The Medicare Diabetes Prevention Program: Opportunities for Nutrition and Dietetics Practitioners
Webinar – May 24, 2017
Participant questions and answers from presenters and Academy staff

Commonly referred to terms and definitions in this presentation

Diabetes Prevention Program (DPP) was the research trial led by the National Institutes of Health with financial and scientific expertise from Centers for Disease Control and Prevention (CDC), and others.
National Diabetes Prevention Program (National DPP) is the overarching program/framework for implementation of the lifestyle change intervention for those with prediabetes/high risk for type 2 diabetes.
The Medicare Diabetes Prevention Program (MDPP) refers to the new Medicare Part B benefit for the National DPP lifestyle change intervention for eligible Medicare beneficiaries.

1. **What is the difference between the National Diabetes Prevention Program and the Medicare Diabetes Prevention Program?**
   The National Diabetes Prevention Program (National DPP) is the overarching program/framework for implementation of the lifestyle change intervention for those with prediabetes/high risk for type 2 diabetes. The Medicare Diabetes Prevention Program (MDPP) refers to the new Medicare Part B benefit offering coverage for the National DPP lifestyle change intervention for eligible Medicare beneficiaries. Programs must have recognition by the Center for Disease Control and Prevention (CDC) to deliver the MDPP benefit.

2. **Is it mandatory for lifestyle groups to be certified for program accreditation and Medicare reimbursement?**
   Medicare will require NDPP programs to have **full** CDC recognition (administered by the CDC Diabetes Prevention Recognition Program, part of the National DPP) to be eligible to enroll in Medicare as Medicare Suppliers. CMS may consider another category of recognition that would be addressed in future rulemaking.

3. **Can an RDN apply for a National Provider Identifier (NPI) number even if not planning to use it quite yet? Does it require renewal?**
   A registered dietitian nutritionist (RDN) can apply for an NPI at any point in time, whether for current or future use. The Academy recommends that every RDN have an NPI regardless of employment status or place of work, or whether the NPI is being used by the RDN or an organization for billing purposes. NPIs are one way to demonstrate RDN workforce availability to payers including Medicare, private payers, and state Medicaid agencies. An NPI does not require renewal and it never expires.

   Nutrition and dietetics technicians, registered (NDTRs) and other nutrition and dietetics practitioners can also obtain NPIs at any time. There is a specific NPI taxonomy category for "dietetic technician, registered." Nutrition and dietetics practitioners who are not RDNs or NDTRs can select "Health Educator" for the taxonomy.

   For more information on how to obtain an NPI, visit http://www.eatrightpro.org/resource/practice/getting-paid/getting-started-with-payment/national-provider-identifier-faqs

4. **I'm unclear as to whether each health coach needs an individual NPI or if the program can use the hospital NPI**?
   Each Lifestyle coach who delivers the NDPP to Medicare beneficiaries under the new Medicare benefit (MDPP) will need an individual NPI. Programs that apply to enroll as Medicare Suppliers of the MDPP are required to submit and maintain a coach roster with NPI numbers for all coaches. Individual coach NPIs will not be used for

billing purposes in the MDPP. The Medicare Supplier (must be a program) will use the program NPI to submit claims to CMS.

5. **When do you apply for the MDPP NPI number?**
   Organizations who want to deliver the MDPP benefit will need to provide a list of coaches and their NPIs when they apply to enroll as a Medicare Supplier. Organizations can apply for Medicare Supplier enrollment if the NDPP program has already obtained **full** CDC Recognition. https://nccd.cdc.gov/ddt_dprp/registry.aspx.

6. **Is it possible for someone in private practice to offer the MDPP as a solo practitioner?**
   Solo practitioners would need to start a National DPP and obtain **full** CDC Recognition to apply to enroll as a Medicare Supplier for the MDPP. Individuals in private practice can also partner with existing or new programs to provide the lifestyle coaching or serve as a program coordinator as independent contractors. The program would need to obtain the solo practitioner's NPI for the coach roster. Medicare pays the recognized Medicare Supplier, and the program would pay the practitioner providing services for lifestyle coaching.

7. **If someone is <65 and has prediabetes but is not overweight, is he/she eligible for the program (i.e., the MDPP benefit)?**
   No. Medicare beneficiaries with a body mass index (BMI) of < 25 are **not** eligible to participate in the Medicare DPP benefit. The Medicare criteria for the Part B benefit is a BMI of ≥ 25 and abnormal blood glucose results. The Medicare DPP is an important new benefit to help Medicare beneficiaries prevent and/or delay diagnoses of diabetes, yet it does not meet the needs of all populations with prediabetes.

   A note about individuals with Medicare Advantage plans or other individuals < 65 with private insurance:

   It is possible that individuals with private insurance, including Medicare Advantage plans, who have prediabetes and BMI < 25, have a benefit for MNT that may cover a diagnosis of prediabetes. Individual plan benefits and coverage policies determine what services are covered benefits and terms/conditions for coverage. We encourage RDNs and organizations to confirm benefits for MNT in persons with prediabetes.

