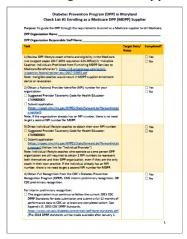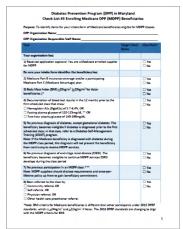# Diabetes Prevention Program (DPP) in Maryland
Check List Toolkit for Medicare DPP (MDPP) Services

The purpose of the check list tools is to prepare your DPP organization for identifying basic requirements needed to provide MDPP services and receive reimbursement from Medicare beginning April 1, 2018. The check lists do not need to be turned in and are intended for your internal use. The content in the check lists is based on Medicare rules from 2017 and will be updating as new information becomes available.
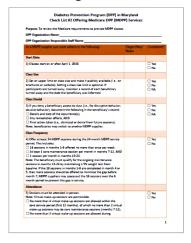
#1 Enrolling as MDPP Supplier

#2 Offering MDPP Services

#3 Enrolling MDPP Beneficiaries
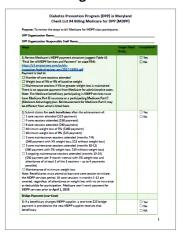
#4 Billing Medicare

Sue Vaeth
Diabetes Program Coordinator
Center for Chronic Disease Prevention and Control
Maryland Department of Health
sue.vaeth@maryland.gov
Phone: 410-767-8783

Berit Dockter MPP, RD, LD
Health Policy Analyst
Center for Chronic Disease Prevention and Control
Maryland Department of Health
berit.dockter@maryland.gov
Phone: 410-767-5159

Diabetes Prevention Program (DPP) in Maryland
Check List #1 Enrolling as a Medicare DPP (MDPP) Supplier

Purpose: To guide the DPP through the requirements to enroll as a Medicare supplier to bill Medicare.

DPP Organization Name:_____

DPP Organization Responsible Staff Name:_____

Task	Target Date/ Notes	Completed?
1) Review DPP lifestyle coach criteria and eligibility in the Medicare rule (suggest pages 1017-1031 regulation 424.205(e)(2) "Ineligible Coaches: Individuals Prohibited from Furnishing MDPP Services to Medicare Beneficiaries"): https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-23953.pdf Note: Ineligible coaches would result in MDPP supplier enrollment denial or revocation.		☐ Yes ☐ No
2) Obtain a National Provider Identifier (NPI) number for your organization. ☐ Suggested Provider Taxonomy Code for Health Educator: 174H00000X ☐ Submit application (https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart) Note: If the organization already has an NPI number, there is no need to get a second NPI number for MDPP.		☐ Yes ☐ No
3) Direct individual lifestyle coaches to obtain their own NPI number. ☐ Suggested Provider Taxonomy Code for Health Educator: 174H00000X ☐ Submit application (https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart) (follow link for "Individual Provider") Note: Individual lifestyle coaches who operate as a one person DPP organization are still required to obtain 2 NPI numbers to represent both themselves and their DPP organization, even if they are the only coach in their own practice. If the individual already has an NPI number, there is no need to get a second NPI number for MDPP.		☐ Yes ☐ No
4) Obtain Full Recognition from the CDC's Diabetes Prevention Recognition Program (DPRP), CMS interim preliminary recognition, OR CDC preliminary recognition. For interim preliminary recognition: ☐ The organization must continue to follow the current 2015 CDC DPRP Standards for data submission and submit a full 12 months of performance data to CDC on at least one completed cohort. See Appendix D, 2015 CDC DPRP Standards, https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf. (The 2018 DPRP standards will be made available after January 1,		☐ Yes ☐ No

2018: https://www.cdc.gov/diabetes/prevention/lifestyle-program/apply_recognition.html.) A completed cohort is a set of at least five participants that entered into a lifestyle change program that has a fixed first and last session and runs for 12 months. An organization can have multiple cohorts running at the same time. ☐ Must have been in "pending recognition" status for at least 12 months. ☐ The 12-month data submission to CDC 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; AND ☐ Of the participants eligible for evaluation in the first criterion, 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. ☐ May remain in "preliminary" status for up to 24 months, provided requirements for preliminary recognition are met at the 12 month mark. ☐ Must submit the required data every 6 months. ☐ Must achieve Full Recognition within 24 months or be withdrawn and wait 6 months before reapplying. Data submission should include: ☐ Data for all sessions attended by participants from the approval date to the day before the first anniversary of the effective date, (if the organization has a 2016 effective date, this should include at least 6 months of participant data) OR data for all sessions attended by participants from the last anniversary of the effective date to the day before the next anniversary of the effective date (if an organization's effective date is before 2016); AND ☐ One record for each session attended by each participant during the preceding year. Note: CDC will provide recommendations to Medicare as to which organizations have met standards for interim preliminary recognition, but Medicare will make the final decision on whether to enroll the organization. CDC will begin granting preliminary recognition once the 2018 DPRP standards take effect. MDPP Interim Preliminary Recognition will be granted to organizations if there is any delay between when the Physician Fee Schedule policies become effective on January 1, 2018 and when the 2018 DPRP standards take effect. If there is a delay, organizations who meet MDPP Interim Preliminary Recognition will be notified by CMS in January. Any organization that meets MDPP Interim Preliminary Recognition will automatically meet Preliminary recognition from the CDC, once it becomes effective.		
5) Confirm internally, if your organization is not yet fully recognized as DPRP, you are on track to achieve Preliminary or Interim Preliminary		☐ Yes ☐ No ☐ NA

