Presented by:
Leslie E. Kolb, RN, BSN, MBA
Chief Science and Practice Offer

Date
Friday, March 9, 2018

From Research to Practice: Improving DPP Access

Objectives

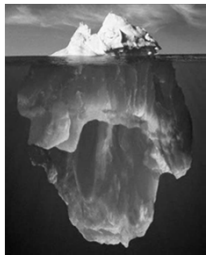
- Understanding how the Medicare Diabetes Prevention Program came to be through the Centers of Medicare & Medicaid Innovations.
- Explain AADE's role in the National DPP and opportunities for diabetes educators to implement their own DPP program
- Describe the Requirements of the Medicare Diabetes Prevention Program (MDPP)
- Explain the differences between the National DPP standards and the of the MDPP requirements

Understanding how the Medicare Diabetes Prevention Program came to be through the Centers of Medicare & Medicaid Innovations

Prevalence of Diabetes vs Prediabetes

30.3 million with Diabetes

84.1 million with Prediabetes



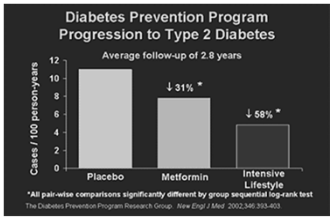
The Impact of Pre-Diabetes

- 9 out 10 people do not know they have prediabetes
- 15-30% of people with prediabetes will develop type 2 diabetes within 5 years
- CDC estimates that as many as 1 of 3 American adults could have diabetes in 2050 if current trends continue

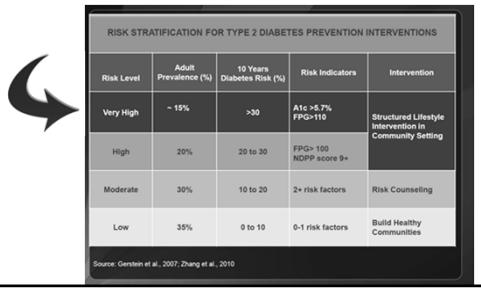
NIH Funded DPP Research Study:

Weight loss was the most important factor in lowering the risk for type 2 diabetes

The decrease in risk for type 2 diabetes was the same regardless of sex, socioeconomic status, race, or ethnicity



Risk Stratification



RISK STRATIFICATION FOR TYPE 2 DIABETES PREVENTION INTERVENTIONS

Risk Level	Adult Prevalence (%)	10 Years Diabetes Risk (%)	Risk Indicators	Intervention
Very High	~ 15%	>30	A1c >5.7% FPG>110	Structured Lifestyle Intervention in Community Setting
High	20%	20 to 30	FPG> 100 NDPP score 9+	
Moderate	30%	10 to 20	2+ risk factors	Risk Counseling
Low	35%	0 to 10	0-1 risk factors	Build Healthy Communities

Source: Gerstein et al., 2007; Zhang et al., 2010

Evidence-based Recommendations

Type 2 DIABETES PREVENTION EVIDENCE SUMMARY	
Randomized Clinical Control Trial: The Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. N Engl J Med. 2002; 346 : 393–403.	
Subsequent Translation Studies	Various
Evidence-based Recommendations	
• USPSTF Obesity Intensive Behavioral Counseling	**July 2012**
• Community Guide Review	**July 2014**
• USPSTF CVD Risk Reduction Intensive Behavioral Counseling	**August 2014**
• USPSTF Type 2 Diabetes and Abnormal Glucose Screening	**October 2015**

From CMMI to CDC to CMS

Center for Medicare & Medicaid Innovations Center tested a model for the primary prevention of type 2 diabetes.

