

Guidance to Maintain the Medicare Diabetes Prevention Program (MDPP) Crosswalk

Overview

In the Centers for Medicare & Medicaid Services' (CMS) MDPP expanded model, MDPP suppliers are required to maintain a crosswalk file that lists beneficiary identifiers used for the Centers for Disease Control and Prevention (CDC) performance data submissions and the corresponding Medicare identifiers for each beneficiary who receives MDPP services [see §424.205(d)(13)]. This requirement is essential for the evaluation of the MDPP expanded model. This document provides guidance on the form and manner in which the MDPP supplier must maintain the crosswalk file, including:

- Crosswalk File Submission Due Dates
- Beneficiaries to Include in the Crosswalk File
- Data Required in Crosswalk File

Once the crosswalk submission system is available, we intend to release additional instruction on how organizations will use this system to submit their crosswalk files to CMS.

Crosswalk File

The crosswalk data must be maintained as a spreadsheet (e.g. Excel). Within the file, MDPP suppliers must create two tabs where data should be provided; the first labeled "FFS Medicare" and a second labeled "Medicare Advantage." We encourage MDPP suppliers to establish this file as soon as they begin to furnish MDPP services and maintain the same file until further instructions are released regarding file submission.

Crosswalk Submission Due Dates

First MDPP Crosswalk Due Date

The first crosswalk file due date will be January 15, 2019. At that time, all MDPP suppliers that started to furnish MDPP services on or before June 30, 2018, will be required to submit a crosswalk file identifying information for all beneficiaries furnished MDPP services between April 1, 2018 and December 31, 2018. For all other MDPP suppliers that started to furnish MDPP services after June 30, 2018, the first crosswalk will follow the ongoing submission dates laid out below.

Quarterly Submission Dates

Once an MDPP supplier furnishes MDPP services for six months, the MDPP supplier must begin to submit a crosswalk at each of the quarterly due dates, but not before January 15, 2019.

The quarterly submission dates for each year are indicated in the table below.

Quarter 1: October 1 – December 31	Quarter 2: January 1 – March 31	Quarter 3: April 1 – June 30	Quarter 4: July 1 – September 30
Due Date: January 15th	Due Date: April 15	Due Date: July 15th	Due Date: October 15th
MDPP Beneficiaries to include in Crosswalk:			
All Medicare beneficiaries who received at least one MDPP session from the supplier between October 1 – December 31 of the previous year*	All Medicare beneficiaries who received at least one MDPP session from the supplier between January 1 – March 31 of the current year	All Medicare beneficiaries who received at least one MDPP session from the supplier between April 1- June 30 of the current year	All Medicare beneficiaries who received at least one MDPP session from the supplier between July 1 – September 30 of the current year

***NOTE: Crosswalks submitted on January 15, 2019 will include all beneficiaries who received at least one MDPP session between April 1, 2018 and December 31, 2018.**

EXAMPLE: If an MDPP supplier begins to furnish MDPP services on October 1, 2018, it will have furnished MDPP services for six months as of April 1, 2019. The MDPP supplier will then be required to submit its first crosswalk by April 15, 2019, and then at each quarterly submission date thereafter.

Beneficiaries to Include in Crosswalk File

Who to Include

Only eligible Medicare beneficiaries who receive services from an MDPP supplier should be included in that supplier’s crosswalk. This includes individuals that receive their Medicare Part B coverage via fee-for-service Medicare or a Medicare Advantage plan, known as Medicare Part C. If an MDPP supplier provides services to non-Medicare beneficiaries, the MDPP supplier should not include these individuals in the crosswalk files submitted to CMS. This is true even if the MDPP supplier serves Medicare beneficiaries and non-Medicare individuals in the same cohort or class. In each quarterly crosswalk submission, an MDPP supplier should include all Medicare beneficiaries to whom the MDPP supplier has furnished at least one session of MDPP services. Suppliers should include all beneficiaries up to the last day of the month prior to the crosswalk due date.

EXAMPLE: For the quarterly crosswalk due to CMS on January 15th, an MDPP supplier must include all beneficiaries to whom the MDPP supplier has furnished MDPP services on or before December 31st.

