



Medicare Diabetes Prevention Program (MDPP) Shared Learning Resource

MDPP and Medicare Advantage (MA) Plans

In December 2022, as part of the MDPP Enrollment Project,* the National Association of Chronic Disease Directors (NACDD) hosted a webinar that featured Cassandra Stish from [Wellb Health](#). The webinar focused on how Medicare Diabetes Prevention Program (MDPP) suppliers of the National Diabetes Prevention Program (National DPP) lifestyle change program can work effectively with Medicare Advantage (MA) plans. This resource summarizes key learnings and distills best practices from the webinar.

For more MDPP resources and webinars, please visit the [MDPP Implementation Resources](#) page on the National DPP Coverage Toolkit (Coverage Toolkit Home Page → Medicare → MDPP Implementation Resources). Please note, there is also a “[Working with MA Plans](#)” informational webinar and summary document from April 2021 that provides complementary information on this topic.

About This Resource

This resource provides information on aspects of MA plan operations that are relevant to MDPP suppliers, including reimbursement for the MDPP and information about contracting with MA plans. The following sections are included:

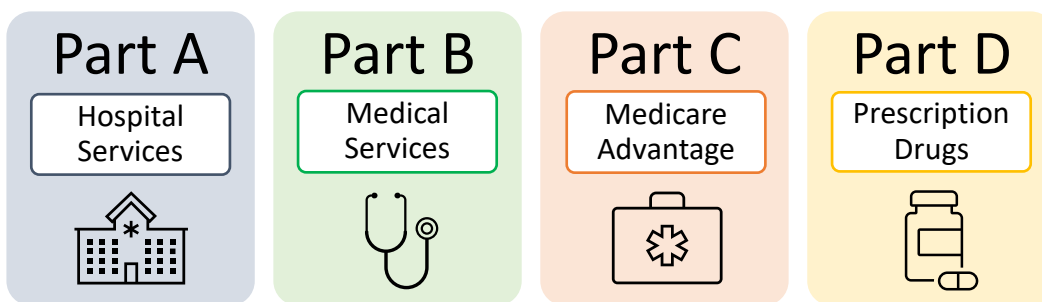
- 1) [Medicare and MA Basics](#) – A brief introduction to the Medicare program and a refresher on MA plans.
- 2) [MA and the MDPP](#) – Information on billing, getting to know your MA plans, and eligibility and coverage verification.
- 3) [Contracting with MA Plans](#) – Details about MA plan revenue sources, MDPP reimbursement for out-of-network MA plans, moving from out-of-network to in-network, and the value proposition for the MDPP.

**The Medicare Diabetes Prevention Program (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 the National Association of Chronic Disease Directors (NACDD) with technical assistance support from the American Medical Association (AMA).*



Medicare and MA Basics

[Medicare](#) is the federal public health insurance program for individuals aged 65 years or older, certain younger individuals with disabilities, individuals with End-Stage Renal Disease, and/or individuals with Amyotrophic Lateral Sclerosis (ALS). Medicare is administered at the federal level by the Centers for Medicare and Medicaid Services (CMS). Funding for Medicare comes from payroll taxes, general revenue, premiums paid by beneficiaries, taxes on Social Security benefits, and payments from states. There are different elements, or “Parts,” to Medicare coverage that cover specific services:



As designed from its inception, Medicare (Original Medicare) provided coverage for hospital and medical services (Part A and Part B). Under Original Medicare, an individual or beneficiary pays a deductible at the beginning of the year and then pays a coinsurance (about 20% of a Medicare covered service) when services are received. Individuals may choose to add Medicare Supplement Insurance or Medigap to assist with payment of the coinsurance, copayments, or deductibles. Additionally, an individual may add prescription drug coverage by choosing a separate Part D plan.

Medicare Part C, also called an MA plan, provides an alternative to Original Medicare for Medicare eligible beneficiaries. Medicare coverage is offered through a private company – a Medicare Advantage Organization – in place of Original Medicare. Additional details on MA plans are included in the [“Working with MA Plans” document](#) located on the [MDPP Implementation Resources](#) page. MA plans bundle coverage for Parts A, B, and often D. MA plans have more flexibility in administering benefits than Original Medicare and may offer additional coverage for vision, hearing, and dental services. Each MA plan has different requirements for administering services and can charge different out-of-pocket costs.

A significant difference between Original Medicare and an MA plan is related to the size of the network and the access individuals have to providers. While Original Medicare gives access to almost all participating providers in the U.S. at the same rates, most MA plans offer more restricted regional provider networks known as health maintenance organizations (HMOs) and preferred provider organizations (PPOs). MA plan members are typically required to use providers in their regional network or pay a premium to access providers outside of the network.