- National Council of YMCA's of the United States of America (Y-USA)
  - Independent evaluation of the Y-USA Diabetes Prevention Program (year 2)
    - Covered 6874 Medicare beneficiaries
    - Completion of at least one core session lost an average of 7.6 pounds
    - Completion of at least four core sessions lost an average of 9 pounds.
    - 83% attended 4 core sessions
    - 64% attended 9 core sessions

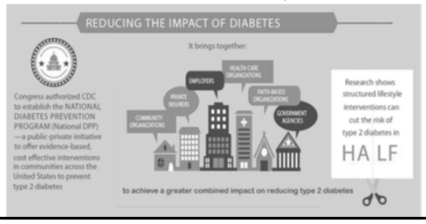
The Lifestyle Intervention group

- The structured year long lifestyle change intervention goals:
  - Reducing calories
  - Increasing physical activity
- Participants risk of developing type 2 diabetes by 58 percent in people at high risk for the disease
- For people over 60 years of age, the program reduced risk by 71 percent.

Source: Knowler, WC, Barrett-Connor, E, et al. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. N Engl J Med 2002;346(6):393-403

National Diabetes Prevention Program

Recognized programs join largest national effort to mobilize and bring effective lifestyle change programs to communities across the country



National Diabetes Prevention Program

Scaling & Sustaining National DPP
CDC Cooperative Agreement Investments

- **1212** - Funded National organizations to increase # of DPRP offering lifestyle change programs and lead to benefit coverage
- **1305** - Funded all 50 states & D.C. to raise awareness of prediabetes, increase referrals to DPRP, work with state employee benefit plans and Medicaid to support coverage
- **1422 -** Funded 17 states and 4 cities to expand on work started by 1212 and 1305 and enroll vulnerable, high-risk populations in the program

National DPP Strategic Goals

Source: Ann Albright, PhD, RD
Director, Division of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention

National DPP Coverage

Increase Program Coverage & Reimbursement

Many public and private insurers are offering the National DPP lifestyle change program as a covered benefit.

Commercial Insurers

Many commercial health plans provide some coverage for the National DPP. Examples include:

- AmeriHealth Caritas
- Anthem
- BCBS Florida
- BS California
- BCBS Louisiana
- Denver Health Managed Care: *Medicaid, Medicare, Public Employees*
- Emblem Health: *NY*
- GEHA
- Humana
- Kaiser: *CO & GA*
- LA Care: *Medicaid*
- MVP's Medicare Advantage
- Priority Health: *MI*
- United Health Care: *National, State, Local, Private, and Public Employees*

Medicare payment for program begins April 2018

State Coverage

Over 3 million public employees/dependents in the following 12 states have the National DPP as a covered benefit:

- Colorado
- Kentucky
- Louisiana
- Maine
- Minnesota
- New Hampshire
- New York
- Rhode Island
- Washington
- Oregon (Educators)
- California
- Texas

*The following states have approved coverage for **Medicaid** beneficiaries:*

- Minnesota
- Montana
- New Jersey (in 2018)
- California (in 2018)

Source: Ann Albright, PhD, RD
Director, Division of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention

Explain AADE's role in the National DPP and opportunities for diabetes educators to implement their own DPP program

American Association of Diabetes Educators AADE

- Membership organization with over 14,000 members since 1973
- RNs, RDNs, Pharmacists and other healthcare professionals
- Prevention is within our organization's vision:
  - Optimal health and quality of life for persons with, affected by or at risk for diabetes and related chronic conditions

AADE's Role in the National DPP

- National Practice Survey found that many of our members already work with people with prediabetes – 21% had DPRP Programs
- In 2015 over 80% of our DSMES programs
- <1% reported receiving reimbursement for prevention services

DSMES Programs have Strength

Large pool of eligible participants

HIPAA compliant/accustomed to proper data collection and entry

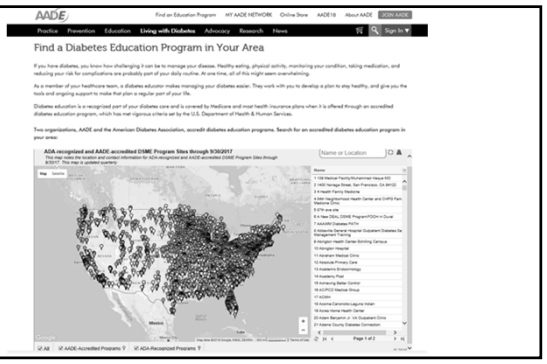
Program Coordinator (suggest Diabetes Educator (HCP))

