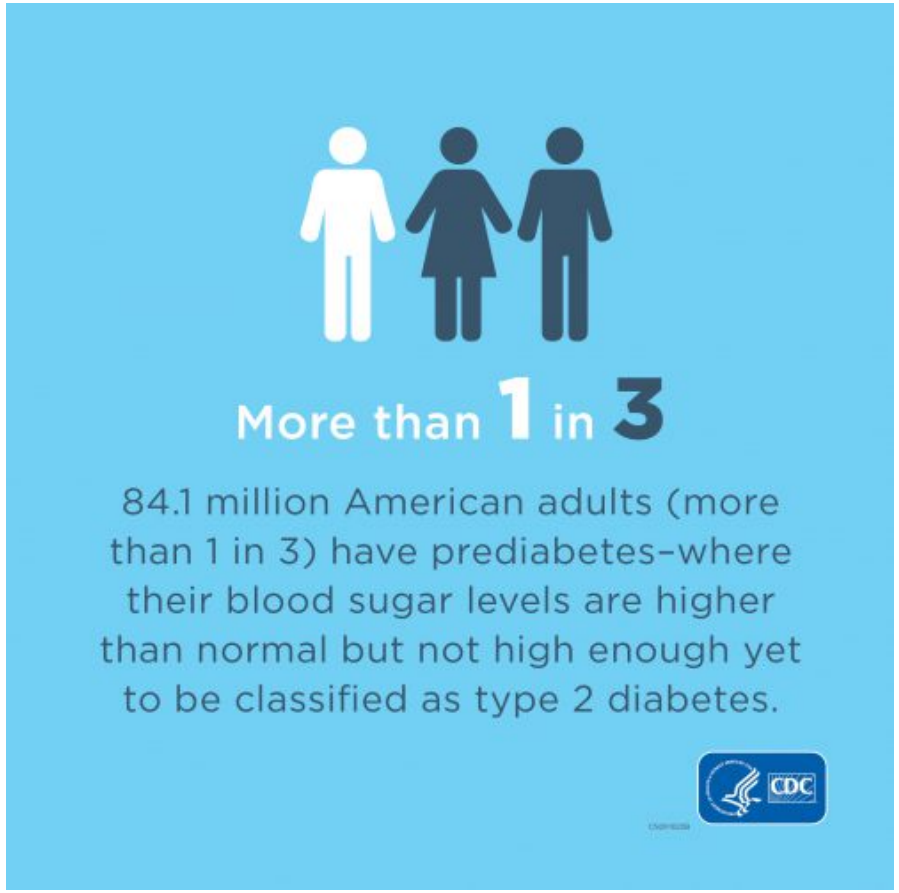
Objectives

The primary objectives for today's presentation are outlined below

- Review opportunities for coverage of diabetes prevention services in **Medicaid** as well as quality improvement support available
- Update on the **Medicare** Diabetes Prevention Program (MDPP)
- Provide information and guidance on how to become an MDPP Supplier
- Provide resources on where to go and who to contact with questions regarding diabetes prevention in Medicaid and Medicare

The Problem

- 30.3 million Americans have diabetes
- 25% of Americans 65 and older have type 2 diabetes
- Medical care for people with diabetes costs about $237 billion annually
  - Care for people with diabetes costs Medicare about $104 billion annually
- More than 1 in 3 Americans adults has prediabetes



Source: Centers for Disease Control and Prevention (CDC) Division of Diabetes Translation, https://www.cdc.gov/diabetes/resources-publications/index.html and https://www.cdc.gov/chronicdisease/resources/publications/aag/diabetes.htm

Diabetes Prevalence in the US and AIAN (2015)

In General:

- An estimated 30.3 million people of all ages—or 9.4% of the U.S. population—had diabetes in 2015
- This total included 30.2 million adults aged 18 years or older (12.2% of all U.S. adults)
- AND 7.2 million (23.8%) were NOT aware of or did not report having diabetes
- The percentage of adults with diabetes increased with age, reaching a high of 25.2% among those aged 65 years or older

- In 2015, the Age Adjusted **Prevalence** of Diagnosed Diabetes for American Indian/Alaska Native age >18 is **15.1%**
- https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf

