



The Medicare Diabetes Prevention Program Enrollment Project

Small Team Technical Assistance Summary Resource

With funding and support from the Centers for Disease Control and Prevention's (CDC) Division of Diabetes Translation, the National Association of Chronic Disease Directors (NACDD) has been offering the Medicare Diabetes Prevention Program (MDPP) Enrollment Project, a technical assistance (TA) and funding opportunity designed to support MDPP suppliers in their efforts to increase enrollment in their programs. This project offers access to billing infrastructure to facilitate claims submission as well as referral and marketing TA and support. Approximately 50 MDPP suppliers have participated in this opportunity since it was released in fall of 2020.

Small Team TA Mentors

- The Granite YMCA (NH)- Cindy Lafond
- Oregon Wellness Network- Lavinia Goto
- The Sight Center of Northwest Pennsylvania- Lana Kunik
- Sun Health Services (AZ)- Teri Elkins

As part of the MDPP Enrollment Project TA, NACDD selected four MDPP Enrollment Project supplier participants to serve as mentors and lead small group technical assistance calls, called "Small Team TA." Mentors were selected based on demonstrated leadership capacity and expertise in delivering the MDPP. The MDPP Enrollment Project suppliers seeking Small Team TA were divided into four groups, which were each led by a mentor. The four TA groups were loosely organized by type of organization and regions, including: 1) New York-based organizations and YMCAs from

various states, 2) community-based organizations (CBOs) and one pharmacy, 3) organizations with a link to health care providers, such as health systems and medical centers, and 4) organizations with large networks (i.e., multiple locations) and organizations located in western states. Each mentor was assigned to one of these groups; they then divided their group into smaller teams of 3-4 MDPP suppliers each. Small Team TA was conducted from January through July 2022. Mentors kicked off the Small Team TA by hosting individual calls with each of their assigned MDPP suppliers to determine their individual TA needs in relation to increasing enrollment into the MDPP. After the one-on-one meetings, mentors were expected to hold at least four one-hour group meetings with their assigned MDPP suppliers (NACDD periodically joined these calls). Following each group meeting, mentors were asked to submit meeting summary reports detailing barriers discussed and solutions offered. This summary resource describes the information that was shared during the Small Team TA meetings, provides resources and solutions discussed in relation to each barrier, and gives an overview of feedback from participants. Information is categorized by topic and organized by percentage of total TA questions and requests received from participants.

Thirty-nine MDPP suppliers participated in the Small Team TA meetings, representing **71%** of the total MDPP Enrollment Project awardees. **Thirteen** organizations were health systems, **19** were CBOs, **one** was a Federally Qualified Health Center (FQHC), and **one** was a pharmacy.



Increasing Referrals from Health Care Providers

Percentage of questions asked in this – 25%

Participants asked questions about increasing referrals from health care providers, including how to:

- Cultivate relationships with referring health care providers
- Educate primary care providers (PCPs) about referring to the MDPP
- Design referral systems
- Maintain their workforce when referrals wax and wane

Strategies to Increase Referrals from Health Care Providers

Identify and outreach to clinics that use alternative payment methods (APMs), as they may be more incentivized to engage with CBOs and refer eligible participants

Utilize methods and resources that can lighten a PCP's workload and encourage referrals, such as:

- Streamlining referral processes
- Ensuring health care providers have enough brochures on the MDPP to offer to potential participants

Engage with the appropriate staff at PCP offices in preparation for education about referrals by:

- Calling or emailing the office manager before visiting, giving a brief overview of the program, and setting up an in-person meeting
- Creating a QR code that can easily be used by health care providers to access information on the MDPP and instructions on how to refer
- Adding your program into the referral system of the electronic health record (EHR) used by the clinic to make it easy for the health care provider to make referrals
- Offering to attend a medical staff meeting (usually in large clinics only) and present findings that demonstrate the effectiveness of the MDPP with populations the clinic serves

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Market combined services (e.g., have a mammographer reach out about preventive services and introduce the MDPP at that time)

Train clinic staff to deliver the program directly or encourage them to host the program in their clinic to allow staff to help support referral and participant outcomes

Identify accountable care organizations (ACOs) and/or value-based care organizations in your area to see if they would be open to sending referrals to your program; market that it wouldn't be an extra cost and would help their organization keep costs under control

Research existing PCP relationships and see if those relationships could be expanded to include the MDPP – find a network or CBO that has worked with the MDPP previously and share the model used with others

Have participants share their successes with their PCPs and encourage them to thank their PCPs for the referral

Resources

- Find ACOs in your area [here](#)
- List of [current ACOs](#)
- [How to Engage ACOs page](#) on the National DPP Coverage Toolkit
- Referrals section of the [MDPP Implementation Resources page](#) on the Coverage Toolkit
- CDC [referral strategies](#)



