

Medicare Diabetes Prevention Program (MDPP): Summary of CMS Proposals for 2018

Program Overview

The MDPP expanded model is an expansion of CMS' Center for Medicare and Medicaid Innovation's (Innovation Center) Diabetes Prevention Program (DPP) model test under the authority of section 1115A of the Act. The Secretary expanded the DPP model test under the authority of section 1115A(c) of the Act. For further information on the DPP model test, and the associated National DPP administered by the Centers for Disease Control and Prevention (CDC), please review our 2017 MPFS final rule [summary](#) and the [Innovation Center](#) and [CDC](#) websites. The aim of the MDPP expanded model is to continue to test a method of prevention of the onset of type 2 diabetes among Medicare beneficiaries with an indication of prediabetes as defined by the MDPP beneficiary eligibility criteria which was finalized in the 2017 MPFS rule. Services available through the MDPP expanded model are MDPP services furnished in community and health care settings by coaches, such as trained community health workers or health professionals. The MDPP services are covered as preventive services under Medicare.

In the 2017 PFS final rule, CMS established a January 1, 2018 start date for the MDPP. In this proposed rule, CMS proposes MDPP services would instead be available on April 1, 2018 to provide more time for the agency to ensure MDPP suppliers have sufficient time to enroll in Medicare after the effective date of the final rule.

Eligibility Criteria

In the 2017 MPFS final rule CMS finalized that Medicare beneficiaries are eligible for MDPP services if they meet all of the following criteria:

- Are enrolled in Medicare Part B.
- Have, as of the date of attendance at the first core session, a body mass index (BMI) of at least 25 if not self-identified as Asian or a BMI of at least 23 if self-identified as Asian (please see our discussion of BMI parameters in the CY 2017 PFS final rule at 81 FR 80468).
- Have, within the 12 months prior to attending the first core session, a hemoglobin A1c test with a value between 5.7 and 6.4 percent, a fasting plasma glucose of 110-125 mg/dL, or a 2- hour plasma glucose of 140-199 mg/dL (oral glucose tolerance test).
- Have no previous diagnosis of type 1 or type 2 diabetes (other than gestational diabetes).
- Do not have end-stage renal disease (ESRD).

In this proposed rule, CMS proposes changes to these eligibility criteria to clarify the eligibility limitations related to previous type 1 or type 2 diabetes diagnosis, among other changes. CMS also proposes to revise the eligibility requirements for MDPP services to state that a beneficiary has, as of the date of attendance at the first core session, no previous diagnosis of diabetes, other than gestational diabetes.

CMS also proposes to specify that there are two service periods in which Medicare will cover MDPP services for a beneficiary: the core services period; and the ongoing services period. Together these would make up

the MDPP services period. The core services period is the first 12 months of the MDPP services period, and consists of core sessions and core maintenance sessions. There are 16 core sessions that are offered at least a week apart in months 1 through 6, beginning on the date of attendance at the first core session. Core maintenance sessions are offered at least once per month in months 7 through 12 of the core services period. CMS does not propose to change their previously finalized policy that Medicare will pay for the set of core MDPP services, regardless of how many sessions the beneficiary attends and regardless of his or her weight loss. However, an MDPP beneficiary must attend at least one core session to initiate the MDPP services period.

CMS also proposes to specify that beneficiaries must also attend at least one in-person core maintenance session in months 10 through 12 of the MDPP services period and achieve or maintain required minimum weight loss at a minimum of one in-person session during the final core maintenance session interval to be eligible for coverage of the first ongoing maintenance session interval.

In addition to achieving weight loss performance goals as previously finalized in the 2017 PFS final rule, CMS proposes that beneficiaries must also meet an attendance-related performance goals in order for Medicare to cover ongoing maintenance session intervals. Specifically, for coverage of ongoing maintenance session intervals 2 through 8, an MDPP beneficiary must attend at least 3 ongoing maintenance sessions during the previous ongoing maintenance session interval, in addition to maintaining 5 percent weight loss from baseline at least once during the previous ongoing maintenance session interval. Finally, CMS proposes that coverage of the MDPP services period would end upon completion of the core services period for a beneficiary that is not eligible for the first ongoing maintenance session interval. For any beneficiary who is eligible for at least one ongoing maintenance sessions interval, but who does not meet the requirements for coverage of a subsequent interval based on failure to meet attendance or weight loss goals as specified by CMS, the beneficiary's coverage of the set of MDPP services would end upon completion of his or her current ongoing maintenance session interval. It is important to note that proposed performance payments would be tied to the achievement of the same performance goals a beneficiary must meet to have coverage for the ongoing maintenance session intervals. Therefore, if an MDPP beneficiary does not meet weight loss or attendance goals to access the subsequent ongoing maintenance session interval, the supplier will not receive payment for that ongoing maintenance session interval or any subsequent performance payments related to that beneficiary.

Payment for MDPP Services

In this proposed rule, CMS is proposing to pay for the set of MDPP services through a performance-based payment methodology that makes periodic performance payments to MDPP suppliers during the MDPP services period. The aggregate of all performance payments constitutes the total performance-based payment amount for the set of MDPP services. CMS proposes a maximum total performance payment amount per beneficiary for the set of MDPP services of \$810. Performance payments would be made to MDPP suppliers periodically during the course of a beneficiary's MDPP services period based upon a number of factors, including the beneficiary's completion of a specified number of MDPP sessions and the achievement of the required minimum weight loss that is associated with a reduced incidence of type 2 diabetes, rather than individual payments being made upon the furnishing of any service as is typical of payment in the traditional Medicare program. CMS also proposes to allow an MDPP supplier to choose to furnish items or services as in-kind beneficiary engagement incentives to an MDPP beneficiary.