MA and the MDPP

As of late 2022, approximately [48% of Medicare beneficiaries](#) are enrolled in one of nearly 4,000 available MA plans. It is important for MDPP suppliers to learn how to interact with MA plans and their members. As of April 1, 2018, the MDPP became a covered benefit under both Original Medicare and for those who have coverage through an MA plan. The “[Working with MA Plans](#)” document provides additional details for reimbursement for the MDPP under MA plans.

Billing

Original Medicare uses a traditional fee-for-service (FFS) billing infrastructure and follows the current calendar year payment rates for the MDPP as set by CMS. Claims are processed by a Medicare Administrative Contractor (MAC) and sent to CMS. Individual beneficiary coverage information can be found on Medicare-provided red, white, and blue insurance [cards](#). If a beneficiary has Original Medicare, the MDPP supplier should directly bill CMS. If the beneficiary has coverage through an MA plan, claims will be processed by a private payer and information will be provided on a separate insurance card issued by the payer.

INSIDER TIP

Please note that MDPP services will not be billed to Medigap or supplemental insurance.

Common Billing Hurdles

Billing any insurance provider, including MA plans, can be a complex process that takes patience. MDPP suppliers will benefit from learning how each local MA plan operates to ensure that claims are submitted correctly and on time. Consider the following common billing hurdles when learning about the billing processes of MA plans in your area:

- **Billing Original Medicare instead of MA** – If a beneficiary is enrolled with an MA plan, it is important to bill that plan and not Original (FFS) Medicare. A common billing mistake is using the traditional FFS process rather than billing the MA plan. FFS claims filing deadlines are one year beyond the service delivery, but MA plans have varying deadlines for filing and most are less than a year. Filing deadlines will be included in each MA plan’s provider manual, which should be publicly available on the company’s website. If a supplier incorrectly submits an FFS claim rather than an MA plan claim and it is denied, it may be too late to correctly file with the MA plan and collect reimbursement.
- **Billing the wrong MA plan** – Another common mistake is billing the wrong MA plan. It is important to verify beneficiary eligibility and confirm enrollment in an MA plan before filing a claim.
- **Beneficiary or plan member is not found** – A common reason for denials may involve incorrect cataloguing or entry of beneficiary information in the claim. Incorrect information could include name, address, birthdate, or plan number. MDPP suppliers may consider implementing an internal claims quality review process to ensure beneficiary data is accurate prior to claims submission to help reduce the number of denied claims.
- **Relationship to insured is not correct** – Another common reason for denials is an incorrect designation of the relationship to the insured. For MA plans, the relationship to the insured will always be “self.”



Get to Know Your Local MA Plans

Since MA plan enrollment is projected to continue growing, it is important for MDPP suppliers to learn how to work with MA plans to promote the sustainability of the MDPP. Get to know the MA plans in your area and make plans to work with them to deliver the MDPP. Remember, you don't need to contract with all MA plans in your area at once. Move step-by-step and work to understand which MA plans have the most covered lives. Reference the table to the right to see the most common MA insurers in the U.S. Pair the knowledge of MA plans in your area with knowledge about your community needs to determine which MA plan may offer the greatest benefit to MDPP participants.

Consider the following resources to help determine which MA plans engage with:

- [MA Plan Directory](#) – Information about MA plans according to zip code.
- [The Commonwealth Fund](#) – Information about MA plans can be found under the Tools and Data Resources Tab in the Medicare Data Hub section. Includes details about MA enrollment, benefits, and plan availability.

| Insurer | MA Covered Lives |
|-------------------|-------------------|
| UnitedHealthcare | 7.9 million (28%) |
| Humana | 5.0 million (18%) |
| BCBS | 4.1 million (14%) |
| CVS Health | 3.1 million (11%) |
| Kaiser Permanente | 1.8 million (6%) |
| Centene | 1.4 million (5%) |
| Cigna | 0.6 million (2%) |
| All other | 4.6 million (16%) |

Source – [KFF](#)

Last Updated: January 2022

INSIDER TIP

Utilize the [Kaiser Family Foundation map](#) of enrollment by county. This map can help to identify which areas have high MA enrollment. This is especially useful if you have a large service area and need to identify where to focus MA efforts first.

- [Kaiser Family Foundation MA Report 2022](#) – Information about MA enrollment by state and county as well as key trends in 2022. For additional yearly reports, please search the general [Kaiser Family Foundation Medicare page](#).






