



CASSANDRA STISH, WELLD HEALTH

MDPP Enrollment Project - Billing & Beyond



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



Recipe for Success

The ingredients were there...
the MDPP Enrollment Project brought them all together



What's in the recipe?

The Need

The Program

The Coaches

The Capacity

The Payers

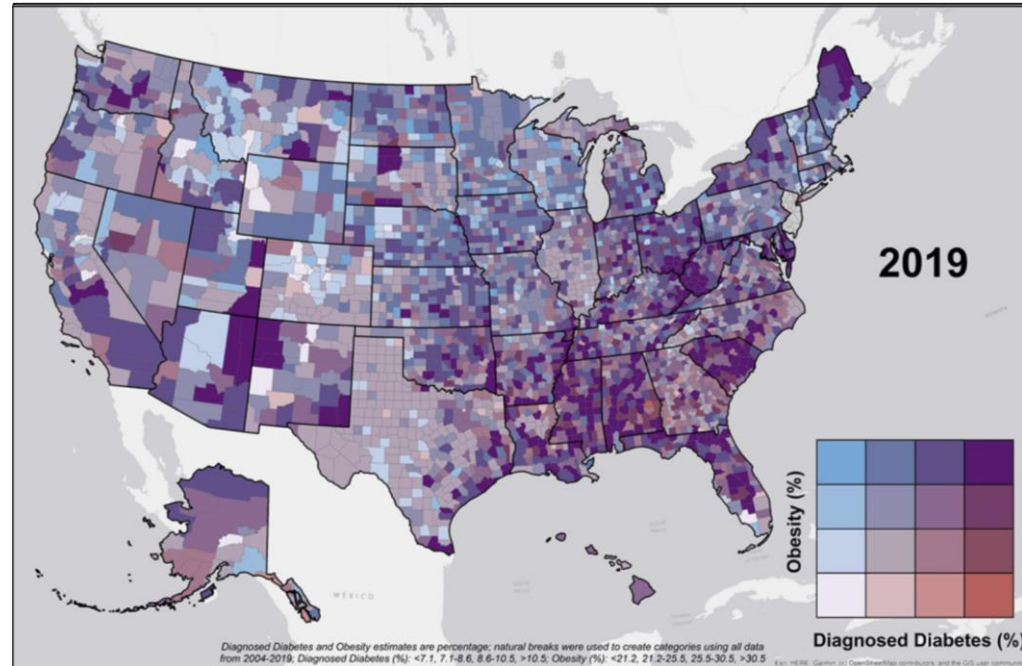
The Partners

The Pathways

Ingredients for MDPP Success

The Need.

Over nearly 20 years the urgency to address the development of diabetes & obesity in our nation has become a national imperative.



Ingredients for MDPP Success

The Program.

- We know it works.
- The development of the National Diabetes Prevention Lifestyle Change Program **engages participants** in small groups to leverage the most pivotal aspects of behavior change: **social connection and accountability.**
- In-person, combination and distance-learning delivery modes engage the participants through small groups that build trust and learn from each other.



Ingredients for MDPP Success

The Coaches.

Dedicated Lifestyle Coaches are the very heart of the National DPP. Establishing pathways to increase the number of these community-based resources is a key to success.



Capacity.

We need more trained Lifestyle Coaches in our communities. Master trainer programs and supporting programs with multiple delivery modes should help MDPP scale.

Ingredients for MDPP Success

The Payers.

Medicare expansion began covering the MDPP as a Part B benefit

State Medicaid programs are increasingly adding National DPP benefits

Health plans are covering National DPP for commercial lines of business

Self-insured employers began covering National DPP for employee wellness



Ingredients for MDPP Success

The Partners.

Clinical partners that need a trusted program to refer eligible patients.



The Pathways.

Point of care referral pathways via EMR integration and built-in rules/flags is key to connecting patients to the community-based resources they need.

Ingredients for MDPP Success

UHAs to help meet the national need

The need for Umbrella Hub Arrangements is only going to grow. Through internal polling of the MDPP Enrollment Project participants, we know that some suppliers that are both interested in becoming lead organizations and others have said they would like to explore joining a UHA.

Shared resources for:

- Outreach for referrals
- Participant onboarding
- Program fidelity
- Payer relationships
- Billing & Claims submission



Putting it all together - some wins!

Easing the burden on suppliers to help scale the program.



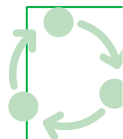
Payer engagement:

Enrolled new MDPP Suppliers for electronic claims submission and electronic remittance advice.



Claims:

Successfully processed claims for 23 of 39 suppliers in the project.



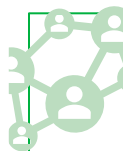
Referral Pathways:

Increased inbound electronic referrals with EMR integrated solutions – eFax & Direct™



Consultation:

Provided two 90-min MDPP billing workshops [MDPP Billing Workshop Part 1](#), [MDPP Billing Workshop Part 2](#)
MDPP small group learning and office hours



One-click reporting:

Streamlined DPRP and CMS Crosswalk reporting for organizations new to MDPP

Observations on Program Admin

Some learnings from working with the suppliers



Shifting from a grant-funded model to one of sustainability is the right next step, but it's new and can be complex.

Connecting to populations of eligible participants takes dedicated outreach, marketing and time.

Coaches are consistently great at coaching...entering data in a health record may be new to them.

Existing data collection processes may not align with MDPP (claims) data collection requirements.

Staff shortages and turnover can create delays or setbacks in program administration. Cross-training team members is a good solution.



Observations on claims

Why claims don't get paid.



Incorrect National Provider Identifiers (NPIs).

PECOS not updated.

Incorrect or incomplete data collection.

Billing Medicare FFS instead of Medicare Advantage Plan.

Medicare Advantage out of network v. in network

Accommodating special billing requirements.

What we can do to make it better

The Takeaways – commitment is key

- Acknowledge the learning curve. Invest the time.
 - Becoming a Medicare supplier for the first time means taking a dive into the deep end. It's a robust learning curve.
 - We need to continue to develop resources like those on the National DPP Coverage Toolkit to help our programs become proficient.
 - Success often depends on the supplier having a dedicated champion that can take on to the billing & claims learning curve and share that knowledge with the organization.



What we can do to make it better

The Takeaways – plan for success

- Early consideration of key business and operational decisions PRIOR to applying to be an MDPP supplier is important.
- Talking through the entire workflow including edge cases ahead of time will improve a supplier's chance of billing health plans successfully.
- A thorough review of the resources on the NACDD toolkit and consultation with your technology/billing partner will help organizations forge the best path forward.



What we can do to make it better

The Takeaways – into the future

- Continue to offer public and vendor support to help programs operate as Medicare suppliers.
- Provide a clear pathway for suppliers to **join** or **form** Umbrella Hub Arrangements.
- Build in growth models to include other payer types – like commercial plans and Medicaid MCOs.





Thank you!

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