Recognition. You may not apply as an MDPP provider without Full or Preliminary Recognition.		
6) Complete application* by paper or online PECOS to enroll as an MDPP supplier on or after January 1, 2018. MDPP specific enrollment application form CMS-20134 form. If an organization chooses to enroll online, they must create an Identity and Access (I&A) account if they do not already have one. An I&A account connects MDPP suppliers to important CMS systems and gives others access to enrollment information. To register for an I&A account, go to: https://nppes.cms.hhs.gov/IAWeb/register/startRegistration.do Note: Current Medicare suppliers still have to apply with a MDPP application. Coaches do not enroll in Medicare. ☐ Complete Medicare DPP enrollment application CMS-20134 by paper (https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS20134.pdf), OR ☐ Complete PECOS application process in lieu of the paper application (https://pecos.cms.hhs.gov/pecos/login.do#headingLv1).		☐ Yes ☐ No
7) Remit enrollment fee ($560) or submit financial hardship letter. ☐ Remit fee (https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do#headingLv1), OR ☐ Submit financial hardship letter explaining financial circumstances and proof of budget to paper application CMS-855 or upload letter with budget proof to PECOS online application. (Note: For more information, see https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7350.pdf). Note: "Institutional providers" (any provider or supplier that submits a paper Medicare enrollment application using the CMS-855A, CMS-855B [not including physician and non-physician practitioner organizations], CMS-855S or associated internet-based PECOS enrollment application) that are initially enrolling in Medicare, revalidating their enrollment, or adding a new Medicare practice location* are required to submit a fee with their enrollment application. The fee does not apply when adding a new administrative location to an existing enrollment record. (MDPP suppliers utilize administrative locations, not practice locations, and therefore the fee would not apply when adding a new administrative location to an existing enrollment record.) MDPP suppliers are entities, and not individual practitioners. The Affordable Care Act excludes individual practitioners, such as physicians and nurse practitioners, from paying an enrollment application fee.		☐ Yes ☐ No
8) Review enrollment regulations in 42 CFR part 424, subpart P (https://www.ecfr.gov/cgi-		☐ Yes ☐ No

Diabetes Prevention Program (DPP) in Maryland
Check List #1 Enrolling as a Medicare DPP (MDPP) Supplier

bin/retrieveECFR?gp=&SID=5dcb7b7c1d5d0b3bfa17694378203314&mc=true&n=pt42.3.424&r=PART&ty=HTML): ☐ Time limits for filing claims. ☐ Requirements to report and return overpayments. ☐ Procedures for suspending, offsetting or recouping Medicare payments in certain situations. Note: Medicare Part C (Medicare Advantage (MAO)) participating plans must comply with 42 CFR subpart E.		
9) Submit fingerprints from each investor with 5% or more ownership interest per regulation 424.518(c) "High Categorical Risk" (https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=5dcb7b7c1d5d0b3bfa17694378203314&mc=true&n=pt42.3.424&r=PART&ty=HTML): ☐ Submit finger print form (http://www.cmsfingerprinting.com/) ☐ Obtain finger prints (DPP organization is responsible for fee for this service, if applicable)		☐ Yes ☐ No ☐ NA
10) Comply with regulation 424.518(c) for "High Categorical Risk" by facilitating: ☐ Completed site visit by CMS (no cost) ☐ Completed background checks (paid for by CMS)		☐ Yes ☐ No
11) Submit a roster to CMS to include: ☐ DPP lifestyle coach names (first, middle initial, last) ☐ DPP lifestyle coach NPIs ☐ DPP lifestyle coach SSNs ☐ DPP lifestyle coach birth date ☐ DPP lifestyle coach eligibility start and end date, if applicable Note: This information will be used to complete background checks. A coach "start date" is indicated by you when submitting an eligible coach's information on the MDPP enrollment application. A coach "end date" is when a coach no longer provides MDPP services and you must remove the coach from the roster indicating the date.		☐ Yes ☐ No
12) Download free software to submit claims (i.e. PC-ACE Pro32): https://pecos.cms.hhs.gov/pecos/login.do#headingLv1. Note: Both paper CMS-1500 claim form and electronic claim forms will be accepted, but most Medicare suppliers submit claims electronically.		☐ Yes ☐ No
13) Work with provider groups to encourage Medicare beneficiary referrals with blood-based values.		☐ Yes ☐ No
14) Allow 45-60 days for enrollment application to process. Notify Sue or Berit (see below) at MDH when MDPP supplier status and NPI numbers are confirmed, or with questions.		☐ Yes ☐ No
15) Determine internal process to verify participant insurance coverage		☐ Yes ☐ No