Making the File Cumulative

The crosswalk submission from an MDPP supplier must be cumulative. This means that for each crosswalk submitted to CMS, an MDPP supplier must include all beneficiaries to whom the MDPP Supplier has **ever** furnished at least one session of MDPP services by the cut-off date indicated in the table above.

EXAMPLE: For the second quarterly crosswalk due on April 15th, an MDPP supplier must include all beneficiaries included in its January 15th crosswalk submission plus any additional beneficiaries to whom the MDPP supplier has furnished at least one session of MDPP services between January 1, 2019 and March 31st, 2019.

Sorting Beneficiaries by Medicare Coverage Type

When adding a beneficiary to the crosswalk file, the MDPP supplier should take note of the source of the beneficiary’s Medicare Part B coverage. Information for beneficiaries who receive their Medicare Part B coverage through original fee-for-service (FFS) Medicare should be included in the “FFS Medicare” tab. Similarly, information for beneficiaries who are enrolled in (and therefore receive their Medicare Part B coverage through) a Medicare Advantage plan should be included in the “Medicare Advantage” tab.

Beneficiaries Who Switch between Fee-for-Service and Medicare Advantage:

Medicare beneficiaries may switch between FFS Medicare coverage and enrollment in a Medicare Advantage plan during their services period. In these cases, the MDPP supplier should keep the beneficiary listed on the original tab representing the first type of coverage they had, and add the beneficiary to the other tab representing the new coverage.

EXAMPLE: A beneficiary is listed on the FFS Medicare tab and then switches to a Medicare Advantage plan for the rest of their services period. The supplier would keep the beneficiary listed on the “FFS Medicare” tab and would add the beneficiary to the “Medicare Advantage” tab. In all subsequent crosswalks files submitted, the beneficiary would be listed on both the FFS and Medicare Advantage tabs.

Data Required in Crosswalk File

For each beneficiary listed in the “FFS Medicare” tab, the supplier must include the CDC Organizational code, Participant Code, and Medicare Identifier, as shown below in Table 1. For each beneficiary listed in the “Medicare Advantage” tab, the supplier must include the CDC Organizational Code and Participant Code only, as shown below in Table 2. Details on how information must be entered for each data element are provided below.

Table 1: “FFS Medicare” Tab

CDC Organizational Code	Participant Code	Medicare Identifier(s)	
CDC - provided organizational code of the entity providing MDPP services to the Medicare beneficiary	MDPP Supplier-created participant identifier that is also used for CDC data submission	Medicare Beneficiary Identifier (MBI) (when applicable); MBI is a randomly generated number being rolled out in phases beginning April 1, 2018.	Health Insurance Claim Number (HICN) (if applicable); the HICN is a Social Security Number (SSN)-based number assigned to beneficiaries. HICNs are being replaced by MBIs.

Table 2: “Medicare Advantage” Tab

CDC Organizational Code	Participant Code
CDC-provided organizational code of the entity providing MDPP services to the Medicare beneficiary	MDPP Supplier-created participant identifier used for CDC data submission

CDC Organizational Code

CDC assigns each DPP organization an organizational code when the organization’s application for CDC recognition is approved. CDC recognition is delivery mode specific (e.g., in-person, online, distance learning, or combination). An organization may be provided with up to four separate organizational codes if it offers DPP services via more than one delivery mode and applies for recognition in more than one delivery mode. Only **in-person** organizational codes should be reported on the crosswalk submitted to CMS.

Including the Organizational Code on the Crosswalk

For each beneficiary listed in an MDPP Supplier’s crosswalk, MDPP suppliers must include the organizational code of the entity that provided MDPP services to that beneficiary. This should be listed in a column entitled “Organizational Code”. This information must be included for beneficiaries listed in the “FFS Medicare” tab and the “Medicare Advantage” tab of the crosswalk file. As a reminder, only **in-person** organizational codes should be reported on the crosswalk submitted to CMS.