Medicaid Administration

- Within federal guidelines, each state
  - Operates and administers its program through a State plan or waiver of the state plan (1115 Demonstration)
  - Establishes its own eligibility standards
  - Determines the type, amount, duration and scope of services
  - Sets the rate of payment for services
- The Medicaid State Agency
  - Administers the state plan
  - May delegate some functions, like eligibility determinations and appeals, to appropriate government entities
- States receive federal matching funds
  - Known as Federal Medical Assistance Percentage (FMAP)
  - Used to calculate amount of federal share of state expenditures
  - FMAP varies from state to state from 50% to 78%
    - Also sometimes varies by eligibility group/service

Medicaid Diabetes Prevention Services

- Under existing authorities, diabetes prevention services can be covered by Medicaid as optional services for adults
- Diabetes prevention services include:
  - screening for elevated blood glucose levels and other risk factors such as high body mass index (BMI) and elevated blood pressure
  - diet or nutritional counseling
  - physical activity counseling
  - medication
- Diet/nutritional counseling and physical activity counseling for diabetes prevention are typically delivered in combination as part of a program

Designing a Diabetes Prevention Benefit in Medicaid

- States have flexibility in how they design the benefit in Medicaid including:
  - Where it fits in the Medicaid State Plan
  - Who can provide and bill for the service
  - How payment/reimbursement is structured

- Under the Social Security Act section 1905(a) benefit categories, all other state Medicaid plan requirements must be met
  - E.g. statewideness, free choice of providers, comparability of services outlined in section 1902 of the Social Security Act

Example of Medicaid Coverage: Montana

- Added benefit in 2012; updated in 2016
- Defines benefit as: “nutritional and lifestyle counseling to prevent diabetes and cardiovascular disease”
- Provider types (expanded in 2016):
  - Physicians, mid-level practitioners, registered dieticians who are also nutritionists, hospitals, Federally Qualified Health Centers, Rural Health Clinics, Indian Health Service/Tribal Health Services, Groups/Clinics, and Public Health Departments
- 12-month intensive lifestyle change program including 16 weekly and 6 monthly sessions
- Reimbursement per person, per session
- More information: http://dphhs.mt.gov/publichealth/Diabetes/DPP.aspx

Many States Exploring Medicaid Options to Expand Access to Diabetes Prevention Services

- Medicaid National Diabetes Prevention Program Demonstration:
  - Maryland, Oregon
- Centers for Disease Control and Prevention (CDC) 6|18 Initiative:
  - California, Georgia, Indiana, Kentucky, Nevada, New Hampshire, New Jersey, North Carolina, Pennsylvania, Rhode Island, South Carolina, Utah, Wyoming
- Other Virtual Learning Collaborative participants:
  - Arkansas, Louisiana, Maine, Minnesota, Missouri, Montana, North Dakota, Texas, Washington, West Virginia

Medicaid and CHIP Quality Measurement

- Each year, the Centers for Medicare & Medicaid Services (CMS) publishes sets of core measures showing the quality of care and health outcomes for beneficiaries enrolled in Medicaid and the Children's Health Insurance Program (CHIP).
- The Child and Adult Core Sets promote our objective of focusing on results by supporting federal and state efforts to collect, report, and use a standardized set of measures to drive improvement in the quality of care provided to Medicaid and CHIP beneficiaries.

Snapshot of www.medicaid.gov/medicaid/quality-of-care/

Diabetes Measures in the Adult Core Set

- The Adult Core Set includes several measures related to diabetes screening and management:

  Screening

  - Adult Body Mass Index Assessment
  - Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

  Management

  - Comprehensive Diabetes Care: Hemoglobin A1c Testing
  - Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)
  - Diabetes Short-Term Complications Admissions Rate
  - Diabetes Care for People with People with Serious Mental Illness: Hemoglobin A1c Poor Control (>9.0%)