Ready to train Lifestyle Coaches

Billing capabilities - Already providing service for payers- Insurers and Employers (DSME and Screenings)

Linkage with local primary care providers – referral base

Transition of care for people found to have type 2 diabetes



DP12-1212

- In 2012, CDC selected AADE as one of six partner organizations to assist in expanding the reach of the National DPP.
- An overarching goal of this project was to make the Lifestyle Change Program a covered healthcare benefit for people with prediabetes.
- AADE funded a total of 55 DSME sites in 17 states over the 5 years – almost 50% reached full recognition
- September 2017 – 46 sites in 17 states all had a payer source

DP17-1705

- AADE has been awarded funding for the next 5 years to bring the National DPP to priority populations with little or no access to diabetes prevention services.
- AADE has established 12 new sites in 7 states (TX, AR, OK, NM, AL, MS, KS) to deliver the evidenced-based Lifestyle Change Program in year one.
  - Hispanic/Latino
  - American Indian
  - Medicare
- AADE will work with several new partners, including UnidosUS, Omada Health, and the Healthy Truckers Association of America (HTAA) to raise awareness, conduct screenings, expand coverage areas, and promote enrollment activities.
- Online platform to provide DPP to Over the Road Truck Drivers

Landscape in Pennsylvania

- Currently 208 DSMES Programs
- 86 Diabetes Prevention Recognition Programs (DPRP)
  - 18 can start to bill on April 1
    - 4 full recognition
    - 14 Preliminary recognition

https://nccd.cdc.gov/DDT_DPRP/Registry.aspx

AADE Offers

- Lifestyle Coach Training Entity for both LSC and Master Trainers
- Building your Diabetes Prevention Workshop
- Technical assistance for DSMES programs and others
- Data Analysis of Participants System (DAPS)

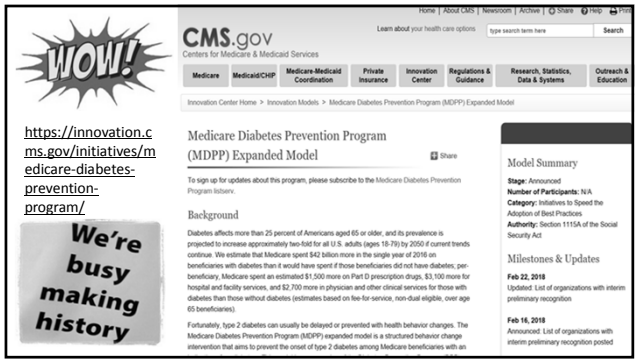
Other Partnerships

- National Partner with National Association of Chronic Disease Directors (NACDD) - http://www.chronicdisease.org/
  - State Engagement Meetings (STeM)
- American Medical Association (AMA)
  - Prevent Diabetes STAT (Screen Test Act Today)

https://preventdiabetesstat.org/

Describe the Requirements of the Medicare Diabetes Prevention Program (MDPP)

We are making History!



https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/

CMS and CDC – Unique Roles in MDPP

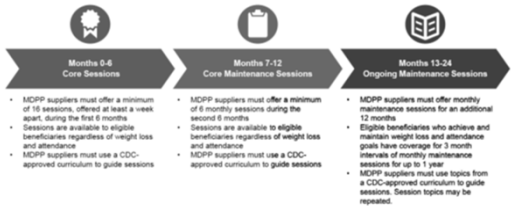
CMS	CDC
Interested MDPP suppliers should reach out to CMS for information and support related to:	**Interested MDPP suppliers should reach out to CDC for information and support related to the:**
• MDPP supplier standards and compliance • Achieving and maintaining enrollment as an MDPP supplier • MDPP coach eligibility • MDPP beneficiary eligibility • Delivery of MDPP services • Documentation and record keeping requirements • Billing and claims process • Performance-based payments	• CDC DPRP Standards and Operating Procedures • CDC recognition requirements • CDC data collection and submission requirements • CDC curricula requirements • Effective delivery of the National DPP

