

Fact Sheet: Final Policies for the Medicare Diabetes Prevention Program Expanded Model in the Calendar Year 2018 Physician Fee Schedule Final Rule

On November 2, 2017, the Centers for Medicare & Medicaid Services (CMS) issued the Calendar Year (CY) 2018 Physician Fee Schedule (PFS) final rule, which finalizes policies to implement the Medicare Diabetes Prevention Program (MDPP) expanded model starting in 2018. The MDPP expanded model will allow Medicare beneficiaries to access evidence-based diabetes prevention services, with the goal of a lower rate of progression to type 2 diabetes, improved health, and reduced spending. This model is an expansion of the Diabetes Prevention Program (DPP) model test, which was tested through the Center for Medicare and Medicaid Innovation's Health Care Innovation Awards.

The Medicare Diabetes Prevention Program expanded model is a structured intervention with the goal of preventing progression to type 2 diabetes in individuals with an indication of pre-diabetes. The clinical intervention consists of a minimum of 16 intensive "core" sessions of a Centers for Disease Control and Prevention (CDC) approved curriculum furnished over six months in a group-based, classroom-style setting that provides practical training in long-term dietary change, increased physical activity, and behavior change strategies for weight control. After completing the core sessions, less intensive follow-up meetings furnished monthly will help ensure that participants maintain healthy behaviors. The primary goal of the expanded model is at least 5 percent weight loss by participants.

The Calendar Year 2017 Medicare Physician Fee Schedule (CY 2017 PFS) final rule, published in November 2016, established the expansion and aspects of the expanded model policy framework. The CY 2018 PFS final rule finalizes additional policies necessary for suppliers to begin furnishing MDPP services nationally in 2018, including the MDPP payment structure, as well as additional supplier enrollment requirements and supplier compliance standards aimed to enhance program integrity. This final rule also finalizes amendments to policies in the CY 2017 PFS final rule regarding MDPP services and beneficiary eligibility. Highlights of these policies are summarized below. Services furnished under the MDPP expanded model will be furnished in-person, except for limited virtual make-up sessions.

The final rule provides additional detail on clinician participation in Advanced Alternative Payment Models (APMs). Clinicians can receive credit for payment bonuses through participation in these APMs. In keeping with its theme of innovation in healthcare delivery, CMS intends to develop a demonstration project testing the effects of counting for such credit participation prior to 2019 and through 2024 in Medicare Advantage plans that meet certain criteria.

The final rule appeared in the November 2, 2017 Federal Register and can be downloaded from the [Federal Register](#).

Effective Dates

Effective Dates of MDPP Services, Enrollment and Billing Privileges: The CY 2018 PFS final rule establishes that MDPP services may begin being furnished on April 1, 2018. Prospective

MDPP suppliers may begin enrolling on January 1, 2018 on a rolling basis. MDPP suppliers will enroll through a new, MDPP-specific enrollment application, which will be available prior to January 1, 2018. For approved applications submitted prior to April 1, 2018, the effective date of billing privileges will be April 1, 2018. For all approved applications submitted after April 1, 2018, the effective date of billing privileges will be the date the application was submitted. For any applications denied for non-compliance but approved after submission of a corrective action plan (CAP), the effective date for billing privileges will be the date the CAP was submitted. In no circumstances, however, will the effective date be before the supplier first began furnishing services at a new administrative location.

MDPP Services, Beneficiary Eligibility & Payment

Diabetes Diagnosis during the MDPP Services Period: In the CY 2017 PFS final rule, we established eligibility criteria for beneficiaries to receive the set of MDPP services. Individuals with a previous diagnosis of diabetes (with the exception of gestational) are not eligible to receive MDPP services. In this rule, however, we finalized that if a beneficiary develops diabetes during the MDPP services period, this diagnosis would not prevent the beneficiary from continuing to receive MDPP services.

Ongoing Maintenance Sessions: We have finalized a one-year limit on ongoing maintenance sessions (assuming attendance and weight loss performance goals are met), which makes the total MDPP services period two years, consisting of one year of core and core maintenance sessions followed by up to one year of ongoing maintenance sessions, depending on eligibility, as described below. We finalized that MDPP beneficiaries must attend at least two out of three monthly ongoing maintenance sessions and maintain 5% weight loss at least once in the previous ongoing maintenance session interval to be eligible for additional intervals after the first.

Payment Structure: We finalized a performance-based payment structure, which ties payment to performance goals based on attendance and/or weight loss, as displayed in the table below. The final payment structure values beneficiary weight loss most significantly, as weight loss is a key indicator of success among individuals participating in a DPP due to the strong association between weight loss and reduction in the risk of type 2 diabetes. The final payment structure also values beneficiary attendance throughout the first year core services because, in the DPP model test, session attendance was associated with greater weight loss. Suppliers will receive payment for beneficiaries who attend at least two out of three monthly sessions within a core or ongoing maintenance interval, given other payment requirements are satisfied.

We have finalized and published corresponding Healthcare Common Procedure Coding System (HCPCS) G-codes that MDPP suppliers will use to submit claims for payment when all the requirements for billing the codes have been met.

