



JOANNA DIBENEDETTO, NACDD

MDPP Enrollment Project



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.



Support from the Centers for Disease Control and Prevention

- The **Building Capacity for Public and Private Payer Coverage of the National DPP Lifestyle Change Program** project is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling **\$4.3 million for grant year 5** with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.



MDPP Enrollment Project

- The Medicare Diabetes Prevention Program (MDPP) Enrollment Project is 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.



Overview of MDPP

MDPP Supplier Requirements:

- Enroll in Medicare as MDPP suppliers to furnish and bill for MDPP services (even if they are an existing Medicare provider)
- Have full or preliminary recognition from the CDC's DPRP
- Have a DPRP in-person org code (and use this code for MDPP participants)
- Maintain at least one administrative location—a non-private residence—and a primary business telephone number
- Submit a roster of coach National Provider Identifiers (NPI), names, and social security numbers upon application for enrollment
 - Must update the roster within 30 days when changes are made to the lifestyle coaching staff

MDPP Enrollment Project- Overview

- MDPP Supplier Awardee Goals:
 - Enroll >80 eligible Medicare beneficiaries (FFS and/or MA) into the MDPP program w/in 12 months of the award date. “Enroll” for this project = attend at least one session
 - Increase enrollment by increasing efforts around physician referrals, marketing and billing and claims capacity
- Project Data points:
 - RFA/Renewal Survey
 - Large group Technical Assistance (TA) webinars and Small Team TA calls
 - Data Report Template- Monthly data to be tracked by each program and sent to NACDD bi-monthly (MDPP only: # referred, referral source and # enrolled)
 - Year-End survey



MDPP Enrollment Project- Technical Assistance (TA)

- AMA TA- available for NACDD to contact as needed for questions regarding physician referrals
- CDC/THEEB* TA- available to answer questions on how to increase your marketing
- Small Team TA- NACDD selected “mentors” (existing MDPP supplier coordinators) to lead peer-to-peer calls with 3-4 MDPP supplier awardees to troubleshoot and discuss solutions to barriers and challenges to their MDPP program

*THEEB = Translation, Health Education and Evaluation Branch of the Division of Diabetes Translation within CDC



MDPP Enrollment Project

Project Year 1 Data Summary Report



MDPP Enrollment Project- Project Year 1

Data Summary:

Participating MDPP suppliers from community-based organizations (CBO) and health care organizations (HCO) tracked numbers of referrals and enrollments by referral source monthly. Suppliers complete the year and waitlist period.

| Group | Data Submissions to date | # of organizations | # Referred | # Enrolled | Conversion Rate |
|---------|---|--------------------|------------|------------|-----------------|
| Group 1 | 12+ months (Nov 15, 2020-Apr 30, 2022) | 25 | 2834 | 762 | 27% |
| Group 2 | 12+ months (Feb 15, 2021-Apr 30, 2022) | 11 | 1255* | 259 | 21% |
| Group 3 | 9 months (Jul 15, 2021-Apr 30, 2022) | 13 | 565 | 110 | 19% |
| Total | | 49 | 4654 | 1131 | 24% |

* Data from one Group 2 supplier with a high number of reported referrals (outlier) was excluded from the analysis in Table 1 and Table 2. Including the reported 3353 referrals and 40 enrollments from this supplier would change the Group 2 conversion rate to 7% and the total sample conversion rate to 15%.

Table 3: Y1 Totals by Referral Source (Groups 1, 2 and 3) in order of Conversion rate

| Source | # Referred | # Enrolled | Conversion Rate |
|--------------------------|-------------------|-------------------|------------------------|
| <i>CBO</i> | 312 | 182 | 58% |
| <i>Other</i> | 47 | 26 | 55% |
| <i>Self</i> | 219 | 110 | 50% |
| <i>Family/ Friend</i> | 148 | 73 | 49% |
| <i>Employer</i> | 23 | 8 | 35% |
| <i>Marketing/ Media</i> | 883 | 195 | 22% |
| <i>Physician</i> | 2143 | 498 | 23% |
| <i>CMS ad</i> | 25 | 3 | 12% |
| <i>Insurance Company</i> | 854 | 36 | 4% |
| Total | 4654 | 1131 | 24% |

* Data from one Group 2 supplier with a high number of reported referrals (outlier) was excluded from the analysis.