Billing the Centers for Medicare & Medicaid Services (CMS)

Percentage of questions asked in this category – 13%

Participants asked questions about billing, including:

- Billing related to Epic
- Fears about not being reimbursed
- Slow reimbursement
- Complicated billing processes

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Strategies to Successfully Bill CMS

Utilize the Welld Health billing platform, or other billing platforms, to enable successful claims submission

Reach out to the billing platform your organization works with or to the Medicare Administrative Contractor (MAC) in your area to gain additional help and guidance with billing

Resources

- Billing and Claims section of the [MDPP Implementation Resources page](#) on the Coverage Toolkit
- [Welld Health Billing Platform](#)



Increased Marketing to Participants

Percentage of questions asked in this category – 12%

Participants asked questions about increasing marketing, including:

- CDC efforts to promote the program
- Targeting the Medicare population through marketing
- MDPP attendance being low despite marketing to organizations
- Lack of reimbursement for resources used to educate and market to Medicare beneficiaries
- Lack of funding to promote the MDPP

Strategies to Increase Marketing to Potential MDPP Participants

Partner and work closely with state and county public health agencies to promote the MDPP

Research local legislators who may be willing to use their influence to spread awareness about the MDPP and to support a health promotion event

Focus on senior populations:

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- Research organizations that focus on working with senior populations (such as Area Agencies on Aging) and conduct initial outreach
- Study senior-focused publications and online guides for strategies to market to senior populations
- Access partner organizations' EHRs to filter and pull data that targets the 65+ population with blood test values in the prediabetes range

Offer a session zero or discovery session – create flyers and a sign-up sheet for community partners to share

Utilize free and/or low-cost marketing resources (e.g., social media, free or low-cost publications to send through the mail or email, flyers in pharmacy medication bags, radio PSAs, etc.)

Leverage community health and outreach workers at community health screenings that target older populations (e.g., blood sugar and cholesterol screenings) to let them know about resources, including sessions for prediabetes, diabetes, and other chronic conditions

Resources

- Marketing section of the [MDPP Implementation Resources page](#) on the Coverage Toolkit
- [CDC MDPP Promotional Materials](#)
- Organizations advocating for seniors, such as SeniorAdvisor.com, a [resource HUB for seniors](#)
- [CDC's Strategies to Increase Health System Referrals to Type 2 Diabetes Prevention and Diabetes Management Program \(PDF\)](#)



Medicare Advantage

Percentage of questions asked in this category – 12%

Participants asked questions about Medicare Advantage (MA), including:

- Insurance verification
- Working with MA plans
- Contracting processes
- Sending claims without a contract

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- Lack of reimbursement for MA participants

Strategies to Receive MDPP Reimbursement from MA Plans

Promote how the MDPP can boost [STAR ratings](#); focus on what MA plans care about

Reach out and offer to troubleshoot any denied claims for MA – this will help solve the reimbursement issue and give insights into the MA plan’s reimbursement processes

Identify and outreach to population health departments at MA plans

Utilize Well Health services and other billing platforms to support MA contracting

Research the local MA plans with the largest penetration and target those plans first

Form a network (i.e., an organization with multiple locations or an umbrella hub organization (UHO)) of MDPP suppliers that fit the MA plan’s reach, allowing the MA plan to contract with a single organization

Common Reasons for Denials

Organization (a.k.a., billing provider) and/or the National DPP lifestyle coach (a.k.a., rendering provider) is not credentialed with the MA plan

The MA plan does not recognize the MDPP Healthcare Common Procedure Coding System (HCPCS) G -codes (i.e., G9873, G9874, etc.) for reimbursement (these codes are a “status X” code)

The MDPP claim is sent to an incorrect health plan (i.e., the payer ID # is incorrect on the claim)

Other claim information is missing (i.e., the NPI numbers for billing and rendering providers, diagnoses codes, etc.)

Resources

- CMS MDPP [MA Fact Sheet](#)
- Working with MA Plans section of the [MDPP Implementation Resources page](#) on the Coverage Toolkit
- The Administration for Community Living [Tip Sheet](#) for working with MA plans
- ACL MA [Market Penetration Analysis](#)
- [Umbrella Hub Arrangements page](#) on the Coverage Toolkit



Virtual Delivery*

Percentage of questions asked in this category – 9%

Participants asked questions about virtual delivery, including:

- The end of the public health emergency (PHE)
- Virtual facilitation strategies
- Virtual MDPP meetings with multiple lifestyle coaches

Strategies to Support Virtual Delivery of MDPP

Include additional staff members in virtual sessions who can respond to chats and answer questions while the lifestyle coach facilitates the session.