The Value Proposition

A value proposition describes the need the MDPP supplier will address for an organization and how the service will provide value. The value proposition is typically communicated using a pitch or prepared presentation that an organization can use to market its offerings. It may be made over the phone, through email, or in-person; the pitch can also be communicated during contract negotiations with MA plans. Understanding each MA plan's specific needs as it relates to beneficiaries and prevention of type 2 diabetes can help MDPP suppliers create a strong value proposition. The "[Working with MA Plans](#)" document provides additional details for developing the value proposition for your organization.

Suppliers are encouraged to consider the annual cycle of an MA plan (or any health insurance plan) when attempting to contract. The process and implementation of a contract may take up to 18 months to



complete given that benefits are generally designed annually. If an MA plan decides to contract with your organization to offer the MDPP, the MA plan will want time to market the program to members before open enrollment occurs each November. Consider this timeline when developing a value proposition and making plans to present your pitch to potential MA partners. When developing a value proposition, consider including the following details about how the MDPP can benefit MA plans:

|  |  |  |  |  |
|--|---|--|--|--|
| Network Adequacy: Demonstrate that your services are accessible by many of their members. | Service Fidelity & Proven Outcomes: Demonstrate the success of your program. | Marketing & Outreach: Showcase your outreach and engagement strategies. | Speak their Language: Demonstrate how preventative measures can help them manage their risk pool. | Solve their Problems: Show how community integrated health partners alleviate pressure on health systems. |
| Emphasize that all members will have equal access to services. Consider sharing what service areas your program covers and how many of the MA plans members could benefit. | Show how the MDPP is part of the health care ecosystem. Include promising outcomes of the MDPP in the value proposition and how the program is positively affecting populations and mitigating the risk of type 2 diabetes. | Demonstrate how you will reach and engage MA plan beneficiaries. Additionally, explain your strategy for working with referral partners. | Reach out to state or local health departments to obtain data on type 2 diabetes prevalence and the upward trend in incidence. Show how the MDPP can positively impact the MA plans risk pool. | Demonstrate the return on investment for contracting with an MDPP supplier. Explain how the MA plan will benefit from the prevention of type 2 diabetes. |

Verification of Eligibility and Coverage

It is important to verify that beneficiaries have active MA coverage. All Medicare coverage information is tracked through the HIPPA Eligibility Transaction System (HETS). To access this information, utilize your MAC website. Each MAC website should have a HETS section where a beneficiary number (found on the red, white, and blue Medicare insurance card) can be searched to confirm if the beneficiary has MA coverage and with which plan.

MA coverage information should be readily available on HETS. However, if there are additional questions about the coverage there is always an option to call the number on a beneficiary insurance card to confirm details.

INSIDER TIP

Develop a practice to recheck beneficiary eligibility at the beginning of each year. Some beneficiaries do not realize that their coverage has changed at the start of a new year, which can lead to incorrect billing and denied claims. Time can be saved by rechecking eligibility to confirm coverage information.

INSIDER TIP

Consider gathering other MDPP suppliers in your area to form a group that can approach an MA plan together to establish a contract. As you increase the number of members you can benefit, you increase the chances of contracting success.



Contracting with MA Plans

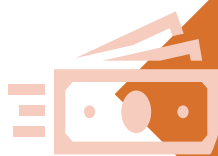
Revenue Sources for MA Plans

MA plans are risk-based contracts, meaning the federal government pays MA plans a capitated (per-beneficiary) rate based on the number of enrollees. When an MA plan accepts payment from the federal government, they are committing to providing full coverage to all enrollees. This arrangement gives MA plans more flexibility to innovate and develop improvements for delivery of care. When approaching an MA plan to establish a contract, help the MA plan understand how the MDPP, as a program that may prevent or delay type 2 diabetes, can help to mitigate their risk and control costs.

MDPP Reimbursement – Out-of-Network

MA plans mitigate risk by creating tightly controlled networks of providers. MDPP suppliers seeking to join MA networks should create a compelling narrative about how the program can benefit an MA plan. This can help make the case to join a local MA's network through contracting. However, sometimes the process of contracting with an MA plan takes time. While the contact process is underway, there may be MA beneficiaries who want to access the MDPP and would only be able to use your program as an out-of-network provider.

An MA beneficiary who uses a provider or services that are out-of-network for their MA plan will likely share some of the cost for services. Cost sharing occurs when a provider or patient pays for the portion of services that is not covered by health insurance. The out-of-pocket costs a beneficiary will have to pay for services and for providers will vary by plan. Similarly, for providers that absorb a portion of out-of-network cost sharing the amount would vary by plan, even for the same service. Since providing services to an out-of-network MA beneficiary will likely involve cost sharing, it will be up to the MDPP supplier to decide if they will absorb the cost for the portion of services not covered by the MA plan or if the remaining portion of payment will be patient responsibility. For example:



An out-of-network MA plan offers to pay for 50% of services provided by the MDPP supplier to an MA beneficiary.