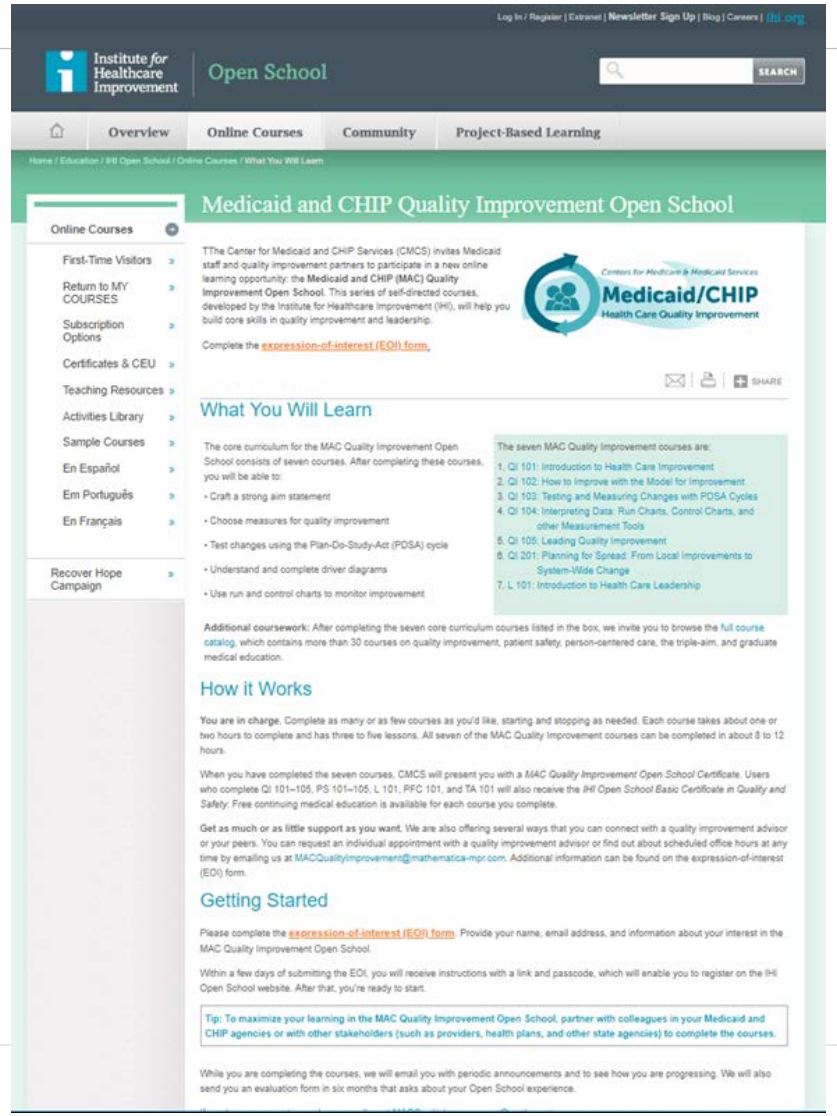
Medicaid and CHIP Quality Improvement Program

The Quality Improvement (QI) Program provides state Medicaid and CHIP agencies and their quality improvement partners with the information, tools, and expert support they need to improve care and health outcomes, as demonstrated by performance on Core Set measures.

- Technical assistance available to help states:
  - Build QI skills, knowledge and capacity
  - Develop QI projects
  - Implement, spread and scale-up QI initiatives
- Modes of technical assistance include:
  - Webinars
  - Affinity Groups and learning communities
  - Individualized coaching

Medicaid and CHIP Quality Improvement Open School

- Online courses developed by the Institute for Healthcare Improvement (IHI)
  - Craft a strong aim statement
  - Choose measures for quality improvement
  - Understand and complete driver diagrams
  - Use run and control charts to monitor improvement
- Quality improvement advisory support available
- Resource library
- For more information, visit: www.ihi.org/MACQuality



Resources

- **National Diabetes Prevention Program Coverage Toolkit**: http://nationaldppcoveragetoolkit.org/
- **Medicaid and CHIP Prevention Mailbox**: MedicaidCHIPPrevention@cms.hhs.gov
- **Medicaid & CHIP Adult Core Set:** https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html
- **Core Set Measure Collection and Reporting Technical Assistance:** MACQualityTA@cms.hhs.gov
- **Quality Improvement Technical Assistance:** MACQualityImprovement@mathematica-mpr.com

Medicare Overview

Medicare has four parts, but only organizations in Part B and Part C are eligible to be MDPP suppliers.

