Medicare Diabetes Prevention Program (MDPP)

Shared Learning Resource:

Working with Medicare Administrative Contractors (MACs)

On January 19, 2022, the *Medicare Diabetes Prevention Program (MDPP) Supplier LEAP and the 1705 MDPP Learning Collaborative hosted a session titled “How Does the MAC Fit In?” The call focused on the basic functions and operations of a Medicare Administrative Contractor (MAC) and how they work with MDPP suppliers. The call featured presentations from Arlene Guindon of the National Kidney Foundation of Michigan (NKFM) and Gina Trignani of the Health Promotion Council of Southeastern Pennsylvania (HPC). Both presenters shared their ‘on the ground’ experiences of working with MACs to apply for, promote, and successfully deliver the MDPP. Please note, all MDPP suppliers must work with their MAC in order to receive reimbursement for their MDPP services from the Center for Medicare and Medicaid Services (CMS). This document captures best practices that were offered during the call as well as additional helpful resources from CMS. To find this and other MDPP resources and webinars, please visit the MDPP Implementation Resources page on the National DPP Coverage Toolkit.

About this Resource

This resource provides information on how MDPP suppliers can work with MACs. It is divided into the following sections:

1. **What is a MAC?** – Brief explanation of what a MAC is, how to find your regional MAC, and CMS-developed MAC resources
2. **MAC Services** – Overview of the MAC services an MDPP supplier may expect to receive
3. **Best Practices for Working with a MAC** – Description of challenges that MDPP suppliers may encounter while working with a MAC and solutions utilized by NKFM and HPC
4. **Resources for Working with a MAC** – Compendium of resources developed by CMS to assist with understanding when to contact a MAC
5. **MDPP Updates and Resources from CMS** – List of relevant MDPP updates and additional resources available through CMS

*Information originally from the 1705 MDPP Learning Collaborative call. The MDPP Supplier LEAP and 1705 MDPP Learning Collaborative are opportunities for MDPP suppliers and their partners to learn from subject matter experts and share perspectives on relevant MDPP topics.*
What is a MAC?

MACs are regional contractors that process enrollment applications and Medicare fee-for-service (FFS) claims. There are seven MACs divided across twelve jurisdictions in the United States.

To find your MAC please visit the CMS website here.

1) Click on the MAC dropdown menu to find each MAC’s website link
2) Scroll further down and click on state names to find more information about each state’s MAC

For additional information about MACs, please reference CMS’s resources: What’s a MAC and Who are the MACs.

MAC Services

MACs provide various services to assist with becoming an MDPP supplier and maintaining status. Some of the services a MAC may be expected to deliver are listed below:

<table>
<thead>
<tr>
<th>Services MACs Provide¹</th>
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<tr>
<td>Answer questions about MDPP enrollment, billing, and payment</td>
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<tr>
<td>Review MDPP applications and enroll providers in Medicare FFS</td>
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<tr>
<td>Inform providers about MDPP billing requirements, policies, and procedures</td>
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<tr>
<td>Process Medicare FFS claims in region</td>
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<td>Issue the Provider Transaction Access Number (PTAN) and activation date</td>
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<td>Handle first stage appeals requests</td>
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<tr>
<td>Share information on MDPP beneficiaries that have previously received services</td>
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REMINDER: MACs only process Medicare Part B claims, they DO NOT process Medicare Advantage (MA) claims

¹ MDPP Enrollment Preparation Guide

To learn more, see the MDPP Implementation Page on the Coverage Toolkit.
Best Practices for Working with a MAC

The presenters on the call shared suggestions and tips for how to work with MACs, including finding the best method of communication and creating a working relationship. The table below outlines a set of barriers encountered by NKFM and HPC as well as recommended solutions.