Table 4: Y1 Totals by Referral Source and Organization Type (Groups 1, 2 and 3)

| Source | Organization Type | # Referred | # Enrolled | Conversion Rate |
|-------------------|-------------------|------------|------------|-----------------|
| Physician | HCO | 1164 | 264 | 23% |
| | CBO | 979 | 234 | 24% |
| | Total | 2143 | 498 | 23% |
| Marketing/ Media | HCO | 214 | 21 | 10% |
| | CBO | 669 | 174 | 26% |
| | Total | 883 | 195 | 22% |
| Insurance Company | HCO | 431 | 0 | 0 |
| | CBO | 423 | 36 | 9% |
| | Total | 854 | 36 | 4% |
| CBO | HCO | 42 | 15 | 36% |
| | CBO | 270 | 167 | 62% |
| | Total | 312 | 182 | 58% |
| Self | HCO | 51 | 32 | 63% |
| | CBO | 168 | 78 | 46% |
| | Total | 219 | 110 | 50% |
| Other | HCO | 4 | 2 | 50% |
| | CBO | 43 | 24 | 56% |
| | Total | 47 | 26 | 55% |
| Family/ Friend | HCO | 29 | 13 | 45% |
| | CBO | 119 | 60 | 50% |
| | Total | 148 | 73 | 49% |
| CMS ad | HCO | 2 | 0 | 0 |
| | CBO | 23 | 3 | 13% |
| | Total | 25 | 3 | 12% |
| Employer | HCO | 2 | 2 | 100% |
| | CBO | 21 | 6 | 29% |
| | Total | 23 | 8 | 35% |
| Total | HCO (n=20) | 1939 | 349 | 18% |
| | CBO (n=29) | 2715 | 782 | 29% |
| | Total (n=49) | 4654 | 1131 | 24% |