Original Medicare		Medicare Advantage Part C	Medicare Prescription Drug Coverage
Part A Hospital Insurance	**Part B** Medical Insurance	**Part A** Hospital Insurance + **Part B** Medical Insurance **Part D** Medicare prescription drug coverage	**Part D** Medicare prescription drug coverage
Beneficiary Eligibility for MDPP			
These beneficiaries are not eligible for MDPP	These beneficiaries are eligible for MDPP	*These beneficiaries are eligible for MDPP if their specific MA plan has contracted with an MDPP enrolled supplier	These beneficiaries are not eligible for MDPP

Source: https://www.cms.gov/Outreach-and-Education/Training/CMSNationalTrainingProgram/Medicare-Modules/Understanding-Medicare-Medicare-101.html

The Other Solution: The Medicare Diabetes Prevention Program

Medicare pays organizations, called MDPP Suppliers, to furnish a group-based intervention to 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

DIET | PHYSICAL ACTIVITY | WEIGHT LOSS

Coaches furnish MDPP services on behalf of MDPP Suppliers

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

Who is Eligible?

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 have their BMI measured

Other Medical History

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

A Glance at What is Covered

The first year of MDPP core services includes six months of weekly core sessions followed by six months of monthly maintenance sessions; the second year is contingent upon beneficiary's achieving attendance and weight loss goals and consists of monthly maintenance sessions.

MDPP Core Services

Months 1-6 (Core Sessions) *and* Months 7-12 (Core Maintenance)

- All MDPP beneficiaries are eligible for 12 months of core services
- 5% weight loss is primary goal of core services

Ongoing Maintenance Sessions*

Months 13-24

- Beneficiaries must meet weight loss and attendance goals to be eligible

- Follows a CDC-approved curriculum
- No beneficiary copay
- No referral required

* The ongoing maintenance sessions are unique to the MDPP services and not required for CDC recognition.

Better Outcomes, Higher Incentives

Payments are made based on beneficiary attendance *and* beneficiary weight loss.

*Year 1 Payment Scenarios**		
Attendance	Weight Loss (WL)	Total Payment Made
1 Core Session	N/A	**$25**
9 Core Sessions	Without 5% WL	**$165**
9 Core Sessions	With 5% WL	**$235**
Full (9 Core, 4 Core Maintenance)	No WL	**$195**
Full (9 Core, 4 Core Maintenance)	5% WL (mos. 0 – 6) & maintains WL in mos. 7-12	**$445**

**Note: in Year 2, suppliers can also receive up to 4 payments of $50 (total potential of $200) per beneficiary, assuming ongoing maintenance session attendance and maintenance of 5% weight loss; the maximum payment per beneficiary is $670 over 2 years*

Inter-Agency Coordination

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

Payment, Enrollment, and Oversight

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

Quality Assurance

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

Becoming an MDPP Supplier

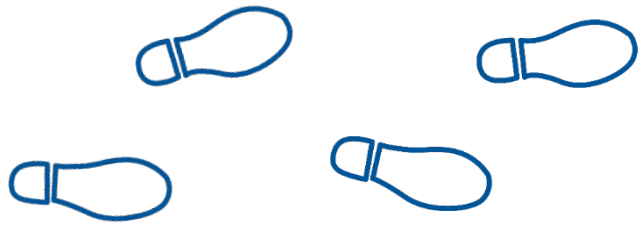
Organizations must meet key requirements and complete an application to become MDPP suppliers.

1. Gain CDC Recognition

- Organizations must have **either CDC full or preliminary recognition**
- Visit the CDC website to learn more about gaining recognition

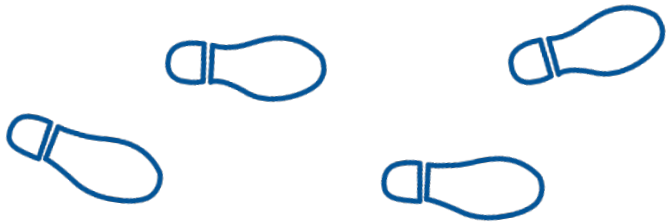
2. Enroll as an MDPP supplier

- Enroll using the online PECOS application or the CMS-20134 form



3. Furnish MDPP Services

- MDPP services must be **furnished to eligible MDPP beneficiaries** by an enrolled MDPP supplier



4. Submit Claims to Medicare

- Suppliers will submit claims to their **Medicare Administrative Contractor (MAC),** or when applicable, submit encounter data to a **Medicare Advantage organization**

MDPP Supplier Benefits

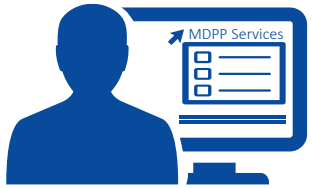
Beyond improving outcomes in your local community, there are direct benefits for MDPP suppliers.

