Medicare Diabetes Prevention Program

Overview of Proposed Rule in CY 2017
Medicare Physician Fee Schedule
August 9, 2016
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Presenters

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Today’s Agenda

Context

Overview of Medicare Diabetes Prevention Program (MDPP) Proposed Rule

Key Dates

Question and Answer
25% of Americans 65 or older have type 2 diabetes, and almost half have pre-diabetes.

Health care costs are ~$104 billion annually, and growing.

By 2050, diabetes prevalence is projected to increase 2 to 3 fold if current trends continue.
Health Care Innovation Award

Health Care Innovation Award (HCIA) to The Young Men’s Christian Association (YMCA) of the USA (Y-USA).


~7,800 beneficiaries

Session Attendance
• 83% ≥4
• 63% ≥9 or more

https://innovation.cms.gov/initiatives/Health-Care-Innovation-Awards/
CMS Authority to Expand DPP Model

Under Section 1115A(c), the Secretary can expand CMMI Models through rulemaking if:

1. The Secretary determines that the expansion is expected to either reduce spending without reducing quality of care or improve the quality of patient care without increasing spending;

2. The CMS Chief Actuary certifies that the expansion would reduce (or would not result in any increase in) net program spending; and

3. The Secretary determines that the expansion would not deny or limit the coverage or provision of benefits.

- Beneficiaries lost an average of 7-9 pounds
- Chief Actuary has certified DPP will not result in an increase in Medicare spending
- DPP will provide services in addition to existing Medicare services

Next on Today’s Agenda

- **Context**
- **Overview of Medicare Diabetes Prevention Program (MDPP) Proposed Rule**
- **Key Dates**
- **Question and Answer**
1) Read the MDPP proposed rule.
   • Go to www.federalregister.gov
   • Search CMS 1654-P (Medicare Physician Fee Schedule Notice of Proposed Rulemaking FY 2017)
   • Go to section (III) J. Or Search “Proposed Expansion of the Diabetes Prevention Program (DPP) Model”

2) Comment on the rule.

3) Final Rule published November 2016, finalizing supplier eligibility and enrollment.

4) Repeat in 2017 to finalize MDPP
Diabetes Prevention Program (DPP)

- Evidence-based intervention targeted to individuals with pre-diabetes with the primary goal of weight loss & behavior change.

- Delivered in community and health care settings by Lifestyle Coaches - trained community health workers or health professionals.

- The Centers for Disease Control and Prevention (CDC) administers the formal recognition process of organizations who would like to participate in the DPP under the Diabetes Prevention Recognition Program (DPRP)
  - Details: www.cdc.gov/diabetes/prevention
Proposed Medicare Diabetes Prevention Program Benefit Description

CDC-approved DPP curriculum

- Minimum of 16 core sessions
- First 6 months

12 month Core Benefit

- Monthly maintenance sessions
- Second 6 months

Maintenance Sessions

AFTER 1st YEAR: monthly maintenance sessions IF patient achieves & maintains minimum weight loss
Proposed Beneficiary Entry

• Proposed methods of entry into program:
  – Community-referral
  – Self-referral of patient
  – Physician-referral or other health care practitioners.
Proposed Beneficiary Eligibility

• Must meet Body Mass Index (BMI) Criteria:
  – ≥ 25  (≥ 23 for Asian beneficiaries)

• Must have Blood Test Results:
  Have within the 12 months prior to the first core session:
  – Hemoglobin A1c of 5.7-6.4%; or
  – Fasting plasma glucose of 110-125 mg/dL; or
  – Two-hour plasma glucose of 140–199 mg/dL

• No previous diagnosis of diabetes (gestational diabetes is allowable) or End-Stage Renal Disease (ESRD).
Proposed Curriculum

During the first 6 months of the DPP intervention, the 16 core sessions must address the following curriculum topics:

<table>
<thead>
<tr>
<th>Core Sessions</th>
<th>Session Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome to the NDPP</td>
<td>Problem Solving</td>
</tr>
<tr>
<td>Self-Monitoring Weight and Food Intake</td>
<td>Strategies for Healthy Eating Out</td>
</tr>
<tr>
<td>Eating Less</td>
<td>Reversing Negative Thoughts</td>
</tr>
<tr>
<td>Healthy Eating</td>
<td>Dealing with Slips in Lifestyle Change</td>
</tr>
<tr>
<td>Introduction to Physical Activity (Move those Muscles)</td>
<td>Mixing Up Your Physical Activity: Aerobic Fitness</td>
</tr>
<tr>
<td>Overcoming Barriers to Physical Activity (Being Active – A Way of Life)</td>
<td>Social Cues</td>
</tr>
<tr>
<td>Balancing Calorie Intake and Output</td>
<td>Managing Stress</td>
</tr>
<tr>
<td>Environmental Cues to Eating and Physical Activity</td>
<td>Staying Motivated, Program Wrap Up</td>
</tr>
</tbody>
</table>
During the second 6 months of the 12-month Core Benefit the curriculum must address a different topic each month:

<table>
<thead>
<tr>
<th>Maintenance Session Topics:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome to the Second Phase of the Program</td>
</tr>
<tr>
<td>Stress and Time Management</td>
</tr>
<tr>
<td>Healthy Eating: Taking It One Meal at a Time</td>
</tr>
<tr>
<td>Healthy Cooking: Tips for Food Preparation and Recipe Modification</td>
</tr>
<tr>
<td>Making Active Choices</td>
</tr>
<tr>
<td>Physical Activity Barriers</td>
</tr>
<tr>
<td>Balance Your Thoughts for Long-Term Maintenance</td>
</tr>
<tr>
<td>Preventing Relapse</td>
</tr>
<tr>
<td>Healthy Eating With Variety and Balance</td>
</tr>
<tr>
<td>Heart Health</td>
</tr>
<tr>
<td>Handling Holidays, Vacations, and Special Events</td>
</tr>
<tr>
<td>Life with Type 2 Diabetes</td>
</tr>
<tr>
<td>More Volume, Fewer Calories (Adding Water, Vegetables, and Fibers)</td>
</tr>
<tr>
<td>Looking Back and Looking Forward</td>
</tr>
<tr>
<td>Dietary Fats</td>
</tr>
</tbody>
</table>
Proposed Supplier Enrollment

• Organizations new to Medicare will enroll as a supplier

• Before enrolling in Medicare:
  – DPP organizations must have either preliminary or full CDC recognition status.
  – If CDC recognition lapses or is lost, Medicare billing privileges will also be revoked for MDPP services.

• Existing Medicare providers and suppliers would not need to enroll a second time for MDPP services.
Proposed MDPP Supplier Enrollment

• We expect enrollment of CDC-recognized suppliers will begin in 2017

• Full implementation of the MDPP benefit and payment on January 1, 2018
Proposed MDPP Supplier Enrollment Requirements

- Subject to enrollment regulations
- Subject to screening requirements
- Compliance with all other statutes and regulations applicable for Medicare suppliers.
Proposed MDPP Coach Requirement

• Deliver MDPP services
  – Obtain a National Provider Identifier (NPI)
  – Possible enrollment in the Medicare program

• MDPP suppliers would be required to submit the active and valid NPIs of all coaches who would furnish MDPP services
Proposed Reimbursement Parameters

- Payment would be 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

- MDPP suppliers requirements:
  - Attest to attendance/weight loss on claims
  - Maintain records of attendance/weight loss for auditing purposes
## Proposed Reimbursement Structure

### Core Benefit

<table>
<thead>
<tr>
<th>Core Sessions:</th>
<th>Payment per beneficiary (Non-cumulative)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 session attended</td>
<td>$25</td>
</tr>
<tr>
<td>4 sessions attended</td>
<td>$50</td>
</tr>
<tr>
<td>9 sessions attended</td>
<td>$100</td>
</tr>
<tr>
<td>Achievement of minimum weight loss of 5% from baseline weight</td>
<td>$160</td>
</tr>
<tr>
<td>Achievement of advanced weight loss of 9% from baseline weight</td>
<td>$25 (in addition to $160 above)</td>
</tr>
<tr>
<td>Maximum Total for Core sessions</td>
<td>$360</td>
</tr>
</tbody>
</table>