8. **How do you become a Master Trainer?**
   As of the date of the webinar, there are three organizations (Diabetes Training and Technical Assistance Center at Emory University, American Association of Diabetes Educators, and the Diabetes Prevention Support Center of the University of Pittsburgh) that currently provide Master Training. The minimum required qualifications for application to a Master Trainer Program are:
   - Previous completion of Lifestyle Coach Training from a CDC-recognized national provider
   - Affiliation with an organization that has pending or full CDC recognition
   - Successful delivery and experience with the National Diabetes Prevention Program

   Some of the organizations also require the applicant to be a health care professional with a minimum of a bachelor's degree in a health-related field or if not, substantive experience.
   There is an application form to be completed, letters of recommendation from a supervisor or a professional who can provide information about your experience and performance in delivery of a lifestyle change program, and often a phone interview. Successful applicants attend a 2-day training, similar to the Lifestyle Coach Training Program, to become qualified to become a Master Trainer. The fees range from $1500-$1650 which includes the training and the membership/agreement fee for post-training technical assistance and licensing of the training materials. Master Trainers can train lifestyle coaches in their own and partner organizations.

9. **Can RDNs in private practice order blood tests for diabetes screening?**
   The Academy recommends that RDNs refer to the Comprehensive Scope of Practice Resource for the RDN which can guide the RDN to the resources and options that can be used to evaluate whether the RDN can safely and effectively provide an expanded practice skill and advance individual practice.

   Case Study: Initiating Orders for Nutrition-Related Laboratory Tests for RDNs Practicing in Hospital, Ambulatory and Private Practice Settings
   Academy Store: http://www.eatrightstore.org/product/AE37FD36-0C17-422C-91F6-E3C9DC845986

   Quality Management Webpage: http://www.eatrightpro.org/resource/practice/quality-management/scope-of-practice/scope-of-practice-terms-studies-and-tips

   QM short link:
   http://www.eatrightpro.org/scope
   Scroll down to Case Studies on the Scope Webpage

10. **How long will Medicare pay for maintenance sessions?**
    Beneficiaries will have access to ongoing maintenance sessions after the MDPP core benefit (1st 12 months of the program). At the time of the webinar CMS had not placed any limits on how long CMS will pay for ongoing maintenance sessions. Eligible beneficiaries will have access to ongoing maintenance sessions after the MDPP core benefit *if they achieve and maintain the required minimum weight loss of 5%.* CMS is defining maintenance of weight loss, which allows a beneficiary to access ongoing maintenance sessions, as achieving the required minimum weight loss from baseline weight at any point during the previous 3 months of the core maintenance or the ongoing maintenance sessions. CMS will propose a limit on the duration of CMS payments for ongoing maintenance sessions in future rulemaking. As a reminder, there are six monthly core maintenance sessions in months 6 through 12 of the year-long program in which beneficiaries are eligible to participate, regardless of weight loss, but CMS has not issued final rules about payment for the core maintenance component or any component of the MDPP benefit.

11. **Will Medicare pay for the program participants that are in the pending recognition status**?
    Pending recognition status is the initial application process for CDC diabetes prevention program recognition (DPRP) for the NDPP. A program with pending recognition is not eligible for Medicare payments. Medicare will be requiring organizations to have Full CDC Diabetes Prevention Program Recognition to enroll as Medicare Suppliers. CMS is considering another category of recognition which would be addressed in future rulemaking.

12. **It was mentioned that NDPP will only be reimbursed from Medicare for face-to-face groups initially. Would a live, telephone group be considered face-to-face?**
    No, telephonic delivery is not considered face-to-face. CMS will not pay for non-face-to-face delivery of the program in 2018. Future rulemaking will address virtual delivery and payment.

13. **How different is the CDC approved DPP from the American Diabetes Association's Diabetes Self-Management and Education Program?**
    The National DPP and Diabetes Self-Management and Education (DSME) program are different programs altogether. The National DPP is intended to prevent the onset of type 2 diabetes in populations with prediabetes. DSME programs provide standardized education and training for populations already living with diabetes. DSME programs are recognized by the American Diabetes Association or accredited by the American Association of Diabetes Educators. Programs that deliver the National DPP are recognized/accredited by the CDC. DSME programs that also wish to deliver the National DPP must go through the process to become CDC-

Recognized (full) and enroll as a Medicare Supplier to deliver the National DPP to Medicare beneficiaries with prediabetes.

14. **Does one need to be a certified diabetes educator (CDE) to be a DPP Lifestyle Coach?**
One does not have to be a CDE, health care provider, or have certain credentials to become a DPP Lifestyle Coach. Please see slide 26 for eligibility and skills.

15. **Is the NDPP/MDPP a voluntary program that RDNs engage in? Is there a financial incentive, billing etc.?** The National DPP is the overarching program/framework for implementation of the lifestyle change intervention for those with prediabetes/high risk for type 2 diabetes. The MDPP refers to the new Part B benefit for the National DPP lifestyle change intervention for Medicare beneficiaries. The National DPP and MDPP are linked and are not really two separate programs. Organizations must become part of the National DPP since they must attain full recognition by the CDC to deliver the MDPP benefit to enroll as a Medicare Supplier and be paid by Medicare. CDC Recognition for DPP programs is voluntary, but is increasingly being used by payers as a requirement for reimbursement/payment as it is with the MDPP benefit.