Reduce the risk of type 2 diabetes among community members aged 65 years and older

Recognized by Medicare as a **health care provider**

Enhance your **community impact** at the local level by promoting healthier behavior

Receive performance-based payments for effectively delivering MDPP services



Access to fact sheets, videos, webinars, and other helpful resources to deliver MDPP services

Ready to Enroll as an MDPP Supplier?

Interested in furnishing MDPP services, and already a CDC-recognized National DPP delivery organization?

Enroll as an MDPP Supplier

COMPLETE THE FOLLOWING BEFORE ENROLLING:

1. Create an Identity and Access (I&A) Account: https://nppes.cms.hhs.gov/IAWeb/login.do

   (for online applications only)

2. Obtain a **National Provider Identifier (NPI)**: https://nppes.cms.hhs.gov

Remember: Organizations are strongly encouraged to obtain a separate NPI to be used for MDPP enrollment

ORGANIZATIONS CAN ENROLL IN MEDICARE ONLINE THROUGH

Provider Enrollment Chain and Ownership System

Or the CMS-20134 paper enrollment form

There is no end date for application submissions

MDPP Supplier Resources: Enrollment Fact Sheet

Use the Enrollment Fact Sheet to learn the steps to take to enroll as an MDPP supplier

Medicare Diabetes Prevention Program:
Preparing to Enroll as an MDPP Supplier

Eligible organizations may enroll to be a Medicare Diabetes Prevention Program (MDPP) supplier in January 2018. Your organization may enroll as an MDPP supplier if it meets certain criteria and applicable Medicare enrollment requirements (see 81 FR 80170)[1]. You may take the following steps to prepare for enrollment.

Take steps now to prepare to enroll as an MDPP supplier

You must complete the following *required* steps before submitting enrollment information:

1. Create an Identity and Access (I&A) Account (for online applications only)
2. Obtain a National Provider Identifier (NPI)

Prior to enrollment, it may be helpful if you:

3. Learn how to submit enrollment information through the Provider Enrollment Chain and Ownership System (PECOS)
4. Learn about Medicare Administrative Contractors (MACs), the contractors who process Medicare enrollment information and claims
5. Check out available resources and help desks

Additional details, ***Key Facts*** and ***Helpful Resources*** for each step are outlined below.

Get Started: Create an I&A Account for Online Applications

For online applications, create one account with the I&A Management System. Your I&A account allows you to access the CMS systems you will need to enroll as an MDPP supplier.

Key Facts about the I&A Management System

- Your I&A account allows you to manage staff and give others access to your enrollment information.
- Your account connects you to important CMS systems relevant to MDPP suppliers, including the National Plan and Provider Enumeration System (NPPES) and PECOS.
- I&A accounts are only required for online enrollment applications. If you enroll using the paper-based form, you will not need to create an I&A account.

Helpful Resource

- I&A Management System Website

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[1] The Centers for Medicare and Medicaid Services (CMS) finalized this decision in the Calendar Year 2017 Physician Fee Schedule (CY 2017 PFS)

What is the Enrollment Fact Sheet?

A 2-page document that highlights the necessary steps to prepare to enroll in Medicare as an MDPP supplier. This factsheet provides an introduction to various CMS systems involved in the enrollment process.

Audience: Organizations waiting to achieve CDC preliminary or full recognition, or preparing to enroll

Where can I find the Enrollment Fact Sheet?

