



# The Medicare Diabetes Prevention Program Enrollment Project

## Small Team Technical Assistance (TA) Summary Resource

### Small Team TA Mentors

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As part of the \*MDPP Enrollment Project, the National Association of Chronic Disease Directors (NACDD) selected several MDPP Enrollment Project awardees to serve as “mentors” and lead small group technical assistance (TA) calls, called “Small Team TA” (see mentors in box to the left). The mentors were selected based on demonstrated leadership capacity and expertise in delivering the MDPP. There were two rounds of Small Team TA: January—July 2022 and October 2022—July 2023. In each round, the MDPP Enrollment Project awardees were divided into like-entity groups, each of which were led by a mentor. The TA groups were organized

by type of organization including health care organizations, community based organizations (CBOs), and a group of YMCA MDPP suppliers. Each mentor divided their group into smaller teams of 3-4 MDPP suppliers each to meet on a monthly basis. Mentors kicked off the Small Team TA by hosting individual calls with each MDPP supplier in their group to determine their individual TA needs for increasing enrollment into the MDPP. After the individual meetings, mentors were expected to hold approximately six one-hour group meetings over a 6-month period with each small team. Following each group meeting, mentors were asked to submit a meeting summary report to NACDD detailing barriers discussed, solutions offered, resources shared and success stories. This summary resource describes the information that was shared during the Small Team TA meetings on various topics and provides resources and strategies for addressing barriers. Information is categorized by topic and organized by percentage of total TA questions and requests received from participants.

*\*The MDPP Enrollment Project is a technical assistance and funding opportunity for MDPP suppliers that are ready and able to focus efforts to increase enrollment in their programs but may be lacking the administrative and/or billing infrastructure to facilitate claims submission. In addition to providing access to a data management and billing and claims platform, this project provides access to technical assistance to help with provider referral support and communication and marketing support. The opportunity is funded and supported by the Centers for Disease Control and Prevention (CDC) Division of Diabetes Translations and NACDD with technical assistance support from the American Medical Association (AMA).*



## Sections in this resource include:

- [Increasing Referrals from Health Care Providers](#)
- [Increased Marketing to Participants](#)
- [Medicare Advantage](#)
- [Billing CMS](#)
- [Partnership Development](#)
- [Virtual Delivery](#)
- [Verifying Eligibility](#)
- [Other](#)



## Increasing Referrals from Health Care Providers

*Percentage of questions asked in this category – 24%*

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
- Utilize marketing strategies to engage PCPs
- Design referral systems and work with large batch referrals
- 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 printed information on the MDPP to offer to potential participants
- Develop capabilities to receive large batch referrals through fax or email

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



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- 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 information that demonstrates the effectiveness of the MDPP with populations the clinic serves
- Host a lunch and learn to educate and engage clinic staff on the reasons why working with the MDPP can benefit the clinic

Market to health care providers:

- Utilize a mammographer or other specialists to reach out about preventive services and introduce the MDPP at that time.

Encourage clinic staff 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 send referrals to your program; market that it would be billed to Medicare and could lower costs for their organization.

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 their model used with others.

Have participants share their successes with their PCPs and offer thanks for the referral.

**Research clinics before talking or meeting to understand what benefits would be attractive to the staff (e.g., working with the MDPP can help clinics to achieve quality metrics requirements of working with CBOs or preventative services and can benefit overall community health).** Develop a pitch for why each PCP you contact could benefit from working with the MDPP – be clear about what you need and what the return on investment (ROI) will be for the health care provider.

Offer to conduct a change readiness assessment with potential participants to determine readiness to make lifestyle changes.



# MDPP Enrollment Project- Small Team TA Summary

## Success Story:

An MDPP supplier worked with a health system to integrate the American Diabetes Association (ADA) Risk Assessment into their EHR. Anyone who qualified for the MDPP was asked to take the risk assessment at intake and discuss results with their health care provider. This has led to an increase in referrals and increased awareness of the MDPP among the populations in the supplier's area.

## Resources

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



## Increased Marketing to Participants

*Percentage of questions asked in this category – 15%*

Participants asked questions about increasing marketing, including:

- CDC efforts to promote the program
- Targeting the Medicare population through marketing
- Marketing the National DPP versus the MDPP
- MDPP attendance being low despite marketing to organizations
- Lack of reimbursement for resources used to educate and market to Medicare beneficiaries
- Lack of capacity and 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. Lean on these and other community partners to cross-promote the MDPP.



## MDPP Enrollment Project- Small Team TA Summary

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

Focus on older adult populations:

- Research organizations that focus on working with older adult populations (such as Area Agencies on Aging) and conduct initial outreach
- Study older adult-focused publications and online guides for strategies to market to older adult 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.

Learn to COPE or “create once and publish everywhere” to maximize use of resources. Consider including testimonials and infographics in these marketing materials.

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.). Consider reaching out to partners at clinics or hospitals to create an MDPP ad that can be placed on the clinic or hospitals website or waiting room TVs.

Provide PCPs with recommendation pads, which is a printed resource offering information about the MDPP and a place for a patient to sign to indicate interest or commitment to the program. This is not a formal referral but is meant to encourage the patient to reach out the MDPP directly.

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 programs for prediabetes, diabetes, and other chronic conditions.