(https://www.cgsmedicare.com/hhh/claims/checking_bene_eligibility.html).		
16) Identify your local Medicare Administrative Contractor (MAC) who will assist your supplier enrollment process and your submission of claims for payment (https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs.html). JL processes Medicare Part B claims for Maryland.		☐ Yes ☐ No
17) Start classes and begin requesting reimbursement payments on or after April 1, 2018.		☐ Yes ☐ No
When to update your application:		
18) Update your enrollment application within 30 days of: ☐ Any changes of ownership, ☐ Changes to the coach roster, OR ☐ New final adverse action history of any individual or entity required to report such information on the enrollment application. ☐ Report all other changes to information required on the enrollment application within 90 days of the reportable event.		☐ Yes ☐ No ☐ NA
Revalidation		
19) Revalidate status of "High Categorical Risk" MDPPs every 5 years but at the moderate categorical risk level. Note: For more information: https://www.cms.gov/medicare/provider-enrollment-and-certification/medicareprovidersupenroll/revalidations.html. Moderate risk includes a site visit but no finger prints.		☐ Yes ☐ No ☐ NA
Special Circumstances		
20) If your enrollment application is initially denied for non-compliance but subsequently approved due to the submission of a corrective action plan (CAP), the effective date of enrollment would be the date of the CAP submission. In the case of administrative action based on an ineligible coach, MDPP suppliers have the opportunity to submit a CAP to regain compliance. Note: Organizations have appeal rights under part 498.5: https://www.gpo.gov/fdsys/pkg/CFR-2016-title42-vol5/xml/CFR-2016-title42-vol5-part498.xml#seqnum498.5		☐ Yes ☐ No ☐ NA
21) If your Medicaid billing privileges are terminated or you are excluded from any state Medicaid program, you will not be able to furnish Medicare services.		☐ Yes ☐ No ☐ NA
22) MDPP supplier status will be revoked if CDC recognition is lost.		☐ Yes ☐ No ☐ NA

Diabetes Prevention Program (DPP) in Maryland
Check List #1 Enrolling as a Medicare DPP (MDPP) Supplier

*Report your locations, including administrative locations and sites where coaches are dispatched or based, on their enrollment application. Only administrative locations of the organization are required for MDPP enrollment. An administrative location may not be a private residence. An administrative location includes a physical location associated with the MDPP supplier's operations where it is the primary operator in the space, from where coaches are dispatched or based, and where MDPP services may or may not be furnished. A community setting means a location where the MDPP supplier furnishes MDPP services outside of their administrative location(s), which is open to the public, and not primarily associated with the supplier. When determining whether a location is considered an administrative location or a community setting, consider whether **your** organizational entity is the primary user of that space and whether coaches are based or dispatched from that location. It is required that MDPP suppliers have appropriate **signage** onsite and a **telephone** that operates at an administrative location or the location where MDPP services are being furnished, and that the associated telephone number must be listed with either the legal or doing business as name of the supplier in public view, including on websites, flyers, and materials.

More Information:
NPI Number: https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/
Medicare DPP: https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/
Medicare Application Fee: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/MedicareApplicationFee.html
Medicare Enrollment Applications: https://www.cms.gov/medicare/provider-enrollment-and-certification/medicareprovidersupenroll/enrollmentapplications.html
What is PECOS: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/InternetbasedPECOS.html
More about enrollment through PECOS:
https://pecos.cms.hhs.gov/pecos/helpmain/prvdrsplrchecklist.jsp
Who needs fingerprints: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1417.pdf
Fingerprinting FAQ: https://innovation.cms.gov/Files/fact-sheet/mdpp-pfs-fingerprinting-faq.pdf
What is a MAC? https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/What-is-a-MAC.html
Medicare proposed rule: https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-07-13-3.html
Medicare final rule: https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-23953.pdf
Medicare tool "Preparing to Enroll as an MDPP Supplier": https://innovation.cms.gov/Files/x/mdpp-enrollmentfs.pdf
MDPP Supplier Road Map: https://innovation.cms.gov/Files/x/mdpp-orientation_roadmap.pdf
Medicare DPP webinar slides: https://innovation.cms.gov/Files/x/mdpp_101_orientation_webinar.pdf
MDPP Supplier Enrollment Form CMS-20134: https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS20134.html?DLPage=7&DLEntries=10&DLSort=0&DLSortDir=ascending
MDPP Toolkit: https://coveragetoolkit.org/

Questions:
Sue Vaeth, Diabetes Program Coordinator, sue.vaeth@maryland.gov, Phone: 410-767-8783
Berit Dockter MPP, RD, LD; Health Policy Analyst, berit.dockter@maryland.gov, Phone: 410-767-5159

Diabetes Prevention Program (DPP) in Maryland
Check List #2 Offering Medicare DPP (MDPP) Services

Purpose: To review the Medicare requirements to provide MDPP classes.