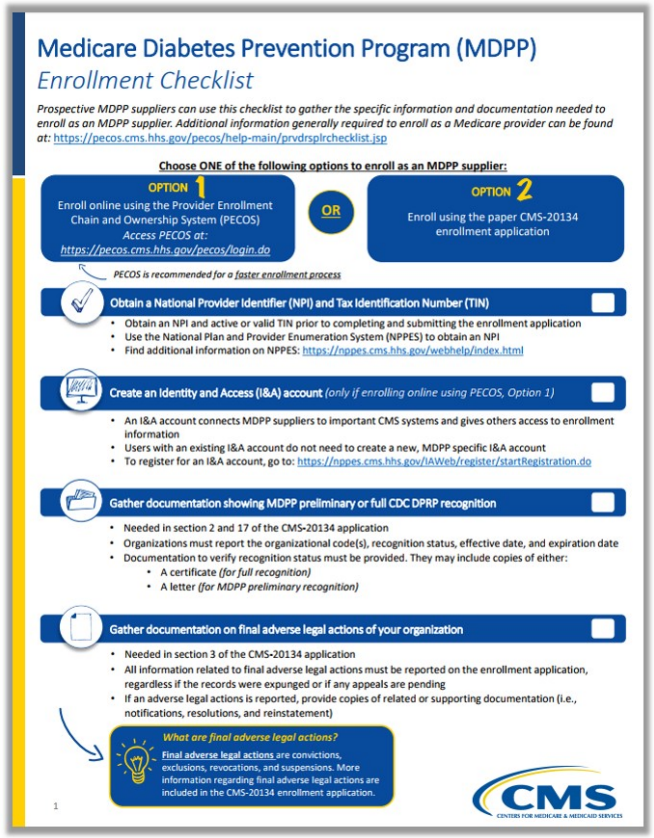
Go to: http://go.cms.gov/mdpp

Scroll to: *MDPP Enrollment and Recognition Information*

Click: *MDPP Enrollment Fact Sheet*

MDPP Supplier Resources: Enrollment Checklist

Use the Enrollment Checklist to gather the specific information needed to enroll as an MDPP supplier



Medicare Diabetes Prevention Program (MDPP)

Enrollment Checklist

Prospective MDPP suppliers can use this checklist to gather the specific information and documentation needed to enroll as an MDPP supplier. Additional information generally required to enroll as a Medicare provider can be found at: https://pecos.cms.hhs.gov/pecos/help-main/prvdrsplrchecklist.jsp

Choose ONE of the following options to enroll as an MDPP supplier:

OPTION 1 — Enroll online using the Provider Enrollment Chain and Ownership System (PECOS). *Access PECOS at:* https://pecos.cms.hhs.gov/pecos/login.do

OR

OPTION 2 — Enroll using the paper CMS-20134 enrollment application

PECOS is recommended for a faster enrollment process

Obtain a National Provider Identifier (NPI) and Tax Identification Number (TIN)

- Obtain an NPI and active or valid TIN prior to completing and submitting the enrollment application
- Use the National Plan and Provider Enumeration System (NPPES) to obtain an NPI
- Find additional information on NPPES: https://nppes.cms.hhs.gov/webhelp/index.html

Create an Identity and Access (I&A) account *(only if enrolling online using PECOS, Option 1)*

- An I&A account connects MDPP suppliers to important CMS systems and gives others access to enrollment information
- Users with an existing I&A account do not need to create a new, MDPP specific I&A account
- To register for an I&A account, go to: https://nppes.cms.hhs.gov/IAWeb/register/startRegistration.do

Gather documentation showing MDPP preliminary or full CDC DPRP recognition

- Needed in section 2 and 17 of the CMS-20134 application
- Organizations must report the organizational code(s), recognition status, effective date, and expiration date
- Documentation to verify recognition status must be provided. They may include copies of either:
  - A certificate *(for full recognition)*
  - A letter *(for MDPP preliminary recognition)*

Gather documentation on final adverse legal actions of your organization

- Needed in section 3 of the CMS-20134 application
- All information related to final adverse legal actions must be reported on the enrollment application, regardless if the records were expunged or if any appeals are pending
- If an adverse legal actions is reported, provide copies of related or supporting documentation (i.e., notifications, resolutions, and reinstatement)

What are final adverse legal actions?

Final adverse legal actions are convictions, exclusions, revocations, and suspensions. More information regarding final adverse legal actions are included in the CMS-20134 enrollment application.

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What is the Enrollment Checklist?

A document prospective MDPP suppliers may use to gather all the information needed to include in the MDPP enrollment application.

Audience: Organizations with CDC preliminary or full recognition that are starting the MDPP enrollment process.

Where can I find the Enrollment Checklist?

Go to: http://go.cms.gov/mdpp

Scroll to: *MDPP Enrollment and Recognition Information*

Click: *MDPP Enrollment Checklist*

More Resources

Use the Enrollment Checklist to gather the specific information needed to enroll as an MDPP supplier

Ready to become a CDC-recognized National DPP delivery organization?