### Maintenance Sessions (Maximum of 6 monthly sessions over 6 months in Year 1)

<table>
<thead>
<tr>
<th>Maintenance Sessions attended (with maintenance of minimum required weight loss from baseline)</th>
<th>Maximum Total for Maintenance sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Maintenance sessions attended</td>
<td>$45</td>
</tr>
<tr>
<td>6 Maintenance sessions attended</td>
<td>$90</td>
</tr>
<tr>
<td>Maximum Total for first year</td>
<td>$450</td>
</tr>
</tbody>
</table>
## Proposed Reimbursement Structure
### Maintenance Sessions

<table>
<thead>
<tr>
<th>Maintenance Sessions After Year 1 (minimum of 3 sessions attended per quarter/no maximum)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Maintenance sessions attended plus maintenance of minimum required weight loss from baseline</td>
<td>$45</td>
</tr>
<tr>
<td>6 Maintenance sessions attended plus maintenance of minimum required weight loss from baseline</td>
<td>$45</td>
</tr>
<tr>
<td>9 Maintenance sessions attended plus maintenance of minimum required weight loss from baseline</td>
<td>$45</td>
</tr>
<tr>
<td>12 Maintenance sessions attended plus maintenance of minimum required weight loss from baseline</td>
<td>$45</td>
</tr>
<tr>
<td>Maximum Total After First Year</td>
<td>$180</td>
</tr>
</tbody>
</table>
Proposed Submission of Claims

• Heavily weighted toward achievement of weight loss over the first 6 months

• In the proposed payment structure, claims for payment would be submitted following the achievement of:
  – Core session attendance of 1st, 4th and 9th sessions
  – Minimum weight loss of 5% & 9% or more weight loss
  – Maintenance session attendance & maintenance of minimum weight loss

• Payment rates may be updated annually:
  – PFS or a separate fee schedule.
Proposed IT Considerations

- Suppliers would be required to submit claims.
- Claims would be submitted in batches that contain PHI and PII, including the HICN.
- Suppliers can utilize free software package called PC-ACE Pro 32 to submit claims electronically, or purchase claims submission software.
- CMS is contemplating technical assistance for MDPP suppliers.
Proposed IT Considerations
Continued...

• MDPP suppliers would be required to maintain a crosswalk between beneficiary identifiers submitted to CMS (billing) and the CDC (performance data).

• MDPP suppliers would be required to maintain records for MDPP services provided to beneficiaries for at least 7 years.
Proposed Program Integrity Parameters

• Compliance with Medicare supplier enrollment, program integrity, and payment rules.

• Monitoring, Fraud and Abuse Prevention

• Subject to audits and reviews
Proposed Site of Service Parameters

• MDPP supplier services provided in-person or virtually via remote technologies

• Services provided via a telecommunications system or other remote technology are not considered Medicare telehealth benefits

• Effectiveness of MDPP virtual services may be monitored and evaluated by CMS
Proposed Quality Monitoring

- Suppliers to report on session attendance and weight loss as part of claims submission

- Seek comment on quality metrics for public reporting (not for payment) to guide beneficiary choice of MDPP suppliers?
Proposed Timing

• Option 1:
  – Expand the MDPP nationally in its first year of implementation.

• Option 2:
  – “Phase-in” approach where MDPP is expanded in certain regions, or furnished to a subpopulation.
Next on Today’s Agenda

Context

Overview of Medicare Diabetes Prevention Program (MDPP) Proposed Rule

Key Dates

Question and Answer
Key Dates

- **September 6, 2016**: Comments due on NPRM
- **November 2016**: Final rule - supplier eligibility & enrollment finalized
- **On or after January 2017**: Supplier enrollment
- **Calendar Year 2017**: MDPP future rulemaking
- **January 2018**: MDPP payments begin
Next on Today’s Agenda

- Context
- Overview of Medicare Diabetes Prevention Program (MDPP) Proposed Rule
- Key Dates
- Question and Answer
Questions from participants?
THANK YOU!

Please submit your questions and comments on Medicare Diabetes Prevention Program Model Expansion by September 6:

• Go to www.federalregister.gov
• Search CMS 1654-P (Medicare Physician Fee Schedule Notice of Proposed Rulemaking FY 2017)
• Go to section (III) J. Or Search “Proposed Expansion of the Diabetes Prevention Program (DPP) Model”
• Click on green box to submit a comment