DPP Organization Name:_____

DPP Organization Responsible Staff Name:_____

As a MDPP supplier you must adhere to the following:	Target Date/ Notes	Completed?
Start Date		
1) Classes start on or after April 1, 2018.		☐ Yes ☐ No
Class Size		
2) Set an upper limit on class size and make it publicly available (i.e., on brochures or website). Setting a class size limit is optional. If participants are turned away, maintain a record of each beneficiary turned away and the date the beneficiary was informed.		☐ Yes ☐ No ☐ NA
Class Denial		
3) If you deny a beneficiary access to class (i.e., for disruptive behavior, abusive behavior), document the following in the beneficiary's record: ☐ Details and date of the occurrence(s), ☐ Any remediation efforts, AND ☐ Final action taken (i.e., dismissal or denial from future sessions). Note: beneficiaries may switch to another MDPP supplier.		☐ Yes ☐ No ☐ NA
Class Frequency		
4) Offer at least 34 MDPP sessions during the 24-month MDPP service period. This includes: ☐ 16 sessions in months 1-6 offered no more than once per week; ☐ At least 1 core maintenance session per month in months 7-12, AND ☐ 1 session per month in months 13-24. Note: The beneficiary must qualify for the ongoing maintenance sessions in months 13-24 by maintaining a 5% weight loss from baseline. If the 16 sessions in months 1-6 are completed in month 4 or 5, then more sessions should be offered to minimize the gap before month 7; MDPP suppliers may space out the 16 sessions over the 6 month period to prevent this gap in service.		☐ Yes ☐ No
Attendance		
5) Sessions must be attended in-person. Note: Virtual make-up sessions are permissible. ☐ No more than 4 virtual make-up sessions are allowed within the core service period (first 12 months), of which no more than 2 virtual make-up sessions may be core maintenance sessions (months 7-12).		☐ Yes ☐ No

Diabetes Prevention Program (DPP) in Maryland
Check List #2 Offering Medicare DPP (MDPP) Services

☐ No more than 3 virtual make-up sessions are allowed during ongoing maintenance sessions (during months 13-24). ☐ A maximum of one make-up session is allowed on the same day as a regularly scheduled session. ☐ You may offer the beneficiary a maximum of one make-up session per week. ☐ Make-up session(s) must occur during the respected interval timeframe (i.e. months 1-6 or months 7-12).		
Weight Measurement		
6) Weight measurements must be taken in-person.		☐ Yes ☐ No
7) The MDPP beneficiary attended at least 1 in-person core maintenance session in months 9-12 to have their weight measured. He or she achieved or maintained at least 5% weight loss from baseline in months 10-12 to qualify for coverage of their first ongoing maintenance session interval months 13-15.		☐ Yes ☐ No
8) The MDPP beneficiary may continue receiving ongoing maintenance session 3-month intervals during months 13-24 as long as 5% weight loss from baseline is maintained and at least 2 of 3 sessions are attended. Note: If the beneficiary does not meet attendance and/or weight loss goals during the ongoing maintenance sessions in months 13-24, then the beneficiary is no longer eligible for MDPP services.		☐ Yes ☐ No
Complaints		
9) Implement a complaint resolution protocol and maintain documentation of all beneficiary contact regarding complaints including: ☐ The name and Medicare Beneficiary Identifier, ☐ A summary of the complaint, ☐ Related correspondences, ☐ Notes of action taken, AND ☐ The names and/or NPIs of individuals who took action on your behalf. Maintain these complaint records for 10 years.		☐ Yes ☐ No ☐ NA
Record Keeping		
10) Keep records of the following beneficiary information: ☐ Medicare Health Insurance Claims Number or Medicare Beneficiary Identifier, AND ☐ The unique participant identifier assigned by the organization (for CDC performance data reporting). Note: This record keeping "crosswalk" will be supplied to CMS beginning 6 months after the organization begins furnishing MDPP		☐ Yes ☐ No

services, and quarterly thereafter. The crosswalk can be maintained in an Excel spreadsheet or generated by Workshop Wizard.		
11) MDPP suppliers must: ☐ Provide to CMS or its contractors, the OIG, and the Comptroller General or their designee(s) scheduled and unscheduled access to all books, contracts, records, documents, and other evidence sufficient to enable the audit, evaluation, inspection, or investigation of the supplier's compliance with MDPP requirements, including the in-kind beneficiary incentive engagements. ☐ Maintain books, contracts, records, documents, and other evidence for a period of 10 years from the last day of the beneficiary's receipt of MDPP services furnished or from the date of completion of any audit, evaluation, inspection, or investigation (unless CMS determines there is a need to retain a record or group of records for longer and notifies you at least 30 calendar days before the normal disposition rate; or there has been a dispute or allegation of fraud or similar fault against you where records must be maintained for an additional 6 years from the date of any resulting final resolution of the dispute or allegation of fraud or similar fault).		☐ Yes ☐ No
12) For the initial core session, include the following organizational information: ☐ The organizational name, CDC DPRP organization number, and organizational NPI; ☐ Basic beneficiary information including but not limited to beneficiary name, Health Insurance Claim Number (HICN), and age; AND ☐ Evidence that each such beneficiary satisfied the eligibility requirements at the time of service. For each additional session, include: ☐ Documentation of the type of session: core session, core maintenance session, ongoing maintenance session, in-person make-up session, or a virtual make-up session. ☐ Identification of which CDC-approved DPRP curriculum was associated with each session (i.e. class topic). Curriculum can be repeated in months 13-24. ☐ The NPI of the coach who furnished the session. ☐ The date and place of service of the session. ☐ Each beneficiary's weight, and date measured.		☐ Yes ☐ No
Incentives		
13) If you offer incentive items or services: ☐ The item or service offered as an incentive must be provided to the beneficiary during the incentive period, which begins when you offer any MDPP service to the beneficiary. The "engagement incentive period" ends when the beneficiary's MDPP service period ends or		☐ Yes ☐ No ☐ NA