Head to the National DPP Website: https://www.cdc.gov/diabetes/prevention/ and visit the new National DPP Customer Service: https://nationaldppcsc.cdc.gov/s/

Ready to enroll as an MDPP supplier?

Once recognized by CDC (either full or preliminary status), enroll online through the Provider Enrollment Chain and Ownership System (PECOS): https://pecos.cms.hhs.gov/pecos/login.do. Review the enrollment application: https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS20134.pdf

Want to access supplier support resources?

Head to the MDPP Website: https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/

Want to access a map of existing MDPP suppliers?

Head to the MDPP Supplier Map: https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/mdpp-map.html or our MDPP Supplier List: https://data.cms.gov/Special-Programs-Initiatives/Medicare-Diabetes-Prevention-Program/vwz3-d6x2/data

Want to find out which organizations are eligible to become MDPP suppliers?

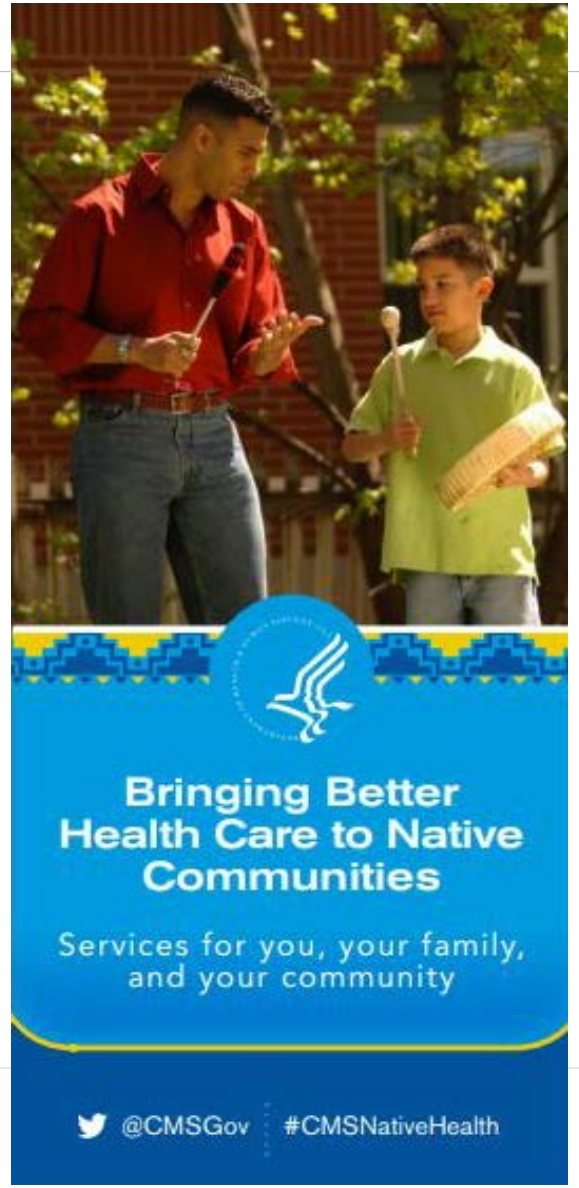
Head to CDC's National DPP Registry: https://nccd.cdc.gov/DDT_DPRP/Registry.aspx, and look for "Full" or "Preliminary" recognition organizations

Other ways to stay updated or ask questions

Sign up for our listserv at: https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/ or email us at: mdpp@cms.hhs.gov

Division of Tribal Affairs Collaboration

- On July 10th, 2019 the CMS Division of Tribal Affairs (DTA) collaborated with the Center for Medicare and Medicaid Innovation (CMMI) on a webinar featuring the MDPP Supplier requirements and enrollment.
- 107 IHS, Tribal and Urban Indian Health Programs attended.
- The recording, when available, will be posted on the CMS DTA Website: https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Outreach-and-Education/index.html



Discussion

There will now be an opportunity for a live question and answer session.

If you have additional questions please submit them to:

For Medicare DPP: MDPP@cms.hhs.gov

For Medicaid Diabetes Prevention:
MedicaidCHIPPrevention@cms.hhs.gov

Other: TribalAffairs@cms.hhs.gov