

Session 2A: **Overview of the Medicare Diabetes Prevention Program (MDPP)**



Presented by:

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Conflicts of Interest

Cathy Costello has no actual or potential conflicts of interest in relation to this presentation.

Learning Objectives

After today's presentation, you will be able to:

1. Understand federal and state priorities for diabetes prevention.
2. Determine Prediabetes and the importance of early detection for patients.
3. Understand the Diabetes Prevention Program (DPP) and the Medicare Diabetes Prevention Program (MDPP).
4. Understand how to refer patients to a DPP.
5. Understand how to develop a DPP in your community.

The information presented today was current as of October 6, 2017

Federal and State Priorities for Diabetes Prevention

Federal:

- Diabetes prevention is one of CMS's top priorities in 2018; Office of Management and Budget (OMB) allocated funding for the program when first proposed because of strength of results.

State:

- One of Ohio's top public health priorities:
 - Ohio has been part of a federal grant prioritizing prediabetes for the last three years.
 - Ohio's public health leaders convened with federal guidance from CDC and diabetes educators to establish prediabetes as a high priority item in 2018.

What is Prediabetes?

PREDIABETES 101

Prediabetes means that a patient's blood sugar level is higher than normal but not yet high enough to be type 2 diabetes.

Without lifestyle changes, people with **prediabetes** are very likely to progress to type 2 diabetes.



What is the Diabetes Prevention Program?

The National Diabetes Prevention Program (National DPP) was established as a public-private collaboration under the CDC with set guidelines and certification.

- The DPP was originally established as a “model test” for CDC; leading the way for the Medicare DPP Expanded Model in early 2016.
- A community-based diabetes education and prevention program.
- The goal of DPP is to teach participants how to make lasting lifestyle changes, like eating healthier, adding physical activity into their daily routine, and improving coping skills. *As a result, participants’ goal is to lose 5-7% of their body weight.*
- Medicare intends to expand the DPP program in 2018 to reach even more people at risk for type 2 diabetes; however, the proposed Rule has not been finalized.



How CMS Is Recognizing Prediabetes Programs

Proposed New Improvement Activities for the MIPS Quality Payment Program in 2018 and Future Years

Activity ID:	IA_PM_XX
Subcategory:	Population Management
Activity Title:	Glycemic Referring Services
Activity Description:	For at-risk outpatient Medicare beneficiaries, individual MIPS eligible clinicians and groups must attest to implementation of systematic preventive approaches in clinical practice for at least 75% of medical records with documentation of referring eligible patients with prediabetes to a CDC-recognized diabetes prevention program operating under the framework of the National Diabetes Prevention Program.
Weighting:	Medium
Eligible for ACI Bonus:	Yes

*Referral
to a DPP
Program*



How CMS is Recognizing Prediabetes Programs

Payment as Preventive Medicare Service in 2018 and Future Years

- New payment program created for referring Medicare Part B patients to a Medicare Diabetes Prevention Program (MDPP)
- Medicare will start paying in April 2018 for MDPP services



Why Is Prediabetes Important?

The Centers for Disease Control and Prevention (CDC) estimate that:

84 million Americans 18 years of age or older have **prediabetes**

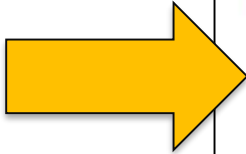
- This is **33.9%** of the adult population.
- 23.1 million adults aged 65 or older have prediabetes.

The problem is spread across all ethnic groups:

- Non-Hispanic blacks: 12.7%
- Hispanics: 12.1%
- Non-Hispanic whites: 7.4%
- Asians: 8.0%

Estimates are Based on the National Diabetes Statistics Report, 2017

Ohio's Prediabetes Statistics



The Burden of Diabetes in Ohio



Diabetes is growing at an epidemic rate in the United States. According to the Centers for Disease Control and Prevention (CDC), nearly 30 million Americans have diabetes and face its devastating consequences. What's true nationwide is also true in Ohio.

Ohio's diabetes epidemic:

Approximately **1,334,918 people in Ohio**, or 13.5% of the adult population, **have diabetes**.

- Of these, an estimated **286,000 have diabetes but don't know it**, greatly increasing their health risk.
- In addition, **3,071,000 people in Ohio**, 35.3% of the adult population, **have prediabetes** with blood glucose levels higher than normal but not yet high enough to be diagnosed as diabetes.
- **Every year** an estimated **70,000 people in Ohio are diagnosed with diabetes**.

Diabetes and prediabetes cost an estimated \$12 billion in Ohio each year.

The serious complications include heart disease, stroke, amputation, end-stage kidney disease, blindness – and death.

Diabetes is expensive:

People with diabetes have **medical expenses approximately 2.3 times higher** than those who do not have diabetes.

