



## MDPP Enrollment Project

### Year 1 (November 15, 2020 – April 30, 2022) Data Summary

The National Association of Chronic Disease Directors (NACDD), in partnership with the Centers for Disease Control and Prevention (CDC), the American Medical Association (AMA), and Wellb Health, offers the Medicare Diabetes Prevention Program (MDPP) Enrollment Project. This project provides marketing and referral technical assistance (TA) and funding as well as access to a billing and claims platform to Medicare suppliers to increase enrollment of eligible Medicare beneficiaries into the MDPP over a 12-month period.

#### Referral and Enrollment Data

Participating suppliers from community-based organizations (CBO) and health care organizations (HCO) tracked numbers of referrals and enrollments by referral source monthly. Year 1 data includes all Group 1 (n=25), 2 (n=12), and 3 (n=13) suppliers who submitted data during their first year of participation in the project. Data for five suppliers who withdrew from the project during Year 1 are not included in this summary. Year 1 data from all groups will continue to be updated as suppliers complete the year and waitlist period.

**Table 1: Y1 Totals by Group**

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%
<b>Total</b>		<b>49</b>	<b>4654</b>	<b>1131</b>	<b>24%</b>

\* 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%.

The enrollment target for the year was 80 participants. Although only one supplier has met the target, many showed success with enrollment, with one-fourth achieving at least half of the enrollment goal. Suppliers in Group 3 have three months remaining in Year 1, so the numbers presented in this report will change in the coming months. Most of the suppliers with the lowest enrollments are in Group 3 and have not yet finished their first year.

**Table 2: Y1 (through March 2022) Enrollment Categories (n=50)**

# of Enrollments	# of organizations
50+	4
40-49	10
30-39	2
20-29	8
10-19	10
0-9	16

Overall, the highest number of referrals and enrollments came from physician referrals which included any electronic medical record data pulls to identify potentially eligible participants (Table 3). Additionally, approximately half of the referrals transitioned to enrollments for those who found the program on their own or who were referred by a family member/friend or community-based organization, which may indicate increased readiness to participate among those being referred by a trusted source.

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

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

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

Suppliers were categorized into CBO and HCO organization types. The HCO organization type includes hospital systems, medical offices, pharmacies, and Federally Qualified Health Centers. CBOs received more referrals and enrollments from marketing/media and other CBOs than HCOs (Table 4).

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

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

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

#### 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)

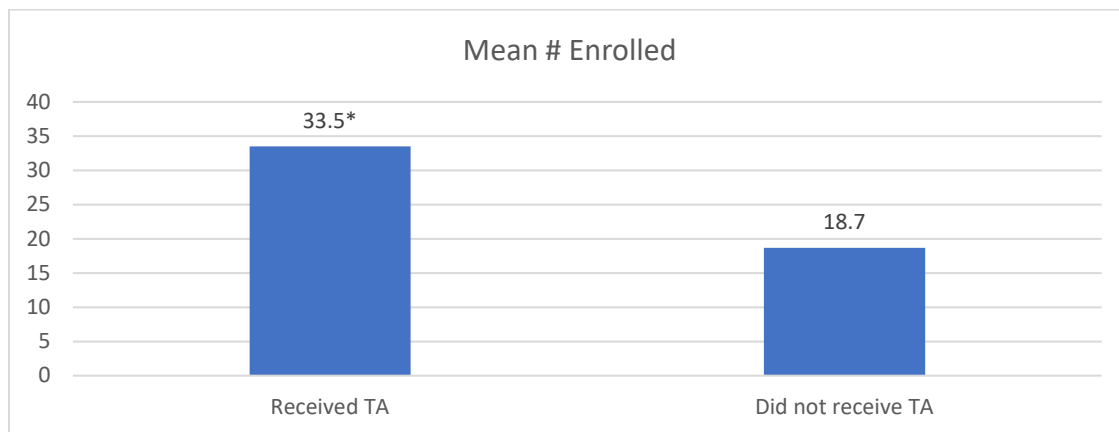
### Targeted Technical Assistance

In addition to the group webinars provided to MDPP Enrollment Project suppliers, targeted TA was offered through various opportunities: 1) individual TA with AMA for some suppliers during Year 1; 2) small team TA provided by mentor suppliers (this started in February 2022). Data was examined to determine whether suppliers participating in AMA TA had higher enrollment numbers. Similar analyses for suppliers participating in small team TA will be conducted in July 2022.