when the beneficiary has not had any contact with you for more than 90 consecutive calendar days during the MDPP service period.

☐ The items or services are not covered by Medicare.

☐ The item or service must connect to the CDC-approved curriculum.

Allowed:

    ☐ Offering gym membership to reduce barriers to achieve the physical activity recommended by CDC,

    ☐ A digital scale to track weight,

    ☐ Pedometers to track activity,

    ☐ Onsite child care when the beneficiary attends class, AND/OR

    ☐ Transportation vouchers to reduce barriers to attendance.

Not allowed:

    ☐ Retail gift cards or movie tickets are not allowed since they do not connect to the CDC curriculum.

    ☐ Do not advertise incentive items prior to the start of the initial class to avoid steering a beneficiary toward a particular MDPP supplier.

    ☐ Incentive items may not be shifted to another program.

    ☐ The cost of incentive items may not be shifted to the beneficiary.

    ☐ Multiple free meals or meal replacement services are not permissible.

    ☐ The maximum total retail value of incentive items may not exceed $1,000 in retail value for any one beneficiary.

☐ Threshold of $100 for technology items only. Technology incentive items with retail value over $100 used by the beneficiary during the MDPP service period must be returned at the end of the program. (Note: Document all retrieval attempts including the ultimate date of retrieval. Under circumstances of death or a geographical move, good faith attempts to retrieve the item(s) of technology meet the retrieval requirement; document that the item or service being used is during the engagement incentive period and provide access to this documentation for auditing purposes.)

☐ Items valued at $100 or less may remain property of the beneficiary.

☐ Maintain documentation of items and services used as incentives that individually exceed $25 in retail value, including:

    ☐ The date the incentive was furnished,

    ☐ The beneficiary who received the item or service,

    ☐ The supplier who furnished the item or service,

    ☐ A description of the item or service,

    ☐ Retail value of the incentive, AND

    ☐ Documentation that the item or service was furnished during the engagement incentive period.

Diabetes Prevention Program (DPP) in Maryland
Check List #2 Offering Medicare DPP (MDPP) Services

More Information:
Medicare DPP: https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/
MDPP Toolkit: https://coveragetoolkit.org/
Medicare proposed rule: https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-07-13-3.html
Medicare final rule: https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-23953.pdf

Questions:
Sue Vaeth, Diabetes Program Coordinator, sue.vaeth@maryland.gov, Phone: 410-767-8783
Berit Dockter MPP, RD, LD; Health Policy Analyst, berit.dockter@maryland.gov, Phone: 410-767-5159

Diabetes Prevention Program (DPP) in Maryland
Check List #3 Enrolling Medicare DPP (MDPP) Beneficiaries

Purpose: To identify items for your intake form of Medicare beneficiaries eligible for MDPP classes.

DPP Organization Name:_____

DPP Organization Responsible Staff Name:_____

Task	Target Date/ Notes	Identified?
Your organization has:		
1) Received application approval. You are a Medicare enrolled supplier for MDPP.		☐ Yes ☐ No
Be sure your intake form identifies the beneficiary has:		
2) Medicare Part B insurance coverage and/or a participating Medicare Part C (Medicare Advantage) plan.		☐ Yes ☐ No
3) Body Mass Index (BMI) $\geq 25 kg/m^2$ ($\geq 23 kg/m^2$ for Asian beneficiaries.)*		☐ Yes ☐ No
4) Documentation of blood test results in the 12 months prior to the first scheduled class that show: ☐ Hemoglobin A1c (HgbA1c) of 5.7-6.4%, OR ☐ Fasting plasma glucose of 110-125mg/dL,** OR ☐ Two-hour plasma glucose of 140-199mg/dL.		☐ Yes ☐ No
5) No previous diagnosis of diabetes, except gestational diabetes. The beneficiary becomes ineligible if diabetes is diagnosed prior to the first scheduled class; in that case, refer to a Diabetes Self-Management Training (DSMT) program. Note: If the Medicare beneficiary is diagnosed with diabetes during the MDPP class period, this diagnosis will not prevent the beneficiary from continuing to receive MDPP services.		☐ Yes ☐ No
6) No previous diagnosis of end-stage renal disease (ESRD). The beneficiary becomes ineligible to continue MDPP services ESRD develops during the class period.		☐ Yes ☐ No
7) No previous participation in an MDPP class.*** Note: MDPP suppliers should disclose requirements and once-per-lifetime policy up front to gain beneficiary commitment.		☐ Yes ☐ No
8) Been referred to the class by: ☐ Community referral, OR ☐ Self-referral, OR ☐ Physician referral, OR ☐ Other health care practitioner referral.		☐ Yes ☐ No

*Note: BMI criteria for Medicare beneficiaries is different than other participants under 2015 DPRP standards, which is $\geq 24 kg/m^2$ and $\geq 22 kg/m^2$ if Asian. The 2018 DPRP standards are changing to align with the MDPP criteria for BMI.