On their CMS enrollment application (CMS Form 20314), MDPP suppliers, depending on how they structure themselves, can list only one in-person organizational code, or multiple in-person organizational codes if they offer services across different DPP organizations. MDPP suppliers should use the following guidance to determine what codes must be provided on their crosswalk in depending on their scenario:

- 1. One CDC organizational code associated with one MDPP supplier enrollment:**
If an MDPP supplier has only one organizational code associated with its single and only MDPP supplier enrollment, all beneficiaries listed in the supplier’s crosswalk will have the same organizational code.
- 2. One CDC organizational code associated with multiple MDPP supplier enrollments:** If an organization with one organizational code is associated with multiple MDPP supplier enrollments, the MDPP supplier should submit one crosswalk file per MDPP supplier enrollment. This may be the case if an organization with CDC recognition has administrative locations in different states, and has enrolled separately in these states under the same CDC recognition. Separate crosswalk files would list the same organizational code of the organization that provided MDPP services to beneficiaries.
- 3. Multiple organizational codes associated with one MDPP supplier enrollment:** If an MDPP supplier has multiple organizational codes associated with a single MDPP supplier enrollment, the MDPP supplier will submit only one crosswalk file. For example, this may be the case if an MDPP supplier includes multiple DPP organizations in a particular region. For each given beneficiary listed in the crosswalk, the supplier should provide the organizational code of the organization that provided MDPP services to that beneficiary.

4. Beneficiaries who switch between CDC organizational codes within the same MDPP

supplier enrollment: If an MDPP supplier has multiple organizational codes associated with a single MDPP supplier enrollment, and it furnishes MDPP services at multiple locations, beneficiaries may choose to switch from one of these locations to another. If a beneficiary switches from one location to another location of that same MDPP supplier, and the new location is associated with a different organizational code, the MDPP supplier should create an additional crosswalk entry (i.e. a new row) within the same crosswalk file for the beneficiary that is associated with the organizational code for the second location.

Participant Code

The CDC Diabetes Prevention Recognition Program (DPRP) requires organizations to assign each individual who participates in the organization's DPRP classes (participant) a unique identifier for the purposes of performance data submission. CDC stipulates that this identifier cannot exceed 25 alphanumeric characters and that the same identifier cannot be used more than once per organizational code. For each beneficiary listed in the crosswalk, the MDPP supplier should provide in the column entitled "Participant Code" the unique participant code assigned to that particular beneficiary, which the MDPP supplier created for CDC data submissions. This information must be included for beneficiaries listed in both the "FFS Medicare" tab and the "Medicare Advantage" tab of the crosswalk file.

In accordance with the CDC requirement, all participant codes associated with an organizational code should be unique to a single Medicare beneficiary and should never repeat. Therefore, where an MDPP supplier has only one organizational code associated with its MDPP enrollment, every participant code will be unique. If an MDPP supplier has multiple organizational codes associated with a single enrollment, all participant codes listed in the crosswalk may not be unique, but the combination of the organizational code and the participant code must be unique.

EXAMPLE: An MDPP supplier furnished MDPP services at Location A (associated with CDC organizational code 000123) as well as Location B (associated with CDC organizational code 000456). Location A can assign the participant code 5 to a beneficiary, and Location B can also assign the participant code 5 to a different beneficiary, because the organizational code-participant code combination is unique (000123-5 and 000456-5).

Medicare Identifier

Each Medicare beneficiary is assigned an identifier by Medicare. Until recently, these numbers were called Health Insurance Claims Numbers (HICN) and were based on a beneficiary's social security number (SSN). A new, unique Medicare Number is replacing the SSN-based HICN on each new Medicare card. In April 2018, CMS began mailing new Medicare cards to all people with Medicare; all beneficiaries will get their new card by October 2018. These new cards will have a new identification number called the Medicare Beneficiary Identifier (MBI), which will be a randomly generated 11-digit alpha-numeric number. There is a transition period (from April 2018 through December 31, 2019) where beneficiaries can use either the HICN or MBI for Medicare transactions. Starting January 1, 2020, beneficiaries must use the MBI for most Medicare transactions. Learn more about this transition at: <https://www.cms.gov/medicare/new-medicare-card/nmc-home.html>

Which Medicare identifier to provide on the crosswalk

The MDPP supplier must provide the HCIN or the MBI for each beneficiary listed in the “FFS Medicare” tab. Please note that MBIs and HCINs are Protected Health Information (PHI) and suppliers should handle this information in compliance with all applicable laws and regulations. The “FFS Medicare” tab should have two columns under the “Medicare Identifier” header where the HICN and/or MBI can be entered (in the event that a beneficiary has not yet received their new Medicare Card; see Table 1 above). This will ensure that evaluation data related to a beneficiary can be tracked both before and after they receive the HICN to MBI transition.

