



## 1705 MDPP and MDPP Supplier LEAP Learning Lab Panel Discussion

### Shared Learnings: MDPP Barriers and Potential Solutions

#### Panelists

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- Pamela Chapman – Bear River Department
- Emily York – Legacy Health
- Sareena Oncea – Providence Health and Services
- Mo Morris – Providence Health and Services
- Joanna DiBenedetto – NACDD
- Arlene Guindon – National Kidney Foundation

The Centers for Disease and Prevention’s (CDC) and National Association of Chronic Disease Directors (NACDD) led a joint technical assistance opportunity for 1705 cooperative agreement recipient organizations, their affiliates, and state health department staff to learn about, collaborate on, and implement efforts to increase the number of Medicare Diabetes Prevention Program (MDPP) suppliers. Participants in their respective 1705 MDPP Learning Collaborative or MDPP Supplier LEAP (Learn. Explore. Activate. Problem-Solve.) Learning Lab joined a shared technical assistance (TA) call featuring a panel of MDPP suppliers on December 8, 2021.

The information and suggestions in this document are derived from this TA call which offered participants the opportunity to connect with current MDPP suppliers to glean knowledge from organizations that have completed the Centers for Medicare & Medicaid Services (CMS) MDPP supplier enrollment application process and are currently delivering the MDPP. Learnings and strategies in this document are summarized for the following topics: [billing and claims](#), [differences between MDPP and Diabetes Prevention Recognition Program \(DPRP\) standards](#), [switching delivery modalities](#), [administrative burden](#), and [sustainability](#).

### Billing and Claims

Billing and claims submission for the MDPP is a complex process that takes time and dedication to complete. To help alleviate supplier burden, panelists suggested that programs plan to hold regular meetings with all stakeholders participating in MDPP delivery to ensure alignment and a collective understanding of how everyone contributes to the success of the MDPP. Programs can also consider having a dedicated billing provider and/or dedicated MDPP coder who can work to understand the complexity and nuances of MDPP billing. For example, Providence Health and Services in Oregon has worked to train non-coach staff members on how to code MDPP claims to decrease the chance of claim denials. Assigning the coding

#### Claims Submission Tips

Legacy Health in Oregon shared their tips for submitting MDPP claims:

- Submit claims for participants sequentially, starting with the first session, to prevent subsequent claim denials.
- Create a new National Provider Identifier (NPI) number for your organization to submit claims - this helps avoid added complexity.
- Include Demo Code 82 on claims to identify MDPP services. The code should be placed in Block 19 or Loop 2300 segment REF01 (P4) and segment REF02 (82).

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to other staff allows lifestyle coaches to focus on MDPP participants. In addition, Providence Health and Services has created a flow chart system that details what charges or codes should be used in different circumstances. They also use a billing tracker that documents micro-level information about each claim. The tracker provides a detailed source of information the program can consult if a claim is denied and further information is needed.

#### Billing Observations

- MDPP codes cannot be billed from a hospital outpatient department. Hospital Billing uses the UB04 claim form, which is not applicable for MDPP and is only used for hospital or hospital outpatient services.
- In most hospital systems, MDPP is billed under the Professional Billing umbrella using the CMS-1500 claim form. Professional Billing is the billing umbrella that ambulatory services (e.g., doctor’s offices, urgent cares, specialty offices) use. Under the Professional Billing umbrella, provider credentialing is not necessary to bill for the MDPP. The key is to have the correct organizational NPI number assigned to the claim. It is also important that the lifestyle coach providing services has an active NPI that corresponds to the NPI listed on the MDPP supplier application for the coach to ensure successful claim submission.
- Most hospital systems have a distinguished line of separation between these two types of billing.

### Differences Between MDPP and DPRP Standards

The MDPP has requirements in addition to those listed in CDC’s Diabetes Prevention Recognition Program (DPRP). These differences can be hard to navigate if organizations are offering both the MDPP and the National Diabetes Prevention Program (National DPP) lifestyle change program simultaneously. To mitigate this challenge, work with partners and/or other MDPP suppliers and/or CDC-recognized organizations to understand best practices for working with each of the programs and their differences.

If both programs are being offered, and it is difficult to communicate across programs due to variation of terminology and standards, consider holding a training session with lifestyle coaches that deliver each program. During the training, language or terminology differences can be outlined and communication alignment can be achieved. Suppliers have found offering additional training can be especially useful when aligning National DPP/MDPP terminology with billing department and claims terminology; it helped to clarify the time and workload responsibility among team members from different departments involved in delivering the program. During these meetings, panelists suggested that programs establish an atmosphere where any and all questions can be asked as well as acknowledge there are many moving parts to both the MDPP and the National DPP lifestyle change program.