MDPP Enrollment Project- Project Year 1

Data Summary: Welld Health

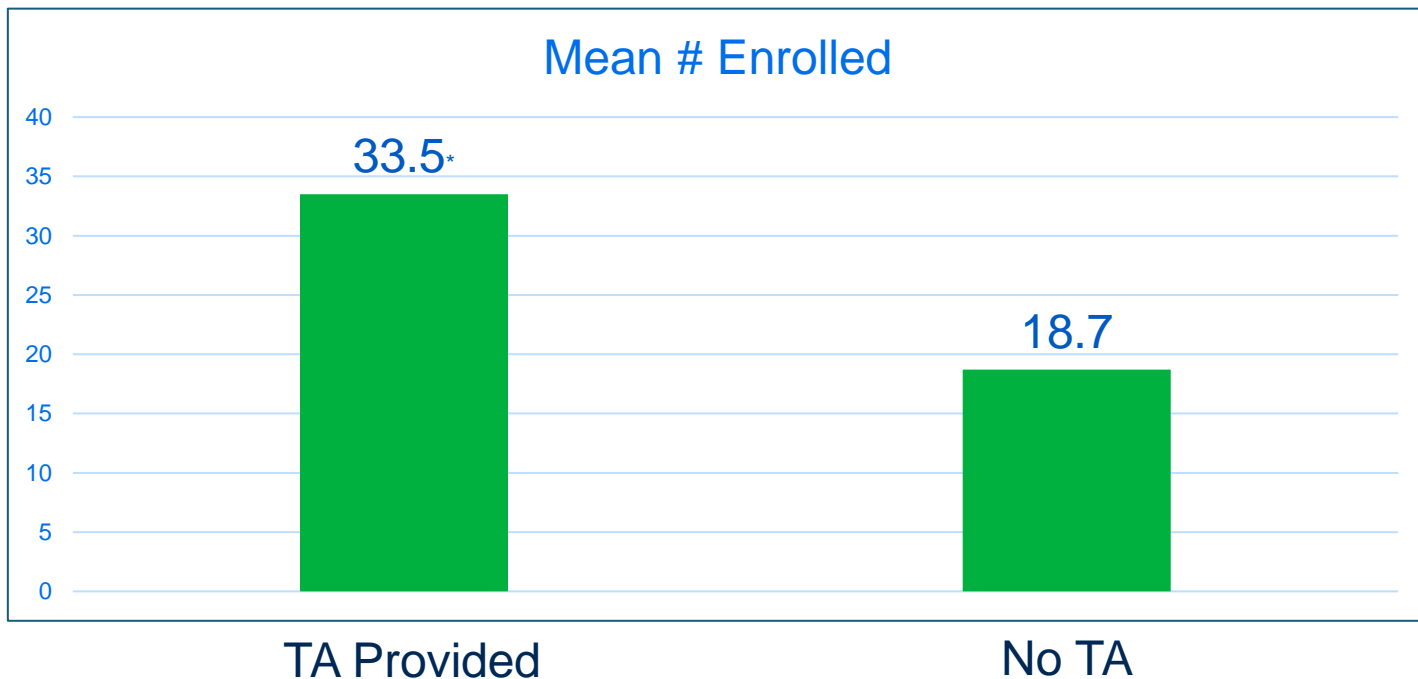
Access to Welld Health

29 suppliers from Groups 1, 2, and 3 contracted with Welld Health through this project to process Medicare claims. 16 of these suppliers (55%) were successful in submitting and being reimbursed for at least 1 claim through March 31, 2002. Some reasons for claims denial included:

- Charges exceeded fee schedule/ maximum allowable (1135 exceptions)
- Patient cannot be identified as insured (incorrect name or Medicare number)
- Charges are not covered within fee schedule parameters
- Claim submitted after timely filing deadline
- Claim not covered by payer
- Charges covered under capitation agreement/ managed care plan
- Information missing (SSN, Name, Medicare number)



MDPP Enrollment Project- Year 1 Data Summary: AMA Individual TA Enrollment



*Statistically significant difference between means ($p < 0.05$)



MDPP Enrollment Project

Small Team Technical Assistance (TA)



MDPP Enrollment Project- Small Team TA

NACDD selected four MDPP Enrollment Project supplier participants to serve as mentors and lead small group technical assistance calls, called “Small Team TA.”

The MDPP Enrollment Project suppliers seeking Small Team TA were divided into four groups, which were each led by a mentor:

- 1) YMCAs and New York-based organizations
- 2) Community-based organizations (CBOs) and one pharmacy
- 3) Organizations with a link to health care providers, such as health systems and medical centers
- 4) Organizations with large networks (i.e., multiple locations) and organizations located in western states.

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.

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Small Team TA Summary Resource

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

Small Team TA Summary Resource (continued)

Categories include:

- Increasing Referrals from HCP
- Billing CMS
- Increased Marketing to Participants
- Medicare Advantage
- Virtual Delivery
- Verifying Eligibility
- Other





Small Team TA- Participant Survey

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 Welld 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



MDPP Enrollment Project

Next Steps



MDPP Enrollment Project- Next Steps

- Small Team TA for awardees (October – June 2023)
- Tracking MDPP referral data and enrollment data for Groups 1,2,3 (Year 2) and Groups 4 and 5 (Year 1)
- TA Webinars via Wellb Health
- Webinar: Increasing Marketing to MDPP Beneficiaries (THEEB)
- Webinar: Increasing Physician Referrals to MDPP (AMA)
- Provide MDPP Implementation Packet resources
 - Readiness Checklist
 - Revenue Generator Calculator
 - Gantt Chart
- Provide ongoing and ad hoc technical assistance and connections to State Health Departments/LEAP Group Work

NACDD's MDPP Resources

- MDPP Basics Page on the National DPP Coverage Toolkit: <https://coveragetoolkit.org/mdpp-basics/>
- MDPP Implementation Resources page on the National DPP Coverage Toolkit: <https://coveragetoolkit.org/mdpp-implementation-resources/>
- Please visit NACDD's MDPP Technical Assistance Offerings page to learn more about NACDD's role in the MDPP: <https://chronicdisease.org/page/diabetes/medicare-diabetes-prevention-program/>