Medicare Proposed Coverage for DPP

- Medicare initially announced intent to expand coverage for DPP in 2016.
  - A response to high rates of type 2 diabetes among older Americans
  - 25% of Americans 65 years and older are living with type 2 diabetes
  - Care for this population costs Medicare $104 billion annually
- Recently published Final 2018 Physician Payment Proposed Rule
  - Supplier enrollment began January 1
  - Reimbursement begins April 1
- Effective date for DPP coverage will be April 2018
  - Impact promotes healthier behaviors for eligible beneficiaries that could prevent or delay type 2 diabetes
  - Decrease healthcare costs associated with diabetes

Overview of MDPP Services

MDPP services are offered over a two year period and are intended to prevent the onset of type 2 diabetes



MDPP

- MDPP to be “additional preventive service” allowing co-pays to be waived
- Diabetes diagnosis exclusion applies only at the time of the first core session
  - If person diagnosed after first core session can continue

Medicare Beneficiaries Eligible for MDPP

- Enrolled in Medicare Part B
- BMI of at least 25 if not self-identified as Asian, or a BMI of at least 23 if self-identified as Asian
- 12 months prior to attending the first core session,
  - a hemoglobin A1c test with a value between 5.7 and 6.4 percent or
  - a fasting plasma glucose of 110-125 mg/dL or
  - a 2-hour plasma glucose of 140-199 mg/dL (oral glucose tolerance test)
- No previous diagnosis of type 1 or type 2 diabetes- exception gestational diabetes
- Do not have end-stage renal disease (ESRD)
- Has not previously received MDPP services (ONE TIME BENEFIT)

Eligibility Criteria for ongoing maintenance sessions

- Must attend at least one in-person core maintenance session in months 10-12 and achieve or maintain 5% weight loss in months 10-12 to be eligible for coverage of the first ongoing maintenance session interval
- Must attend at least 2 sessions and maintain 5% weight loss within an ongoing maintenance session interval to be eligible for the next ongoing maintenance session interval

Intervals are 3 months for 12 months

Make up Sessions are allowed

- In Person
  - Must use same curriculum as session missed
  - Maximum of one per week; maximum of one per day or regularly scheduled sessions
- Virtual
  - Same requirements as in-person make-up sessions
  - Only by beneficiary request
  - Compliant with DPRP virtual standards
  - Max of 4 during the core service period, of which no more than 2 are core maintenance sessions
  - Max of 3 that are ongoing maintenance sessions
  - Weight loss measurement taken cannot be used for payment or eligibility

MDPP

- Performance-based payment structure, which ties payment to performance goals based on attendance and/or weight loss
- New (HCPCS) G-codes that MDPP suppliers created to submit claims for payment when all the requirements for billing the codes have been met

Billing Codes

Billing Codes

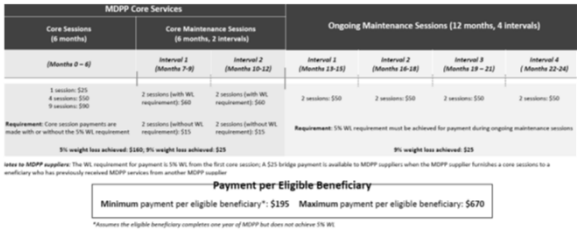
HCPCS G-Code for MDPP Services	Payment Amount	Description of MDPP Service	May be reported with Modifier VM (Virtual Make Up Session)
G9873	$25	1st core session attended	No
G9874	$50	4 total core sessions attended	Yes
G9875	$90	9 total core sessions attended	Yes
G9876	$15	2 core maintenance sessions attended in months 7-9 (weight loss goal not achieved or maintained)	Yes
G9877	$15	2 core maintenance sessions attended in months 10-12 (weight loss goal not achieved or maintained)	Yes
G9878	$60	2 core maintenance sessions attended in **months 7-9 and weight loss goal achieved or maintained**	**Yes**
G9879	$60	2 core maintenance sessions attended in months 10-12 and weight loss goal achieved or maintained	Yes
G9880	$100	5 percent weight loss from baseline achieved	No
G9881	$25	9 percent weight loss from baseline achieved	No
G9882	$50	2 ongoing maintenance sessions attended **in months 13-15 and weight loss goal maintained**	**Yes**
G9883	$50	2 ongoing maintenance sessions attended in months 16-18 and weight loss goal maintained	Yes
G9884	$50	2 ongoing maintenance sessions attended **in months 19-21 and weight loss goal maintained**	**Yes**
G9885	$50	2 ongoing maintenance sessions attended in months 22-24 and weight loss goal maintained	Yes
G9890	$25	Bridge payment – first session furnished by **MDPP supplier to an MDPP beneficiary who has previously** received MDPP services from a different **MDPP supplier**	Yes
G9891	$0	MDPP session reported as a line-item on a claim for a payable MDPP services HCPCS G-code for a session furnished by the billing supplier that counts toward achievement of the attendance performance goal for the payable MDPP services HCPCS G-code	Yes