Diabetes Prevention Program (DPP) in Maryland
Check List #3 Enrolling Medicare DPP (MDPP) Beneficiaries

**Note: The fasting plasma glucose criteria for Medicare beneficiaries is different than other participants under 2015 and 2018 DPRP standards, which is 100-125mg/dL.

***Note: The MDPP benefit is available for coverage only once-per-lifetime per beneficiary. There should be no previous receipt of any MDPP services (however, previous participation in DPP not covered by Medicare *is* allowed). Once a beneficiary attends the first core session, the beneficiary's MDPP services period (benefit) begins and is subject to the once-per-lifetime policy. Billing each G-code may be paid only once-per-lifetime per beneficiary. In a scenario where a MDPP beneficiary attends their first session and then stops attending for 6 months, for example, they *would* be eligible to receive services 6 months later because all MDPP beneficiaries are eligible for the first year of MDPP services regardless of attendance and weight loss. In this example, however, if the beneficiary attends one session, stops, and tries to attend a session 2 years later, that beneficiary would not be eligible to receive services because the second year of the MDPP services (the ongoing maintenance session) is only available to beneficiaries who achieve weight loss goals and performance goals in the first year of MDPP services, and the beneficiary in this example would not have done so.

More Information:
Medicare DPP: https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/
Determine participant insurance coverage:
https://www.cgsmedicare.com/hhh/claims/checking_bene_eligibility.html
MDPP Toolkit: https://coveragetoolkit.org/
DPRP Standards: https://www.cdc.gov/diabetes/prevention/lifestyle-program/requirements.html
Medicare proposed rule: https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-07-13-3.html
Medicare final rule: https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-23953.pdf

Questions:
Sue Vaeth, Diabetes Program Coordinator, sue.vaeth@maryland.gov, Phone: 410-767-8783
Berit Dockter MPP, RD, LD; Health Policy Analyst, berit.dockter@maryland.gov, Phone: 410-767-5159

Diabetes Prevention Program (DPP) in Maryland
Check List #4 Billing Medicare for DPP (MDPP)

Purpose: To review the steps to bill Medicare for MDPP class participants.

DPP Organization Name:_____

DPP Organization Responsible Staff Name:_____

Steps	Target Date/ Notes	Completed?
1) Review Medicare's MDPP payment structure (suggest Table 42 "Final Set of MDPP Services and Payment" on page 954): https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-23953.pdf Payment is tied to: ☐ Number of core sessions attended ☐ Weight loss of 5% or 9% of baseline weight ☐ Maintenance sessions if 5% or greater weight loss is maintained There is no separate payment from Medicare for administrative costs. Note: The Medicare beneficiary participating in MDPP services must have Medicare Part B insurance or a participating Medicare Part C (Medicare Advantage) plan. Reimbursement for Medicare Part C may be different from what is listed here.		☐ Yes ☐ No
2) Submit claims **for each beneficiary** after the achievement of: ☐ 1 core session attended ($25 payment) ☐ 4 core sessions attended ($50 payment) ☐ 9 core sessions attended ($90 payment) ☐ Minimum weight loss of 5% ($160 payment) ☐ Minimum weight loss of 9% ($25 payment) ☐ 3 core maintenance sessions attended (months 7-9) ($60 payment with 5% weight loss; $15 without weight loss) ☐ 3 core maintenance sessions attended (months 10-12) ($60 payment with 5% weight loss; $15 without weight loss) ☐ 3 ongoing maintenance sessions attended (months 13-24) ($50 payment per 3-month interval with 5% weight loss and attendance of at least 2 of the 3 sessions – up to 4 payments possible) ☐ Maintenance of minimum weight loss Note: Beneficiaries must attend at least one core session to initiate the MDPP services period. All core sessions in months 1-12 are covered, regardless of attendance or weight loss with no co-insurance or deductible for participation. Medicare won't remit payment for MDPP services prior to **April 1, 2018**.		☐ Yes ☐ No
Bridge Payment (one-time)		
3) If a beneficiary changes MDPP supplier, a one-time $25 bridge payment is provided to the new MDPP supplier receives that beneficiary.		☐ Yes ☐ No ☐ NA

Diabetes Prevention Program (DPP) in Maryland
Check List #4 Billing Medicare for DPP (MDPP)