- Total **direct medical expenses** for diagnosed and undiagnosed diabetes, prediabetes and gestational diabetes in Ohio was estimated at **\$9.1 billion** in 2012.
- In addition, another **\$2.9 billion** was spent on **indirect costs** from lost productivity due to diabetes.

Identifying Patients Who Have Prediabetes

A patient's risk of developing type 2 diabetes should be assessed using a standardized prediabetes risk assessment.

The Center for Disease Control (CDC) has produced a seven question form that either the patient can answer directly or the provider can ask the patient during a visit.



CDC/ADA/AMA Prediabetes Assessment

This assessment meets the requirements to code a 96160 “Administration of Patient-focused Health Risk Assessment Instrument” for Medicare.

Available at: <https://assets.ama-assn.org/sub/prevent-diabetes-stat/downloads/diabetes-risk-assessment.pdf>

- can be completed electronically
- option for a paper version to print is also included

Patient Prediabetes Risk Assessment

DO YOU HAVE PREDIABETES?

Prediabetes Risk Test

- How old are you?
Less than 40 years (0 points)
40—49 years (1 point)
50—59 years (2 points)
60 years or older (3 points)
- Are you a man or a woman?
Man (1 point) Woman (0 points)
- If you are a woman, have you ever been diagnosed with gestational diabetes?
Yes (1 point) No (0 points)
- Do you have a mother, father, sister, or brother with diabetes?
Yes (1 point) No (0 points)
- Have you ever been diagnosed with high blood pressure?
Yes (1 point) No (0 points)
- Are you physically active?
Yes (0 points) No (1 point)
- What is your weight status?
(see chart at right)

Write your score in the box.

Add up your score.

Height	Weight (lbs.)		
4' 10"	119-142	143-190	191+
4' 11"	124-147	148-197	198+
5' 0"	128-152	153-203	204+
5' 1"	132-157	158-210	211+
5' 2"	136-163	164-217	218+
5' 3"	141-168	169-224	225+
5' 4"	145-173	174-231	232+
5' 5"	150-179	180-239	240+
5' 6"	155-185	186-246	247+
5' 7"	159-190	191-254	255+
5' 8"	164-196	197-261	262+
5' 9"	169-202	203-269	270+
5' 10"	174-208	209-277	278+
5' 11"	179-214	215-285	286+
6' 0"	184-220	221-293	294+
6' 1"	189-226	227-301	302+
6' 2"	194-232	233-310	311+
6' 3"	200-239	240-318	319+
6' 4"	205-245	246-327	328+
	(1 Point)	(2 Points)	(3 Points)

You weigh less than the amount in the left column (0 points)

Adapted from Bang et al., Ann Intern Med 151:775-783, 2009. Original algorithm was validated without gestational diabetes as part of the model.

If you scored 5 or higher:

You're likely to have prediabetes and are at high risk for type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes (a condition that precedes type 2 diabetes in which blood glucose levels are higher than normal). Talk to your doctor to see if additional testing is needed.

Type 2 diabetes is more common in African Americans, Hispanic/Latinos, American Indians, Asian Americans and Pacific Islanders.

Higher body weights increase diabetes risk for everyone. Asian Americans are at increased diabetes risk at lower body weights than the rest of the general public (about 15 pounds lower).

LOWER YOUR RISK

Here's the good news: it is possible with small steps to reverse prediabetes - and these measures can help you live a longer and healthier life.

If you are at high risk, the best thing to do is contact your doctor to see if additional testing is needed.

Visit DoIHavePrediabetes.org for more information on how to make small lifestyle changes to help lower your risk.

For more information, visit us at

DoIHavePrediabetes.org



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If Tests Confirm Prediabetes:

Important to Document in Record and Monitor Progress of Prediabetes

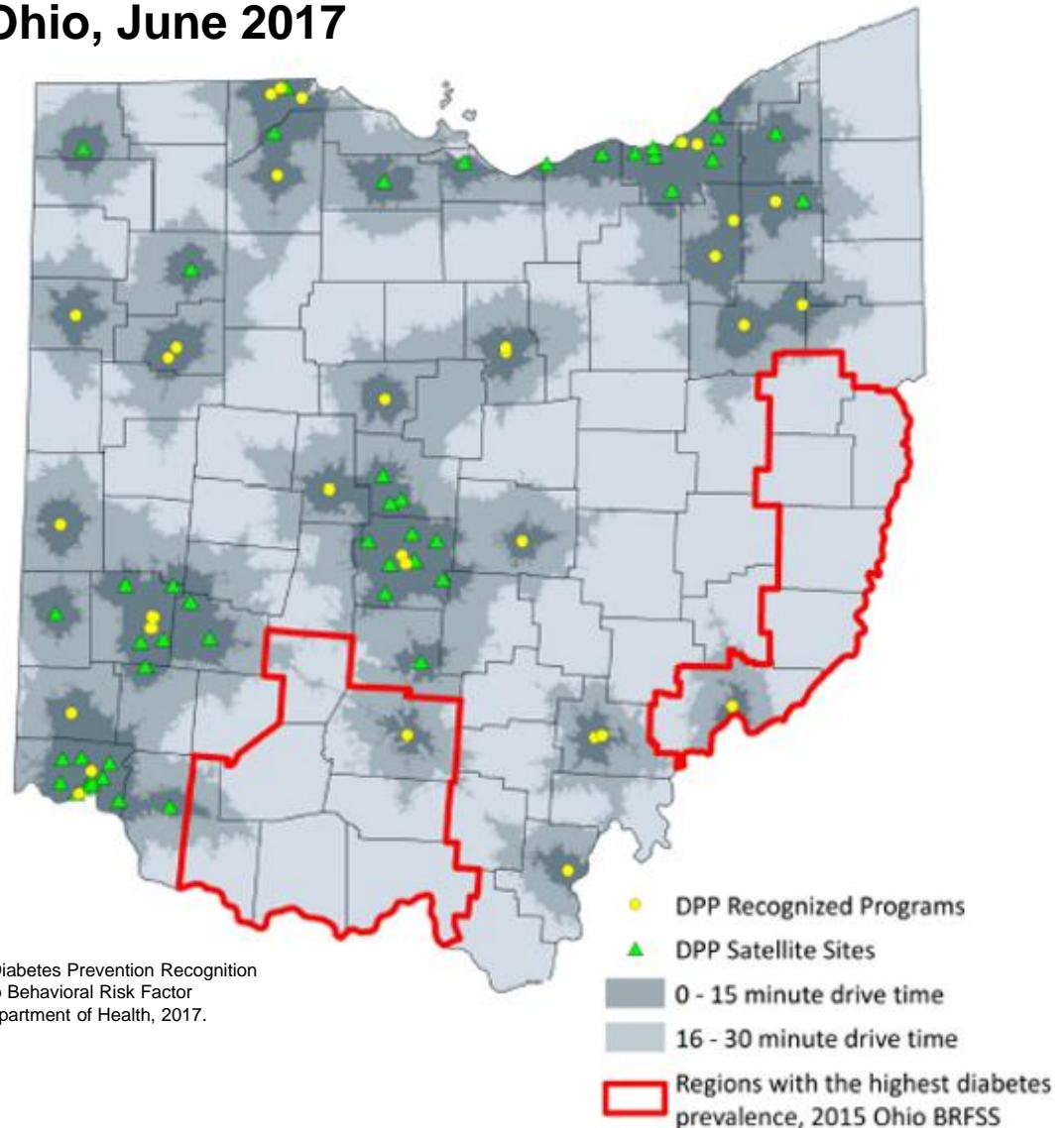
- If lab tests confirm diagnosis of prediabetes, then list prediabetes (**R73.03**) in the patient's problem list.
- Code patient's claim giving the diagnosis of prediabetes.
- Refer patient to a Diabetes Prevention Program (DPP). A list of CDC-recognized DPPs located in Ohio can be found at:
https://nccd.cdc.gov/DDT_DPRP/Registry.aspx?STATE=OH
- Notify DPP of referral so they can assist in making the patient connection.
- Create a prediabetes registry in your EHR (run report for patients who have **R73.03** in their problem list) and update quarterly.
- Follow up with patients in the registry to schedule lab work at appropriate intervals (every 6 months if prediabetic) and to monitor involvement in DPP.

Referrals to Existing Ohio DPP Sites:

Population coverage of CDC-recognized DPP and satellite locations within 15 and 30 minute drive times, Ohio, June 2017

Utilizing the population-weighted centroid of census block groups and the location of the 34 CDC-recognized DPPs in Ohio and the 48 DPP satellite locations, this geospatial analysis shows that 60.4% of Ohioans live within a 15 minute drive of an Ohio DPP location. An additional 20.3% live within a 16 to 30 minute drive. The current infrastructure of DPP providers covers 80.7% of Ohioans, leaving more than 2.2 million people without ready access to these services. In the 13 counties that comprise the two regions with the highest prevalence of diabetes in 2015, there are only two DPP locations showing a significant geographic gap in access.

https://nccd.cdc.gov/ddt_dprp/registry.aspx



Source: The Centers for Disease Control and Prevention (CDC) Diabetes Prevention Recognition Program Registry of Recognized Programs as of June 2017; Ohio Behavioral Risk Factor Surveillance System, 2015; Bureau of Health Promotion, Ohio Department of Health, 2017.