Virtual Make up Sessions

Recent communication from Medicare on adding a modifiers for MDPP virtual make up sessions.

– VM - MDPP virtual makeup session

Billing and Claims



MDPP Core Services			Ongoing Maintenance Sessions (12 months, 4 intervals)			
Core Sessions (6 months)	Core Maintenance Sessions (6 months, 2 intervals)					
(Months 0 – 6)	Interval 1 (Months 7-9)	Interval 2 (Months 10-12)	Interval 1 (Months 13-15)	Interval 2 (Months 16-18)	Interval 3 (Months 19 – 21)	Interval 4 (Months 22-24)
1 session: $25 4 sessions: $50 9 sessions: $90	2 sessions (with WL requirement): $60	2 sessions (with WL requirement): $60	2 sessions: $50	2 sessions: $50	2 sessions: $50	2 sessions: $50
Requirement: Core session payments are made with or without the 5% WL requirement	2 sessions (without WL requirement): $15	2 sessions (without WL requirement): $15	**Requirement**: 5% WL requirement must be achieved for payment during ongoing maintenance sessions			
5% weight loss achieved: $160; 9% weight loss achieved: $25			9% weight loss achieved: $25			

Payment per Eligible Beneficiary

Minimum payment per eligible beneficiary*: **$195** **Maximum** payment per eligible beneficiary: **$670**

*Assumes the eligible beneficiary completes one year of MDPP but does not achieve 5% WL

Engagement Incentives

- Any engagement incentives provided must be connected to the CDC approved curriculum
  - For example, gym memberships may be OK, but not movie theater tickets
- Incentives **cannot** be tied to achieving weight loss or attendance
- Technology equipment must be reasonably necessary for curriculum
  - (i.e. digital scales and pedometers but not smartphone)
- Incentives **cannot** exceed $1000 in aggregate per beneficiary
  - permanent ownership limited to $100 value

MDPP

- Once in a lifetime benefit
- Virtual programs were not approved
  - Some make up sessions can happen virtually
    - Maximum of during the core services period of which no more than 2 are core maintenance sessions
    - Maximum of 3 that are ongoing maintenance sessions
    - Weight loss measurements taken cannot be used for payment or eligibility

Virtual DPP Coverage

- Since DPP model test that met the statutory requirements for expansion did not include virtual services, Medicare does not intend to cover DPP that is furnished exclusively through remote technologies with no in-person delivery
- CMS intends to develop a separate model under CMS Innovation Center authority to test and evaluate MDPP services that are exclusively furnished virtually

Virtual DPP Coverage

- Propose to allow in-person suppliers to offer a limited number of virtual make-up sessions to beneficiaries who miss a session
- To be consistent with CDC's proposed 2018 DPRP standards, propose that the MDPP supplier may provide a maximum of one make-up session on the same day as a regularly scheduled session and may provide a maximum of one make-up session per week
- Supplier may offer no more than 4 virtual make-up sessions within the core services period to an MDPP beneficiary, of which no more than 2 virtual make-up sessions may be core maintenance sessions; and no more than 3 virtual make-up sessions that are ongoing maintenance sessions