Begin planning in-person sessions in preparation for the end of virtual delivery allowances (when the PHE concludes)

Utilize a HIPAA-compliant virtual delivery platform (e.g., Zoom, etc.) to host sessions with multiple lifestyle coaches

Make the case for virtual/distance delivery of the MDPP to present to your state’s congressional representatives for federal rulemaking

*Virtual delivery of the program is allowable during the PHE.



Partnership Development

Percentage of questions asked in this category – 5%

Participants asked questions about partnership development, including:

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- Identifying the right people to talk to in each organization
- Identifying available networks or umbrella hub arrangements (UHAs) in the area

Strategies to Improve Partnership Development

Outreach to the diabetes program staff at your State Health Department

Look for networks in nearby states or consider forming your own network

- Networks can be local, regional within a state, statewide, or include multiple states; look for coverage patterns that mirror potential payers, (e.g., an MA plan that covers two adjacent states)

Verifying Eligibility

Percentage of questions asked in this category – 4%

Participants asked questions about verifying eligibility, including:

- Eligibility as it relates to credentialing processes
- Finding MDPP eligible Medicare beneficiaries

Strategies to Verify Eligibility

Send out letters to potential participants

Include information on your referral form about sending labs and insurance information

Connect with health care providers to obtain lab tests (labs must be within one year of the participant's first session of the MDPP)

Referrals from clinics often have verified eligibility for their own purposes; ask that that data be included in any referrals made

For consumer referrals, take pictures of all their insurance cards, including traditional Medicare cards (i.e., red, white, and blue cards). Often older adults do not understand the difference between traditional Medicare, a supplemental insurance plan and/or an MA plan

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During session zero or the discovery session, encourage participants who do not have access to their latest blood work to sign a medical release form. This form allows the MDPP supplier time to fax the signed document to the participant's PCP and get their blood test result(s) prior to their first MDPP session

Consider getting an account with LabCorp or Quest so you can directly retrieve labs that a participant has done through them



Other

Percentage of questions asked in this category – 21%

Participants asked questions about additional topics, including:

- Maintaining participant motivation if 5% weight loss is not met
- Offering different session times
- Small MDPP suppliers operating in a large region
- Health equity and racism
- Administrative costs
- Resources to obtain a blood test for Medicare participants who don't have a qualifying blood test result
- Staff turnover
- Cost of lifestyle coach trainings
- Limited resources

Miscellaneous Strategies

Offer to have one-on-one meetings with participants who are not meeting their weight loss goals and provide positive feedback on victories unrelated to weight loss

Conduct weekend sessions to accommodate multiple schedules

Engage the local health care provider community and find champions to promote the MDPP if you are in a smaller organization covering a small area of a larger region; research networks already in the area that may or may not be related to the MDPP

Join state coalitions to build relationships and open opportunities for collaboration

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Look for community partners to help evenly distribute administrative burdens

Investigate grant opportunities

Incorporate nurse and resident interns who are required to meet a certain number of community hours as well as other volunteers to help address staffing issues

Consider expanding your services to include offerings that still relate to the mission of your organization (e.g., teach nutrition classes to people with kidney conditions)

Offer services in addition to the MDPP that you can bill for (e.g., medical nutrition therapy or chronic care management)

Work with the State Health Department to help address health equity and racism

Consider offering programs for family caregivers, especially if they are responsible for the shopping and cooking

Work with the state legislature and request that legislative representatives promote the program to their constituents



An online survey was developed to gather feedback from Small Team TA participants. All respondents (n=18) indicated they were satisfied or very satisfied with the Small Team TA experience overall.

Survey response details are provided below:

Almost three-fourths of participants indicated they made progress on overcoming barriers to enrollment while participating in Small Team TA, including:

- Making connections with payers
- Accessing materials and guidance to facilitate financing for the program through the assistance of Well Health's billing and claims platform
- Sending thank you letters to referring health care providers to encourage them to keep the program top of mind
- Improving marketing and management strategies
- Increasing collaboration with local health care providers for referrals
- Creating a concrete marketing plan, including finding new ways to market the program

Participants who noted an increase in enrollment due to the Small Team TA meetings noted that helpful strategies mentioned during the meetings were:

- Increasing referral pathways
- Billing MA plans
- Outreaching through text
- Learning about focused marketing ideas for screening events

Participants shared the most valuable part of the Small Team TA meetings through quotes below:

"Sharing information with other similar suppliers, we learned about the methods other suppliers are using to see success and are trying to apply those learnings to our program."

"Hearing from other similar suppliers across the country and getting ideas about how to access the Medicare population. We also benefitted from sharing resources."

"Meeting with other MDPP organizations and learning how they promote and recruit for their programs in their communities and with local health care providers."