The MDPP supplier may:

- Accept the 50% contribution as full payment and plan not to seek any reimbursement for the remaining portion, or
- Require the participant to pay the cost of the remaining 50%

When working with an MA beneficiary for whom your organization is out-of-network, consider the following steps:

- 1) **Set your expectations** – Providing the MDPP for an out-of-network beneficiary may result in reimbursement that is less than what is set in the MDPP fee schedule, sometimes by as much as 50%.
- 2) **Confirm cost sharing** – If applicable, confirming that a potential participant understands and is willing to work with the cost sharing structure ensures that the maximum payment possible for services is received. The [“Working with MA Plans” document](#) provides additional details about cost sharing between MDPP and MA plans.



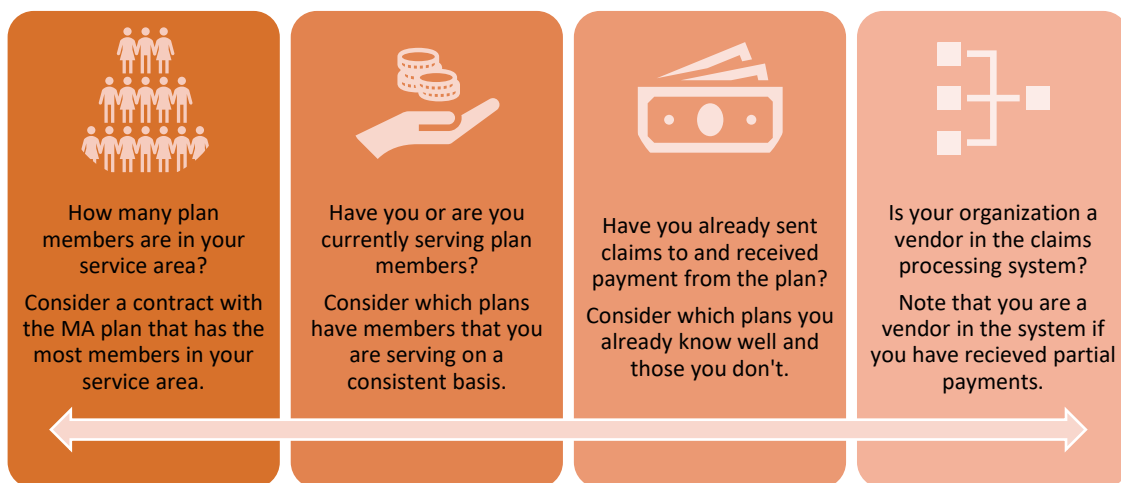
- 3) **Call the MA plan** – Calling the MA plan that covers the potential participant allows the MDPP supplier to confirm the cost sharing rate for out-of-network providers. Please note, each MA plan in your area may have different cost sharing rates and it will be important to confirm the percentage each MA plan is willing to cover.
- 4) **Refer to the provider manual** – Referring to an MA plan’s current, published provider manual may give insight into their billing rules, out-of-network cost sharing rates, and provider enrollment contact information.
- 5) **Make a business decision** – Ultimately, each MDPP supplier will need to decide whether to participate as an out-of-network provider with or without cost sharing while the contracting process is underway, or to delay engaging with MA plan beneficiaries until a contract is in place and the supplier has become an in-network provider. MDPP suppliers may use the information collected from the MA plan to inform their financial strategy. For beneficiaries who use Original Medicare, there is not an option for cost sharing with the FFS rates. MDPP suppliers must accept the rate paid by Original Medicare, even if it is partial or less than expected, and may not bill the beneficiary for any remainder.
- 6) **Understand the appeals process** - In some cases, when an MA plan pays \$0 to the MDPP supplier due to them being an out-of-network provider, an appeal is appropriate. For example, if an MA plan has established a pattern of reimbursing for MDPP sessions and a session in the middle of a cohort is given \$0 reimbursement, it may be appropriate to file an appeal for the amount of per-session reimbursement previously received.

INSIDER TIP

When calling an MA plan, try to contact or be directed to a community health manager, population health manager, or other individual who focuses on diabetes in community health. This person may already be familiar with some of the terminology surrounding the National DPP.

Transitioning from Out-of-Network Provider Status to In-Network Provider Status

Moving from being an out-of-network provider to an in-network provider with MA plans can be an extended and time-consuming process, especially for those plans that are not familiar with the MDPP. MDPP suppliers will need to prioritize which plans they want to contract with. Use the tools features in the [“Get to Know Your MA Plan”](#) section to see which MA plans could be most beneficial to establish contracts with. When deciding whether to contract with an MA plan, consider the following:



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