New Category III code 0488T

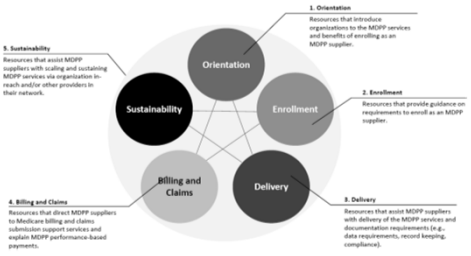
- 0488T: Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days
- Effective January 1, 2018
- Covered by Blue Shield of CA and Moda Health
- Not covered by Medicare

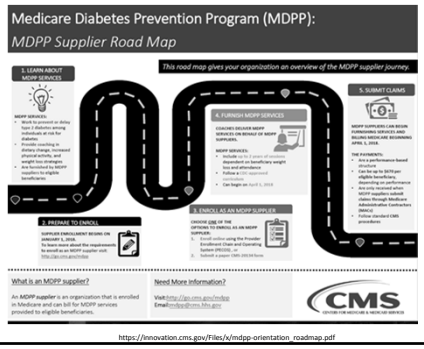
MDPP Suppliers MUST

- Have MDPP preliminary recognition or full CDC DPRP recognition
- Have an active and valid tax-identification number (TIN) or national provider identifier (NPI)
- Pass enrollment screening at the high categorical risk level
- On the MDPP enrollment application, submit a list of MDPP coaches who will lead sessions, including full name, date of birth, social security number (SSN), and active and valid NPI and coach eligibility end date (if applicable)
- Meet MDPP supplier standards and requirements, and other requirements of existing Medicare providers or suppliers
- Revalidate its enrollment every 5 years

MDPP Supplier Support

MDPP suppliers will be able to access helpful tools and resources to meet their specific needs

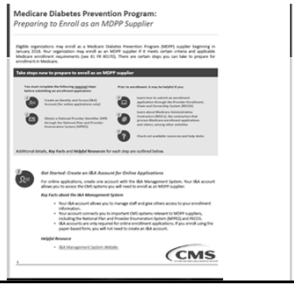


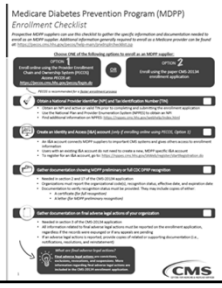


https://innovation.cms.gov/Files/x/mdpp-orientation_roadmap.pdf

MDPP Supplier Tools

https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/index.html





Explain the differences between the National DPP standards and the of the MDPP requirements

CMS and CDC – Unique Roles in MDPP

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CDC's DPRP Objectives

1. Assure **program quality, fidelity** to scientific evidence, and broad use of effective type 2 diabetes prevention lifestyle intervention throughout the United States
2. Develop and maintain a **registry of organizations** that are recognized for their ability to deliver effective type 2 diabetes prevention lifestyle intervention to people at high risk
3. Provide **technical assistance** to local type 2 diabetes prevention program to assist staff in effective program delivery and in problem-solving to achieve and maintain recognition status

CDC Recognition- Application Process:

Application process:

- Free to apply
- Application process is very quick and simple
- Indicate which curriculum you are going to use
  - can submit your own for approval
- Will need to indicate delivery mode
  - in-person, virtual, distance learning, combination

What you will receive:

- Listed on CDC Registry of Programs
- Requirement for reimbursement of some payers (Medicare)
- CDC has an onboarding and a technical assistance process
- Able to email CDC with questions

Complete Online Application form:
https://www.cdc.gov/diabetes/prevention/lifestyle-program/apply_recognition.html