### Other Barriers: Switching Delivery Modalities, Administrative Burden, and Sustainability

MDPP suppliers face additional barriers that include difficulty switching from in-person to virtual delivery, administrative burdens, and sustainability challenges. The following table outlines potential strategies to help alleviate some of these obstacles:

<u>Switching to Virtual</u>	<u>Administrative Burden</u>
<ul style="list-style-type: none"> <li>• Converse with other programs to understand the strategies they utilized to transition from in-person to virtual. For example, The Bear River Health Department in Utah realized that virtual delivery allows outreach to a part of the population that wouldn’t otherwise be able to participate. They</li> </ul>	<ul style="list-style-type: none"> <li>• Hire dedicated staff that can focus solely on administrative needs.</li> <li>• Leverage community health workers (CHWs) to take on administrative tasks so that lifestyle coaches can focus on helping program participants.</li> </ul>

have provided the program to over 300 participants since switching to virtual.

- Streamline eligibility and registration needs to help eliminate some of the administrative responsibilities.

#### **Sustainability**

- Conduct targeted outreach campaigns to potential participants that have been identified as high risk for type 2 diabetes and are eligible for the program, which supports recruitment and enrollment efforts.
- Establish relationships with referring providers. Work with individual clinics to scan their electronic health records (EHRs) and identify potential participants with prediabetes. Send out letters promoting the program through the clinic and maintain those relationships to establish a continuous referral source.
- Utilize the changes to the MDPP in the [2022 Physician Fee Schedule](#) (PFS) (pages 961 – 990). The reimbursement changes may help with work towards sustainability of the program and the shortened timeframe can help increase the number of potential participants to be served. **Remember that CMS needs to see the enrollment of MDPP beneficiaries into the MDPP through submitted claims from MDPP suppliers to continue offering the program as a covered benefit.**

### List of Lessons Learned

- **Become an MDPP Supplier** – Becoming an MDPP supplier is an essential step toward sustainability as it provides an ongoing source of revenue when grant funding expires, and it diversifies reimbursement sources. Most importantly, it allows the Medicare population to utilize their covered benefit for the MDPP services.
- **Train Lifestyle Coaches** – Pair a seasoned lifestyle coach that has experience with the Medicare population and the MDPP with a new lifestyle coach. This creates an open environment of learning and gives new lifestyle coaches the opportunity to shadow and learn nuances of the program from someone experienced.
- **Engage with Stakeholders** – Engage with relevant stakeholders within the organization early in the process of becoming an MDPP supplier. Potential stakeholders may include C-Suite leadership, billing department staff, third-party billing administrators, CDC-recognized organization program coordinators, lifestyle coaches, and any others that have a role with MDPP supplier enrollment application submission, program implementation, and claims submissions. Hold regular meetings with everyone involved from the very beginning. This helps to ensure alignment and keeps information flowing between groups rather than getting lost among all the complex moving parts.
- **Develop Relationships with other MDPP Suppliers** – Place effort into building relationships with other MDPP suppliers (especially in your state) and CDC-recognized organizations to discuss best practices and lessons learned. Consider having monthly meetings with those in your area or across your state to share knowledge and expertise.
- **Develop Relationships with your State Health Department** – Reach out to your state health department to see what initiatives are being lead in diabetes prevention and/or specific to the MDPP as well as to tap into potential resources and learning opportunities, and connections with health care organizations or physician champions.
- **Update Information in the Provider Enrollment, Chain, and Ownership System (PECOS) in Large Portions** – Gather all the information or changes needed (e.g., updated addresses, NPI numbers, lifestyle coach information, etc.) and input it all at once. Note: *Do not update the information in PECOS one item at a time, this will lock your application.*
- **Be Persistent** – Work through resistance and be persistent. Dive into the nuances of the MDPP and the National DPP yourself to have overall knowledge and ability to counter pushback when encountered. Have patience and, again, be persistent.

## Resources

- CMS Fact Sheets:
  - [MDPP Overview Fact Sheet](#)
  - [Medicare Advantage Fact Sheet](#)
  - [MDPP Coach Eligibility Fact Sheet](#)
  - [MDPP Beneficiary Eligibility Fact Sheet](#)
- [MDPP Enrollment Checklist](#)
- [MDPP Basics Page on the National DPP Coverage Toolkit](#)
- [MDPP Implementation and Resources Page on the National DPP Coverage Toolkit](#)

*For more information on other MDPP Implementation considerations, visit our MDPP section on the National DPP Coverage Toolkit: <https://coveragetoolkit.org/mdpp-implimentation-resources/>*