As displayed in Table 27 (see below), CMS proposing a maximum total performance payment amount per beneficiary for the set of MDPP services of \$810. This amount is the aggregate of the maximum performance payments for core sessions, core maintenance sessions, and ongoing maintenance sessions furnished to MDPP beneficiaries who achieve weight loss of at least 9 percent over the 36 months of the

MDPP services period. This performance payment amount would be made for a minimum of 46 MDPP sessions required to be offered to the beneficiary in the set of MDPP services. Although CMS would make performance payments to MDPP suppliers at intervals throughout the MDPP services period in varying amounts, payment for each session furnished would be included in the total performance payment amount a supplier was paid for the set of MDPP services.

CMS notes that there are also some administrative costs that MDPP suppliers would bear to enroll in Medicare and ensure compliance with the requirements for furnishing MDPP services. The total MDPP performance payment across all Medicare beneficiaries would provide some payment for the resources that would be used by MDPP suppliers to meet the administrative requirements for furnishing MDPP services. Table 27 summarizes the proposed maximum total amount and distribution of performance payments for the set of MDPP services.

TABLE 27—PROPOSED MAXIMUM TOTAL AMOUNT AND DISTRIBUTION OF PERFORMANCE PAYMENTS FOR THE SET OF MDPP SERVICES

Type of performance payment	Maximum performance payment for achieving attendance and/or weight-loss performance goals (\$)	Percentage of maximum total performance payment
Core sessions	105	13
Core maintenance session intervals	120	15
Ongoing maintenance session intervals	400	49
Weight loss	185	23
Total performance payment	810	100

CMS does not propose to risk adjust MDPP payments for social risk factors or to adopt additional special payment policies to specifically encourage MDPP suppliers to furnish sessions to beneficiaries with social risk factors but is seeking comments on how they might incorporate additional payment policies for the MDPP in the future. For detailed information on performance payments available for performance payments as well as core and maintenance sessions, please see Tables 28-32 of the proposed rule (pg. 34143-34147).

Although CMS is proposing to make performance-based payments to MDPP suppliers in intervals based on achievement of performance goals, rather than fee-for-service payments for individual services furnished, the agency seeks public comments on issues related to geographic adjustment of payment for MDPP services in the context of the MDPP performance-based payment methodology, including appropriate sources of information for determining any geographic cost differences.

Reporting HCPCS G-Codes on Claims for MDPP Services

CMS proposes to establish 19 unique Healthcare Common Procedure Coding System (HCPCS) G-codes so that MDPP suppliers may submit claims for payment when all the requirements for billing the codes have been met. These codes are displayed in Table 33 of the proposed rule (p. 34150). CMS plans to issue specific billing instructions to MDPP suppliers in the future.

Supplier Enrollment and Compliance

In the 2017 MPFS final rule, CMS established MDPP supplier enrollment eligibility and revocation policies. In this rule, CMS proposes to also specify the requirements for MDPP suppliers and beneficiary engagement incentives. CMS also proposes to establish an MDPP interim preliminary recognition standard; organizations that meet this standard would be eligible to enroll in Medicare as an MDPP supplier. CMS

anticipates that CDC's preliminary recognition standards will be established on or after January 1, 2018. CMS notes it will address possible transition issues in future rulemaking or guidance, as appropriate.

Although MDPP suppliers would not be able to begin furnishing MDPP services on January 1, 2018, MDPP supplier enrollment would begin on January 1, 2018, if these proposals are finalized. As a reminder, any organization wishing to furnish MDPP services must enroll as an MDPP supplier, regardless of any existing enrollment in Medicare. CMS proposes that the effective date for billing privileges would be April 1, 2018.

Enrollment Requirements for MDPP Suppliers

CMS proposes that MDPP suppliers would identify their administrative location(s) by reporting these location(s) on their enrollment application and that an MDPP supplier must have at least one such administrative location, and report any additional administrative locations of the supplier, if MDPP services are either furnished at these locations and/or if the location reflects from where coaches are dispatched or based. Given that MDPP suppliers are categorized as high risk by CMS, these administrative locations may be subject to site visits prior to approval of an enrollment application.

CMS also proposes that MDPP suppliers must update their 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. CMS also proposes that MDPP suppliers report all other changes to information required on the enrollment application within 90 days of the reportable event. MDPP suppliers would be subject to applicable enrollment application fees and revalidation requirements and must meet all applicable supplier standards.

Documentation and Compliance

CMS proposes a number of documentation retention and compliance requirements, including that an MDPP supplier 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 MDPP expanded model

requirements for in-kind beneficiary incentive engagements found in §424.210 in the event that the MDPP supplier chooses to offer such incentives to any MDPP beneficiary.

- Maintain all such books, contracts, records, documents, and other evidence for a period of 10 years from the last day of the MDPP beneficiary's receipt of MDPP services furnished by the MDPP supplier or from the date of completion of any audit, evaluation, inspection, or investigation, whichever is later, unless— CMS determines that there is a special need to retain a particular record or group of records for a longer period and notifies the MDPP supplier at least 30 calendar days before the normal disposition date; or ++ There has been a dispute or allegation of fraud or similar fault, as defined at §405.902, against the MDPP supplier, in which case the 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

CMS also proposes a number of other detailed documentation retention policies for core sessions and additional sessions provided by the MDPP supplier. See pages 34129-34173 of the proposed rule for a detailed discussion of these policies.