BEFORE Applying for CDC Recognition

- Identify your "Program Coordinator"
- Ensure understanding of the requirements and process for submitting evaluation data
- Who will be your "back up" point of contact? (up to 3)
- Identify data preparer
- Decide on an approved curriculum
- Decide when you plan to have your first session
- Decide what type of delivery mode(s) you will use
- Fill out the DPRP Capacity Assessment - Not a requirement for suggested

4 Delivery Modes

1. In-person (delivery is 100% in-person)
2. Online (delivery is 100% online) - **Not for MDPP**
3. Distance learning (new): - **Not for MDPP**
   - Delivered 100% by trained Lifestyle Coaches via remote classroom or telehealth (i.e., conference call or Skype) where the Lifestyle Coach is present in one location and participants are calling or videoconferencing in from another location.
4. Combination (new): **- Not for MDPP**
   - Delivered as a combination of any of the previously defined delivery modes for all participants by trained Lifestyle Coaches.

Three Categories of Recognition

1. Pending
   - Awarded upon approval of application- **Not for MDPP**
2. Preliminary -
   - **New recognition status** that aligns with the final CMS MDPP expanded model rule.
   - Is attendance-based since data indicate that attendance past the first 6 months drives weight loss
   - Minimum required to become an **MDPP supplier**
3. Full -
   - Highest level of CDC recognition awarded when an organization meets all DPRP Standards requirements
   - Organizations in Full can also apply to become **MDPP suppliers**

Preliminary Recognition

- To be evaluated for preliminary recognition, organizations must have submitted a full **12 months of data** on at least **one completed cohort**.
- Organizations will be awarded preliminary recognition when they meet the following criteria:
  - Submission includes at least **5 participants** who **attended at least 3 sessions** in the **first 6 months** and whose time from first session attended to last session of the lifestyle change program was **at least 9 months**
  - At least **60% attended at least 9 sessions in months 1-6**,and at least **60% attended at least 3 sessions in months 7-12**

- **Preliminary is not based on weight loss only attendance**

Participant Eligibility Changes

- BMI thresholds:
  - Non-Asian: BMI of greater than or equal to 25 kg/m2
  - Asian-American: BMI of greater than or equal to 23 kg/m2
- Blood test eligibility:
  - A **minimum of 35% of all participants** in a cohort must be eligible for the lifestyle change program based on either a blood test indicating prediabetes or a history of GDM; 65% may come in on a risk test (All must be 18 years of age or older)
  - **100% of Medicare Diabetes Prevention Program** (MDPP) participants must come in on a blood test (Medicare Beneficiaries)

Recognition Standards

- Eligibility
- Safety of Participants and Data Privacy
- Location
- Delivery Mode
- Staffing
- Training
- Curriculum
- Recognition – pending, preliminary or Full

Data Evaluation – How Often and Who Gets Evaluated?

- Evaluations can be performed as soon as data on a completed cohort are submitted.
- Evaluations are performed at least once a year
- Only participants eligible for evaluation are included:
- Participants where a full 12 months' have lapsed since their first session date
- Participants who completed at least 3 sessions in months 1-6
- Participants whose time from first session attended to last session of the lifestyle change program was at least 9 months
- Session information
- Session date
- Session number and type
- Session-level delivery mode
- Weight at session
- Physical activity minutes at session

Data Evaluation - Standard Performance Metrics

- Attendance: at least 60% of participants must attend at least 9 sessions during months 1-6 and at least 60% of participant must attend at least 3 sessions in months 7-12
- Body weight must be documented during at least 80% of the sessions attended
- Physical activity minutes must be documented during at least 60% of the sessions attended
-
- Average weight loss across all participants must be a at least 5% of starting body weight
- A minimum of 35% of all participants must be eligible for the lifestyle change program based on either a blood test indicating prediabetes or a history of GDM

(Medicare 100% Blood Base Test – History of GDM is not an automatic in)

Warning

- If CDC DPRP does not receive evaluation within 4 weeks following your due date, you will lose recognition
- You must implement at least one new cohort per year to keep your recognition status
- Each data submission must include one record of each session attended by each participant during the preceding 6 months
- DPRP Standards are updated every 3 years- next update 2021

Do you have any questions?