Performance Goal	Performance Payment Per Beneficiary (<i>with</i> the required minimum weight loss)	Performance Payment Per Beneficiary (<i>without</i> the required minimum weight loss)
1 st core session attended	\$25	\$25
4 total core sessions attended	\$50	\$50

Performance Goal	Performance Payment Per Beneficiary (<i>with</i> the required minimum weight loss)	Performance Payment Per Beneficiary (<i>without</i> the required minimum weight loss)
9 total core sessions attended	\$90	\$90
2 sessions attended in first core maintenance session interval (months 7-9 of the MDPP core services period)	*\$60	\$15
2 sessions attended in second core maintenance session interval (months 10-12 of the MDPP core services period)	*\$60	\$15
5 percent weight loss achieved	\$160	\$0
9 percent weight loss achieved	\$25	\$0
2 sessions attended in ongoing maintenance session interval (4 consecutive 3-month intervals over months 13-24 of the MDPP ongoing services period)	*\$50	**\$0
Total performance payment	\$670	\$195

* = The required minimum weight loss from baseline must be achieved or maintained during the core maintenance session 3-month interval or maintained during the ongoing maintenance session 3-month interval.

** = A beneficiary attends at least 1 core session during the core services period to initiate the MDPP services period; must attend at least 1 session during the final core maintenance session 3-month interval; and must achieve or maintain the required minimum weight loss at least once during the final core maintenance session 3-month interval to have coverage of the first ongoing maintenance session interval. Then, a beneficiary must attend at least 2 sessions and maintain the required minimum weight loss at least once during an ongoing maintenance session 3-month interval to have coverage of the next ongoing maintenance session interval.

Bridge Payment: In cases where a beneficiary changes MDPP suppliers, we will provide a one-time \$25 bridge payment to an MDPP supplier for furnishing its first session to an MDPP beneficiary who has previously received MDPP services from a different MDPP supplier.

The bridge payment will account for the financial risk a subsequent MDPP supplier takes on by furnishing services to a beneficiary changing MDPP suppliers during the MDPP services period and helps ensure beneficiary freedom of choice of supplier. MDPP suppliers may need to obtain a beneficiary's MDPP record from the previous MDPP supplier as part of the billing supplier's documentation to demonstrate that the attendance and weight loss, if applicable, performance goal(s) for the performance payment were achieved.

MDPP Supplier Enrollment & Compliance

MDPP Preliminary Recognition: In this rule, we have finalized that an entity may be eligible to enroll in Medicare as an MDPP supplier if it has achieved MDPP preliminary recognition (either MDPP interim preliminary recognition or CDC preliminary recognition, when established) or CDC full recognition. Our intent with MDPP interim preliminary recognition is to bridge the gap until any CDC preliminary recognition standards are established and to allow organizations who have met this standard to enroll in Medicare.

Entities that have not yet reached CDC full recognition status may be able to enroll as an MDPP supplier if they meet MDPP interim preliminary recognition standards with a 12-month data submission to CDC. If CDC establishes its preliminary recognition standard through the 2018 Diabetes Prevention Recognition Program Standards, we intend to ensure the transition to CDC preliminary recognition does not disrupt MDPP supplier status.

MDPP Supplier Standards: We finalized standards to protect against fraud, waste, and abuse and to ensure fidelity to the MDPP expanded model. These standards are designed to make sure MDPP suppliers are operational, protect beneficiary access and service quality, and provide program integrity safeguards. These standards also establish eligibility requirements for coaches who furnish services on behalf of MDPP suppliers. If an MDPP supplier reports an ineligible coach, CMS may take administrative action to deny or revoke the MDPP supplier's enrollment. We finalized that a MDPP supplier could respond to the enrollment denial or revocation by submitting a CAP that would include the removal of the coach from its roster.

Revalidation: While CMS will screen newly enrolling MDPP suppliers at high categorical risk (as established in the CY 2017 PFS), we finalized that MDPP suppliers that are revalidating their enrollment will be screened at moderate categorical risk level. This means that revalidating MDPP suppliers would not have to undergo the same high risk screening requirements, such as fingerprinting and background checks for those individuals who maintain a 5% or greater direct or indirect ownership interest in the supplier. We also finalized the policy that MDPP suppliers revalidate every five years after their initial enrollment.

Beneficiary Engagement Incentives

Beneficiary Engagement Incentives: We finalized that an MDPP supplier may choose to provide in-kind patient engagement incentives to a MDPP beneficiary to assist the supplier in furnishing high quality services and engaging in health behavior change programs that lead to improved beneficiary health and reductions in Medicare spending. We finalized certain conditions on these incentives to ensure that their provision is solely for the purpose of achieving the MDPP expanded model goal of engaging beneficiaries in making sustainable, healthy behavior changes to reduce their risk of type 2 diabetes.

Make-Up Sessions

We finalized the proposal to allow in-person suppliers to offer make-up sessions, including a limited number of virtual make-up sessions, to beneficiaries who miss a regularly scheduled session. In the final rule, we outline the requirements for make-up sessions and we define "virtual make-up session".