Medicare Diabetes Prevention Program (MDPP) Implementation Resources

The following webinars and resources were developed as part of technical assistance for MDPP suppliers through funding and support by the Centers for Disease Control and Prevention (CDC) and implemented by the National Association of Chronic Disease Directors (NACDD). Some of the webinars and resources were developed in collaboration with the Centers for Medicare and Medicaid Services (CMS) and the American Medical Association (AMA). Webinar and resource topics include referrals and recruitment, marketing, promoting the MDPP during the public health emergency (PHE), working with Medicare Advantage (MA) plans, and billing and claims.

To find more information about the MDPP and additional resources, visit our [MDPP Basics](#) page or [CMS MDPP](#) page.

MDPP Webinars and Resources

CDC, CMS, AMA, NACDD, and other partners have worked collaboratively to host various informational webinars and learning opportunities geared towards promoting the MDPP. Please note that the resources below were developed for a specific technical assistance opportunity and often include titles and dates associated with that purpose; however, they can and should be used by any MDPP supplier interested in learning more about how to be successful offering the MDPP.

The table below is organized by topic and lists the webinars with accompanying resources for each category.

| BILLING AND CLAIMS | REFERRALS | MARKETING | POPULATIONS OF FOCUS | WORKING WITH MA PLANS | MDPP DURING THE PHE |
|--|-----------|-----------|--|-----------------------|---------------------|
| 2022 PHYSICIAN FEE SCHEDULE | | | | | |
| Webinars: <ul style="list-style-type: none">• MDPP Supplier Learning Series Billing Workshop Part 1 – On September 22nd, 2021, CDC, CMS, and NACDD hosted part 1 of a 2-part webinar series focused on increasing general knowledge about the MDPP billing and claims processes. Part 1 specifically looked at how MDPP enrollment and the PECOS application processes impact billing.• MDPP Supplier Learning Series Billing Workshop Part 2 – On November 10th, 2021, CDC, CMS, and NACDD hosted part 2 of a 2-part webinar series focused on increasing general knowledge about the MDPP billing and claims processes. Part 2 specifically looked at the process for submitting a successful MDPP claim to CMS. | | | Resources: <ul style="list-style-type: none">• MDPP Barriers and Potential Solutions – Developed from presentations during an informational webinar held on December 8th, 2021, where MDPP suppliers shared learnings on how to overcome challenges encountered when implementing and sustaining the MDPP. This resource details strategies shared to overcoming barriers with billing and claims, addressing differences between MDPP and the Diabetes Prevention Recognition Program (DPRP) standards, switching between delivery modalities, addressing administrative burdens, and sustainability.• MDPP Billing Workshop FAQ – Developed from a 2-part webinar series focused on increasing general knowledge about the MDPP billing and claims processes on September 22nd, 2021, and November 10th, 2021. This resource details attendee questions and answers from the webinar series. | | |

National
DPP
Coverage
Toolkit:
(coverage
toolkit.org)



Thank You!

Joanna DiBenedetto: jdibenedetto_ic@chronicdisease.org

Overview of MDPP

Benefit description:

- Core services period is 12 months: 16 weekly core sessions over months 1-6, and 6 monthly core maintenance sessions in months 6-12
- Sessions are approximately one hour each
- No minimum or maximum number of beneficiaries per session
- Limited in-person and/or remote makeup sessions may be provided

Beneficiary Requirements:

- Enrolled in Medicare Part B
- BMI ≥ 25 ; ≥ 23 if self-identified as Asian
- A1c (HgA1c) between 5.7 and 6.4%, or a fasting plasma glucose of 110-125 mg/dL, or a 2-hour post-glucose challenge of 140-199 mg/dL (oral glucose tolerance test) within the previous 12 months
- No previous diagnosis of type 1 or type 2 diabetes (exception of a previous diagnosis of gestational diabetes)
- Does not have end-stage renal disease (ESRD) at any point during the MDPP services period