Scenarios to determine appropriate Medicare identifier to report:

- If a beneficiary has a HICN: Leave the MBI column blank.
- If a beneficiary has an MBI: Leave the HICN column blank.
- If a beneficiary obtains an MBI during the MDPP services period: Add the beneficiary’s MBI to the MBI column, and remove the HICN in the HICN column.

Example of FFS Table:

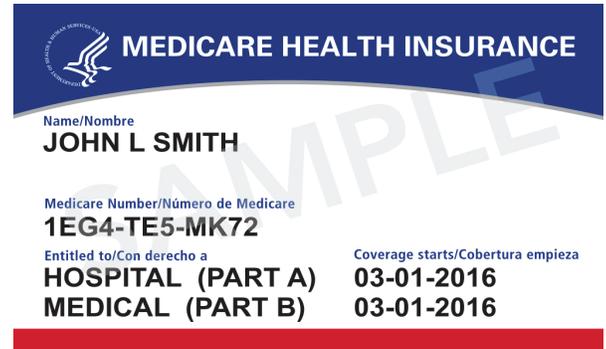
Organizational Code	Participant Code	Medicare Identifier	
		HICN	MBI
5694730	5	999119999	
5694730	6	555115555	
4890318	5		1EG4TE5MK73
4890318	6	333113333	

How to Identify Whether a Beneficiary has Received their MBI

Review Medicare Card

When a beneficiary presents their Medicare card, you can determine whether they have received their MBI by noting whether the beneficiary's identifier includes mostly numbers or numbers and letters. Because HICNs are based on SSNs they will only include numbers with a letter at the end; MBIs, however, will contain letters and numbers throughout. Here's an example of an MBI: 1EG4-TE5-MK73

- The MBI's 2nd, 5th, 8th, and 9th characters will always be a letter.
- Characters 1, 4, 7, 10, and 11 will always be a number.
- The 3rd and 6th characters will be a letter or a number.
- The dashes aren't used as part of the MBI. They won't be entered into computer systems or used in file formats.



How to enter HICNs or MBIs in the Spreadsheet

Do not use dashes in either the HICNs or the MBIs that are entered in the crosswalk file. The identifiers should be entered in the following format:

- HICNs may follow two formats:
 - Generally, the HICN will be the Primary Beneficiary Account Holder's Social Security Number (SSN) plus a Beneficiary Identification Code (BIC). This means that the HICN will be a 9 number SSN plus a BIC composed of no more than two characters. The BIC may be a singular letter of the alphabet, two letters of the alphabet, or one letter of the alphabet and a number. (e.g. 123-45-6789-A1)
 - In rare cases, the HICN will be one, two, or three letters of the alphabet followed by 9 numbers. (e.g. WC-A-123-45-6789)
- MBIs should be an 11-digit alpha-numeric identifier (e.g. 1EG4TE5MK72)

Beneficiaries with Medicare Advantage

Because beneficiaries who receive their Medicare Part B coverage via a Medicare Advantage plan will have a member identifier assigned by their MA plan, MDPP suppliers are not required to include the MBI or HICN for beneficiaries listed in the "Medicare Advantage" tab of the crosswalk.

Notifications from CMS

Email Reminders

Thirty (30) calendar days prior to each quarterly submission due date, CMS will send a reminder via email to MDPP suppliers that are required to submit a crosswalk for the upcoming quarter. Only MDPP suppliers that have provided an email address through the PECOS application will receive this reminder. This notice will be sent to the email address provided in Section 2, part 3 of an organization's MDPP supplier application (CMS-20134) under the entry marked "Correspondence Address".

CMS may follow up in writing if an MDPP supplier that was due to submit the crosswalk file does not submit the file by the required due date. MDPP suppliers who do not submit a crosswalk file in a timely manner may have their Medicare enrollment revoked for noncompliance with MDPP supplier standards.

How to Add Your Email Address

If the organization did not enter an email address during the application process or the email address needs to be updated, the organization may submit a change of information through PECOS or via a paper application, using the CMS-20134 form, indicating that the reason for submitting the application is to “change your Medicare information”.

How to Submit The Crosswalk File

CMS will release additional instructions on how to securely submit the crosswalk file before January 2019.