Note: To allow freedom of choice, there's no limit on the number of MDPP suppliers that may be paid a bridge payment for the same beneficiary. However, MDPPs may only receive one bridge payment per beneficiary. For example, a beneficiary from Wisconsin who moves to Arizona for the winter and switches suppliers from Wisconsin to Arizona, the Wisconsin supplier does not receive a bridge payment upon the beneficiary's return. Bridge payments are allowed during months 13-24. MDPPs can receive one performance payment for the first core session or one bridge payment per beneficiary, but not both.		
Ongoing Maintenance		
4) To qualify to continue to participate in 3-month ongoing maintenance session intervals 2-4 (or months 16-24), the participant must meet ongoing performance goals: attend at least 2 of the 3 ongoing maintenance sessions and maintain 5% weight loss from baseline during the previous ongoing maintenance session interval.		☐ Yes ☐ No
End of Coverage		
5) Coverage ends upon completion of the core services period (first 12 months) for any beneficiary not eligible for the first ongoing maintenance session interval (months 13-15). Failure to attend at least one in-person core maintenance session (months 7-12) and/or achieve the required minimum weight loss renders beneficiaries ineligible.		☐ Yes ☐ No ☐ NA
6) If a beneficiary is eligible for at least one ongoing maintenance sessions interval (3-month periods during months 13-24), but does not meet attendance or weight loss goals for subsequent sessions, coverage ends upon completion of the current ongoing maintenance session interval.		☐ Yes ☐ No ☐ NA
Claims		
7) Batch claims contain Personal Health Information (PHI) and Personally Identifiable Information (PII), including the Health Insurance Claim Number (HICN). Stay in compliance with HIPAA, state and federal privacy laws, and CMS standards.		☐ Yes ☐ No
8) Submit electronically through a software like PC-ACE Pro 32 (https://www.cgsmedicare.com/hhh/edi/pro32/index.html). Use HCPCS G-Codes for claims (**see table below**).		☐ Yes ☐ No
Payment Overview		
9) Up to $470 is available in the first 12 months, if weight loss is achieved. ☐ Up to $165 is available for attendance only (not based on weight loss goals) for attending 1, 4, and 9 core sessions during months 1-6 (see #3).		☐ Yes ☐ No

☐ Up to $120 is available for beneficiaries who achieve both attendance and weight loss goals in months 7-12.
    ☐ This includes up to $60 for attendance of at least 2 of the 3 sessions during core maintenance session intervals (months 7-9 and months 10-12) and maintenance of at least 5% weight loss. Total $120.
    ☐ If weight loss of 5% is not achieved, then up to $15 is available for attendance of at least 2 of the 3 sessions during core maintenance session intervals (months 7-9 and months 10-12). Total $30.
☐ Up to $160 is available for weight loss of 5% during months 1-12.
☐ Up to $25 is available for weight loss of 9% during months 1-24 (available in months 1-12 if achieved).		

10) A maximum of $670 is available per beneficiary for the 24-month set of MDPP services. This includes: performance payments for core sessions, core maintenance sessions, and ongoing maintenance sessions where beneficiaries meet attendance and weight loss goals of at least 9% over the 24-month MDPP services period.
☐ Up to $200 is available for four 3-month intervals (ongoing maintenance sessions months 13-24).
    ☐ This includes up to $50 for each 3-month ongoing maintenance session interval during months 13-24, if the beneficiary attends at least 2 of the 3 sessions during the 3-month period and 5% weight loss is maintained.
    ☐ No payment ($0) is available if 5% weight loss is not maintained during ongoing maintenance session interval (months 13-24) or the beneficiary does not attend at least 2 of the 3 sessions during the 3-month interval.
☐ Up to $185 is available for weight loss during months 1-24. This includes the $25 bonus for 9% weight loss benchmark (see #10).
		☐ Yes
		☐ No

11) A one-time $25 payment is available for weight loss of 9% that occurs at any time during the 24-month MDPP services period. Note: In the event the beneficiary achieves 9% weight loss at the first weight loss check, the MDPP supplier can bill and be paid for both the 5% and the 9% weight loss performance payments.		☐ Yes ☐ No ☐ NA
Performance Payments		
12) Bill only for a performance payment on the date the beneficiary has achieved all performance goals associated with that performance payment. Report each session as a separate line-item on the claim. Use the applicable HCPCS G-code as a line-item on the claim for the date the session was furnished where the interval attendance goal was met.		☐ Yes ☐ No

Diabetes Prevention Program (DPP) in Maryland
Check List #4 Billing Medicare for DPP (MDPP)