    Programs with CDC recognition have the ability to offer the National DPP to consumers with private insurance who have benefits and coverage for diabetes prevention programs, and/or to provide the program for a fee in instances where consumers do not have an insurance benefit for diabetes prevention programs. Not all payers require full recognition to begin offering the program. Some payers may provide consumer coverage and pay for programs with pending status, but are likely to expect the program to achieve and maintain full recognition. Depending on the setting, there can be numerous benefits from offering the National DPP, not to mention the benefits of providing a program demonstrated to prevent the onset of disease. Benefits of offering the National DPP and of becoming a Medicare Supplier of the MDPP were highlighted in Marcy Kyle's presentation of the webinar. We recommend that you listen to the recorded webinar provided.

16. **There's a lot of talk about obesity and Type 2 diabetes and it seems a lot of the program is about managing weight. What does the program have available (lifestyle-wise) for those T2D patients who have lost weight since diagnosis and/or who are not overweight?**
The National DPP and the MDPP benefit are for individuals with prediabetes/high risk for type 2 diabetes and are overweight. It is not for people who already have diabetes. Medicare Part B beneficiaries with diabetes have access to the following nutrition benefits:

    - Medical Nutrition Therapy (MNT): Medicare Part B beneficiaries have a benefit for 3 hours of MNT during the first 12 months of diagnosis and 2 hours of MNT in each year following the diagnosis of diabetes, chronic kidney disease, or post kidney transplant. Beneficiaries can have additional hours of MNT as long as the RDN obtains a new referral during each year of treatment. For more information visit http://www.eatrightpro.org/resource/practice/getting-paid/nuts-and-bolts-of-getting-paid/diabetes-and-renal-disease-resources.

    - Diabetes Self-Management Training (DSMT): DSMT includes education for eating healthy, being active, monitoring blood sugar, taking drugs, and reducing risks. Medicare may cover up to 10 hours of initial DSMT. This training may include 1 hour of individual training and 9 hours of group training in the first year, and 2 hours of follow-up training in subsequent years.

17. **This program - short of the curriculum - seems similar to an IBT for Obesity program. Any idea whether there might be an overlap in terms of payers and which program might be more profitable for the health care provider or RDN?**
    Medicare's Intensive Behavioral Therapy (IBT) for Obesity benefit and the Medicare Diabetes Prevention Program benefit are considered distinct benefits. They each have different eligibility criteria and coverage parameters, and requirements for CMS payment. IBT for Obesity refers to a specific Medicare Part B benefit for beneficiaries with a BMI ≥ 30 that can be delivered in primary care settings.

    Other payers (non-Medicare) may cover diabetes prevention programs as well as also offer benefits related to obesity treatment (e.g., MNT or programs). Each payer sets its own eligibility requirements and payment policies. RDNs and other health care providers need to evaluate the costs and benefits of providing services based on their organization/practice's mission, business model, costs, amount of reimbursement, other sources of revenue, and target market, etc.

    To learn more about the Medicare IBT benefit and providing obesity services to other populations, check out the Academy's toolkit, *Intensive Behavioral Therapy for Obesity: Putting it into Practice* that is free for members: http://www.eatrightstore.org/product/D8F05FA8-6103-4804-BB58-F2BDF83F9138

18. **In order to be a Medicare recognized program would the initial 16 sessions in the first 6 months need to be carried out consecutively? I currently run our DPP in my workplace. However, participants have slowly trickled in and are not all attending the same sessions, and we have conducted 16 individual sessions; would this count?**
    In order to become a Medicare recognized program, the program must achieve full CDC recognition and enroll as a Medicare Supplier. The core MDPP benefit is for 12 consecutive months and must consist of *at least 16 weekly* core sessions over months 1-6, and *at least 6 monthly* core maintenance sessions over months 6-12. CMS will address payment for MDPP services in future rulemaking.

19. **Can the program be reimbursed at a hospital outpatient office or does it require reimbursement at a doctor's office outpatient?**
    Yes. The hospital based program would need to enroll as a Medicare Supplier of the NDPP.

20. **I was trained as a life coach for the original CDC DPP in 2013. I have since left the job. Do I need to get new certification for the program or will the original 2 day training be transferable?**
    Certification as a lifestyle coach does not expire, however, organizations that are providers of NDPPs may set policies and/or requirements regarding current training.

21. **Is the EPIC EHR flow sheet shown in the presentation available to all EPIC users or does the flow sheet need to be purchased separately?**
    The flowsheets are a custom build and are not an EPIC product.

22. **To run an effective NDPP, can you elaborate more clearly on the mandatory resources to run a CDC-recognized program?**
    The mandatory resources needed to run an NDPP CDC recognized program are an approved CDC curriculum, trained lifestyle coaches, and eligible participants to form a group-based program.