### Working with MACs Barriers and Potential Solutions

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Potential Solution</th>
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<tr>
<td>Lifestyle Coach application denials can be caused by a variety of minor errors or omissions in the application. Receipt of a denied application may delay start dates for cohorts and the effective dates for Lifestyle Coaches.</td>
<td>Double check the information included in a Lifestyle Coach application to ensure that details are correct. Post MDPP Supplier acceptance, submit new Lifestyle Coach applications frequently and with fewer applicants. This reduces the chance for misinformation and therefore a denied application. Additionally, timely entry of new MDPP coaches associated with your application will minimize the reasons a MDPP claim will be denied.</td>
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<tr>
<td>Claims denials can be caused by missing small details.</td>
<td>In Provider Enrollment, Chain, and Ownership System (PECOS), make sure that the effective date for a Lifestyle Coach comes before the start of a cohort. If a MAC has an MDPP Implementation and Coordination team, work with that team to set effective dates.</td>
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<td>The MAC and MDPP suppliers do not always speak the same ‘language’ and sometimes the MAC is not familiar with the MDPP.</td>
<td>Identify a staff member to communicate regularly with the MAC to establish a good working relationship. Ongoing communication is important to maintain/strengthen these relationships. Having the same staff member be the point of contact can foster a good connection and mutual understanding. Allow the MAC and staff member to learn each other’s ‘language’ and provide the MAC an opportunity to learn more about MDPP services. Ask the MAC for any provider educational videos or webinars that may enhance your organizations understanding of key MAC needs associated with your MDPP offering/benefit. Anticipate that the MDPP is often a ‘small fish in a large pond’, rather than a large health system providing multiple Medicare benefits. The MAC may not know all the processes of smaller organizations. Streamline processes to simplify the MAC’s work. Remember that the MACs have in-depth knowledge of Medicare requirements, but the MDPP supplier has the in-depth knowledge of the MDPP.</td>
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To learn more, see the [MDPP Implementation Page on the Coverage Toolkit](#).
Common Reasons for MDPP Claim Denials and Working with a MAC

List from the National Kidney Foundation of Michigan

<table>
<thead>
<tr>
<th>Code</th>
<th>Reason for Denial</th>
<th>Potential Solution</th>
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<tbody>
<tr>
<td>M139</td>
<td>Exceeded coverage limit</td>
<td>Try to submit the first service claim immediately after the first session to work out any issues before submitting claims in batches. This is likely to signify that a previous claim was submitted for the beneficiary.</td>
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<tr>
<td>N418 or N109</td>
<td>Misrouted claim or claim isn’t covered</td>
<td>Before enrolling a potential participant, ask if they have Medicare coverage and what type. Have Lifestyle Coaches walk through waivers with potential participants to address any questions upfront and ensure the appropriate insurance information is collected.</td>
</tr>
<tr>
<td>B7</td>
<td>Provider not certified as eligible</td>
<td>Submit Lifestyle Coach applications in frequent small batches. If an application is denied there will be a smaller pool of applications to sort through to find errors.</td>
</tr>
</tbody>
</table>

Tips

- Expect up to a week for Lifestyle Coach applications to be processed
- Create streamlined processes to address common denial reasons
- Assign staff members to track administrative dates (e.g., revalidation processes)
- Gather necessary data ahead of speaking to your MAC
- Enhance potential participant health insurance literacy
  - Walk through insurance cards with potential participants to ensure correct documentation
  - Walk through forms with potential participants (e.g., a simple form to confirm Medicare coverage and a more in-depth form to ensure participant readiness)
- Be persistent

To learn more, see the MDPP Implementation Page on the Coverage Toolkit.
Resources for Working with a MAC

**CMS MDPP Fact Sheet and FAQ Website Resources**

Before contacting a MAC or the External User Services (EUS) help desk provided by CMS, consider reviewing the following pages:

- **MDPP Billing and Payment Fact Sheet**: Includes information on processes for suppliers to bill MDPP services, tips on how to prepare, and where to get help.
- **MDPP Frequently Asked Questions**: Provides a list of common questions that CMS receives about the MDPP.

**CMS “Who Should I Call” Document Resource**

MACs serve as a great resource to MDPP suppliers for enrollment, billing, and payment. However, they are not the only resource available. Please reference this document developed by CMS to help MDPP suppliers understand when they need to contact a MAC.

For example, if an MDPP supplier wanted to inquire about help completing PECOS enrollment, contact a MAC. If an MDPP supplier has forgotten a PECOS login username or password, contact an EUS.

**MDPP Updates and Resources from CMS**

- **Public Health Emergency (PHE)**: Once the PHE ends, all MDPP flexibilities described in the CY22 PFS will cease to be available and suppliers will be required to follow the MDPP supplier standards, including an in-person format and limits on virtual make-up sessions. However, MDPP beneficiaries who begin the set of MDPP services virtually when the PHE is still in place will be allowed to continue that cohort virtually even after the PHE waiver event has concluded.

- **Subscribe to the CMS MDPP listserv** [here](https://cms.org.force.com/mdpp/).
- **Webinar recordings and additional resources**: The recording of the January 19, 2022, call as well as other MDPP webinar recordings, guidance documents, and resources may be found on the CMS MDPP webpage and the MDPP Implementation Resources page on the National DPP Coverage Toolkit.

**Questions?** Visit the MDPP Supplier Support Center: [https://cms.org.force.com/mdpp/](https://cms.org.force.com/mdpp/)