### AMA Individual TA

Suppliers offered individual TA were **larger hospital or health care organizations (n=11)** or community-based organizations (n=5) who had worked with AMA in the past. The 16 suppliers receiving AMA individual TA (Group 1, n=10, Group 2, n=2, Group 3, n=4) on average enrolled more participants than the 34 suppliers not receiving AMA individual TA (Group 1, n=15, Group 2, n=10, Group 3, n=9) (Figure 1).

**Figure 1: Individual AMA TA Enrollment Numbers**



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

**Table 4: AMA Individual TA: Enrollment Categories**

# of Enrollments	Receiving AMA TA # of organizations	Not Receiving AMA TA # of organizations
<b>50+</b>	2	2
<b>40-49</b>	8	2
<b>30-39</b>	0	2
<b>20-29</b>	1	7
<b>10-19</b>	4	7
<b>0-9</b>	1	14

## Survey Data

Group 1 and 2 suppliers (n=36) completed a year-end survey responding to questions about their successes and challenges with their program over the past year and a renewal application (n=13) to report on plans for the upcoming year.

Participating suppliers received a \$3,000 funding award in Year 1 and two-thirds reported using the funds on personnel/staff time and over half reported using the funds for marketing materials (Table 5). Almost one-third reported the funds helped increase their advertising/marketing efforts. For year 2, most suppliers report planning to use funds for marketing materials and personnel/staff time.

**Table 5: Use of Award (n=36, select all that apply)**

<b>Use</b>	<b>#</b>
<i>Personnel/staff time</i>	24
<i>Marketing materials</i>	20
<i>Billing and claims costs/charges (i.e. enrollment fees)</i>	11
<i>IT/software/access for virtual implementation of MDPP</i>	11
<i>Referral materials</i>	10
<i>Lifestyle Coach trainings/training registration costs</i>	8
<i>Digital Scales</i>	5
<i>Session materials (in person)</i>	4
<i>Scales (not digital)</i>	3
<i>Other (stamps for mailing virtual class materials, incentives)</i>	2

## Marketing

The biggest success reported with **marketing** was collaboration with partners/physicians and the biggest challenges reported were reaching or influencing potential MDPP participants and time/staff availability to focus on marketing, with over three-fourths of suppliers reporting these challenges (Table 6). For year 2, all suppliers reported planning to focus on community outreach (e.g., events, ads, flyers, and brochures) as a marketing strategy and most reported planning to engage in social media/digital marketing.

**Table 6: Marketing Challenges (n=36, select all that apply)**

<b>Marketing Challenge</b>	<b>#</b>
<i>Reaching/Influencing potential MDPP participants</i>	30
<i>Time/Staff availability to focus on marketing</i>	27
<i>Reaching/Influencing health care providers/associations</i>	24
<i>Cost of marketing</i>	18
<i>Measuring effectiveness of marketing campaigns</i>	11
<i>Identifying effective marketing resources</i>	9
<i>Other (pandemic related)</i>	4

## Referrals

The biggest success reported with **referrals** was collaboration with health care providers and the biggest challenges related to the engagement and relationship building with health care provider teams (Table 7). These responses indicate many suppliers are reaping the benefits of their established relationships

with health care providers, but many continue to be challenged by engaging with providers. Additional barriers to enrollment included lack of access to eligible participants who will commit to a year-long program. For year 2, most suppliers reported planning to continue engaging with health care providers as a referral strategy and reported their most immediate need to increase MDPP enrollment was to increase provider engagement and referrals.

**Table 7: Referral Challenges (n=36, select all that apply)**

<b>Referral Challenge</b>	<b>#</b>
<i>Building relationships with health care providers</i>	23
<i>Engaging health care provider care teams</i>	22
<i>Converting referrals into program enrollment</i>	17
<i>Utilizing EHRs</i>	15
<i>Access to data to generate batch referrals</i>	11
<i>Identifying clinical champions</i>	11
<i>Leveraging organizational/community partnerships</i>	11
<i>Other (included: workflow issues establishing and using referral platform; expanding to additional health systems; staff time)</i>	8

#### External Support

Over two-thirds of suppliers reported receiving support from state health departments or other organizations, with many reporting working directly with groups specifically targeting MDPP eligible populations (Table 8). These organizations assisted with partner development, marketing, referral, and financial support and many (n=17) reported these partnerships helped increase enrollment.

**Table 8: Work with groups specifically targeting MDPP populations (n=36, select all that apply)**

<b>Organization</b>	<b>#</b>
<i>Senior centers</i>	16
<i>Senior living/retirement communities</i>	13
<i>Area Agencies on Aging</i>	13
<i>Other (physician practices, health systems, community-based organizations)</i>	12
<i>No groups specifically targeting MDPP</i>	8
<i>Veterans Affairs</i>	--
<i>Quit-Lines</i>	--