Find out-of-the-box community events to attend and market the MDPP (e.g., craft fairs, farmers markets, holiday events, or retiree events).

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# MDPP Enrollment Project- Small Team TA Summary

## Success Stories:

An MDPP supplier partnered with a county health department to host a lunch and learn about the MDPP with the county health human resources (HR) department. The lunch and learn resulted in a mass marketing email being sent out to approximately 800 employees across the county. The cross-promotion and email contributed to increased enrollment.

Another MDPP supplier was able to utilize a health care systems registry to conduct direct mail outreach to those who qualified for the MDPP. This resulted in an increased enrollment and awareness of the MDPP.

An MDPP supplier researched ways to market to the older adult population and was able to contact the case managers at their local AAA. They have now started to promote the MDPP through the AAA's monthly flyer.

## Resources

- Marketing section of the [MDPP Implementation Resources page](#) on the Coverage Toolkit
- [CDC MDPP Promotional Materials](#)
- Organizations advocating for older adults, such as SeniorAdvisor.com, a [resource HUB](#)
- [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 – 11%*

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

- Insurance verification processes
- Working with MA plans
- Contracting processes
- Sending claims without a contract
- Lack of reimbursement for MA participants



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## 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 to the MA plan to troubleshoot any denied claims for MA – this may 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; research the local MA plans with the largest penetration and target those plans first.

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

Check Provider Enrollment, Chain, and Ownership System (PECOS) to see what “group” your organization is listed under to know what organization type to use on applications to work with MA plans.

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 MDPP 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.).



## Success Stories:

An MDPP supplier utilized language from the CMS MDPP MA Fact Sheet (linked to the right) that states “MA plans must either contract with Medicare-enrolled MDPP suppliers to provide MDPP services to their enrollees, cover out-of-network services, or the MA plan may enroll in Medicare as an MDPP supplier itself” to market the incentive for an MA plan to work with the MDPP. Tactfully using this quote has allowed the MDPP supplier gain traction when working towards a contract with an MA plan.

## 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



## Billing the Centers for Medicare & Medicaid Services (CMS)

*Percentage of questions asked in this category – 11%*

Participants asked questions about billing, including:

- Billing related to EPIC
- Fears about not being reimbursed
- Slow reimbursement
- Complicated billing processes
- Understanding claim errors

### Strategies to Successfully Bill CMS

Utilize the Welld Health billing platform, or other billing platforms, to enable successful claims submission. Tackle one error code at a time starting with the most frequently occurring error code.

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





## Resources

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



## Partnership Development

*Percentage of questions asked in this category – 9%*

Participants asked questions about partnership development, including:

- Identifying the right people to talk to in each organization
- Identifying available networks or umbrella hub arrangements (UHAs) in the area
- Combatting lack of staff dedicated to cultivating partnerships
- Combatting lack of awareness of good marketing strategies

### Strategies to Improve Partnership Development

Outreach to the diabetes program staff at your state health department. Have community health workers disseminate information about the MDPP at outreach events. Offer no cost marketing by posting program flyers on the state health department’s social media platforms.

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)

Utilize university students in the area that are looking for volunteer hours to fill staff gaps.

Consider coupling DSMES or other diabetes services with MDPP services when marketing to potential participants.



## Resources

- *MDPP Shared Learning Resource on Partnership Development* on the [MDPP Implementation Resources page](#) on the Coverage Toolkit



## Virtual Delivery\*

*Percentage of questions asked in this category – 8%*

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.

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 entire program was allowable during the PHE.*

## Resources

- MDPP During the PHE section of the [MDPP Implementation Resources page](#) on the Coverage Toolkit



## Verifying Eligibility

*Percentage of questions asked in this category – 3%*

Participants asked questions about verifying eligibility, including:

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

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### 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). In some cases, beneficiaries do not understand the difference between traditional Medicare, a supplemental insurance plan. and/or an MA plan.

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 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 – 18%*

Participants asked questions about additional topics, including:

- Maintaining participant motivation if 5% weight loss is not met
- Offering different session times
- Offering services to participants whose insurance does not cover MDPP services
- Small MDPP suppliers operating in a large region
- Health equity and racism
- Conducting SDOH screenings and connecting individuals to relevant services
- Administrative costs
- Resources to obtain a blood test for Medicare participants who don't have one
- 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 progress 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.

Join state coalitions to build relationships and open opportunities for collaboration.

Look for community partners to help support administrative burdens.

Investigate grant opportunities. Find donors that are dedicated to the cause of the MDPP and show them how their support could make an impact.

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.



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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 your state health department to help address health equity and racism.

Consider offering programs that include 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.

Work with a data collection system to ensure there is a place to collect social determinants of health (SDOH) information from participants. Make sure to document what services, if any, a participant was referred to and if the services were used.

### Success Stories:

One MDPP supplier brought the question of self-paying participants to their administrators, who are looking into the possibility. If approved, this could help offset costs associated with running the MDPP.

Another MDPP supplier has recruited six health care interns to assist with MDPP billing and claims services and open more time for Lifestyle Coaches to work with participants.

An MDPP supplier was able to contact the [State Quality Specialist](#) at their state health department to talk about promoting the MDPP. The conversation led to a connection with the supplier's local health department and has resulted in cross-promotion of the MDPP, broad scale awareness, and possible funding opportunities through the local health department.



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