Note: MDPP suppliers have up to one year to submit the claim from when the service was rendered, but are encouraged to submit the claim right away.		
13) Base performance payment during months 13-24 on the date the MDPP supplier furnished the session where the interval attendance performance goal was met.		☐ Yes ☐ No
14) If you are using the paper CMS-1500 claim form, report the coach's NPI as Item 24J on the line-item for each session. The coach who furnished the session is considered the rendering provider on the CMS-1500 claim form. Note: Both paper and electronic claim forms will be accepted, but most Medicare suppliers submit claims electronically.		☐ Yes ☐ No
15) Ensure coach roster is updated. Medicare will only process claims when all coach NPIs reported on the claim are the coaches submitted on the roster in the enrollment application and coaches have successfully completed Medicare's screening process. Eligible services must have been furnished on or after each coach's eligibility start date, and, if applicable, prior to the eligibility end date.		☐ Yes ☐ No
16) **Medicare billing begins April 1, 2018**. Retrospective billing for earlier services is not permitted.		☐ Yes ☐ No
New Locations		
17) If new administrative locations are added that resulted in a new enrollment record or Provider Transaction Access Number (PTAN), the effective date for billing privileges is date MDPP operations began at that location.		☐ Yes ☐ No ☐ NA
Record Keeping		
18) Maintain attendance and weight loss records of all class participants(s). Note: For auditing purposes, maintain records for at least 10 years.		☐ Yes ☐ No

Payment Schedule

	Performance Goal	Months	Performance Payment per Beneficiary with 5% weight loss	Performance Payment per Beneficiary without 5% weight loss
☐	1st core session	1-6	$25	
☐	4 total core sessions	1-6	$50	
☐	9 total core sessions	1-6	$90	

Diabetes Prevention Program (DPP) in Maryland
Check List #4 Billing Medicare for DPP (MDPP)

☐	2-3 core maintenance sessions	7-9	*$60	$15
☐	2-3 core maintenance sessions	10-12	*$60	$15
☐	5% weight loss achieved	1-12	$160	$0
☐	9% weight loss achieved	1-24	$25	$0
☐	2-3 ongoing maintenance sessions attended in each 3-month interval	13-24	*$50	**$0
	Total performance payment		**$670**	**$195**

*The required minimum weight loss (5%) from baseline must be achieved or maintained.
**A beneficiary must:
- ☐ Months 1-6: attend at least 1 core session during the core services period to initiate the MDPP services period.
- ☐ Months 7-12: attend at least 1 session during the final 3-month core maintenance session interval.
- ☐ Months 13-15: achieve or maintain the required minimum weight loss (5%) at least once during the final 3-month core maintenance session (months 7-12) to be eligible for the first ongoing maintenance session interval.
- ☐ Months 13-24: attend at least 2 of the 3 sessions and maintain the required minimum weight loss (5%) during a 3-month ongoing maintenance session interval to continue to the next 3-month interval.

HCPCS G-Codes

HCPCS G-Code for MDPP Services	Payment Amount	Description of MDPP Service	Modifier VM***
G9873	$25	1st core session attended in months 1-6	No
G9874	$50	4 total core sessions attended in months 1-6	Yes
G9875	$90	9 total core sessions attended in months 1-6	Yes
G9876	$15	2-3 core maintenance sessions attended in months 7-9 (5% weight loss goal not achieved or maintained)	Yes
G9877	$15	2-3 core maintenance sessions attended in months 10-12 (5% weight loss goal not achieved or maintained)	Yes
G9878	$60	2-3 core maintenance sessions attended in months 7-9 and 5% weight loss goal achieved or maintained	Yes
G9879	$60	2-3 core maintenance sessions attended in months 10-12 and 5% weight loss goal achieved or maintained	Yes
G9880	$160	5% weight loss achieved	No

Diabetes Prevention Program (DPP) in Maryland
Check List #4 Billing Medicare for DPP (MDPP)

G9881	$25	9% weight loss achieved	No
G9882	$50	2-3 ongoing maintenance sessions attended in months 13-15 and 5% weight loss goal maintained	Yes
G9883	$50	2-3 ongoing maintenance sessions attended in months 16-18 and 5% weight loss goal maintained	Yes
G9884	$50	2-3 ongoing maintenance sessions attended in months 19-21 and 5% weight loss goal maintained	Yes
G9885	$50	2-3 ongoing maintenance sessions attended in months 22-24 and 5% weight loss goal maintained	Yes
G9890	$25	Bridge payment: first session by MDPP supplier to a beneficiary who previously received MDPP services from a different MDPP supplier	Yes
G9891	$0	Use for a session that counts toward achievement of the attendance performance goal. Note: Use this code for all attendance reporting other than G9873, G9874, and G9875 to account for the 1st, 4, and 9 core session attendance benchmarks. For example, when claiming G9874 for 4 core sessions attended, include 2 line-items of G9891 to account for session 2 and 3, the date those sessions were attended and the coach's NPI.	Yes

***On claim form, may be reported with Modifier VM (Virtual Make Up Session)
Note: Each G-code may be paid only once-per-lifetime per beneficiary.

More Information:
Medicare DPP: https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/
MDPP Toolkit: https://coveragetoolkit.org/
PC-ACE Pro32 User Guide: https://www.cgsmedicare.com/edi/pro32/pcace32.pdf
Medicare proposed rule: https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-07-13-3.html
Medicare final rule: https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-23953.pdf

Questions:
Sue Vaeth, Diabetes Program Coordinator, sue.vaeth@maryland.gov, Phone: 410-767-8783
Berit Dockter MPP, RD, LD; Health Policy Analyst, berit.dockter@maryland.gov, Phone: 410-767-5159