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Developing a DPP in Your Community

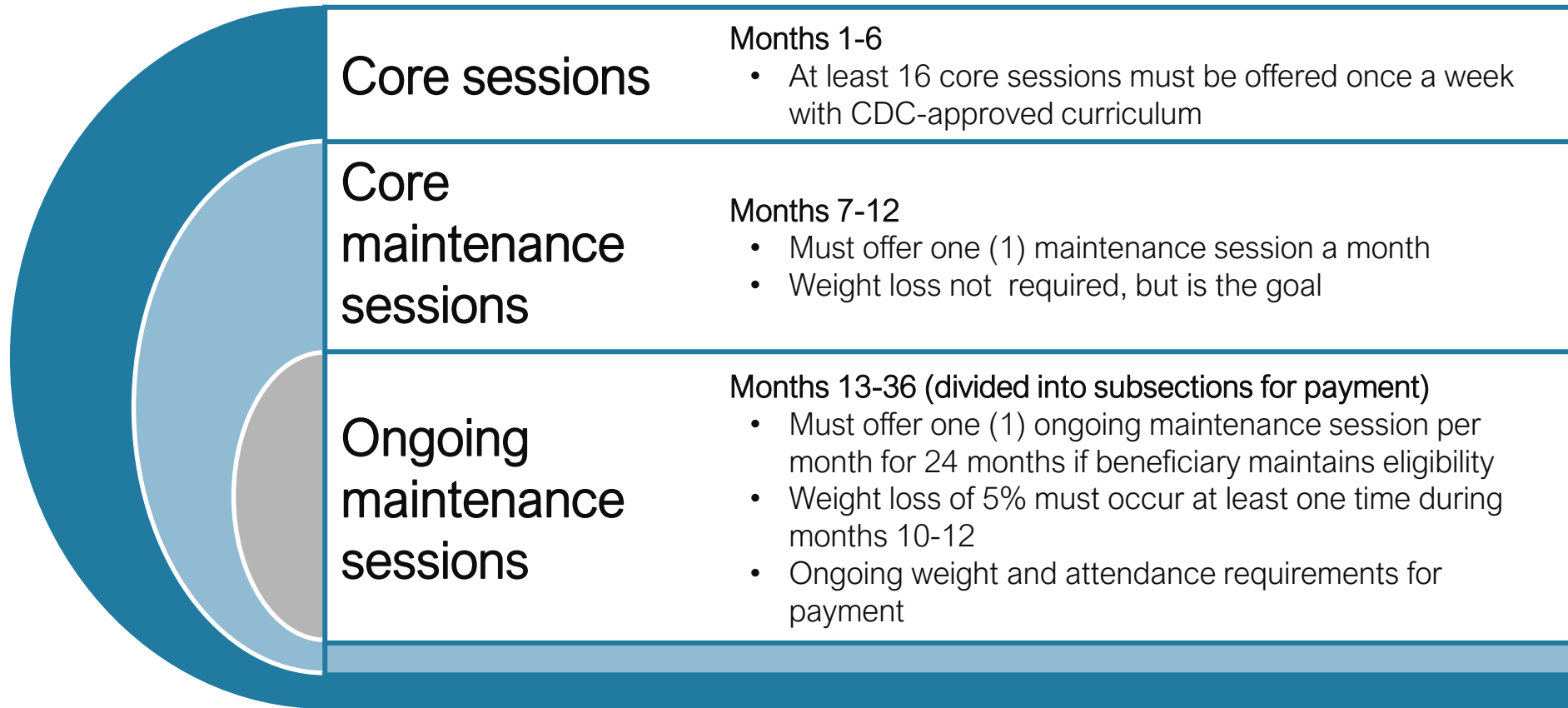


Basics: Medicare Diabetes Prevention Program (MDPP) as Proposed

In an effort to coordinate the DPP, CMS developed the MDPP:

- Links back to CDC program for diabetes prevention for training, education, certification: <https://www.cdc.gov/diabetes/prevention/index.html>
- Requires program to be enrolled with CMS as a MDPP Supplier: process is open January 1, 2018 – March 31, 2018
- Program begins April 1, 2018
- Additional information can be found at: <https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/>

Medicare Diabetes Prevention Program (MDPP) as Proposed



Initial trigger for program is patient's attendance at 1st core session.

Application Process: Medicare Diabetes Prevention Program (MDPP)

- Suppliers would be considered “institutional” Medicare suppliers
- Coaches would need to have NPIs
 - Medicare would do a background check on all coaches for the program (MDPP suppliers can prescreen candidates)
- Application fee of \$560 for each institutional provider (not site-specific)
 - Hardship exception available for application fee

Proposed Payments: Medicare Diabetes Prevention Program (MDPP)

- *Potential* total payment of \$810 for each Medicare beneficiary
- Payments spread out over time and which session period of program beneficiary is in
- Payments can change depending on beneficiary's attendance and weight loss
- Can incentivize beneficiaries using gym membership, scales, pedometers, etc. but cost is incurred by the MDPP program and must be documented and cannot exceed specific price points.



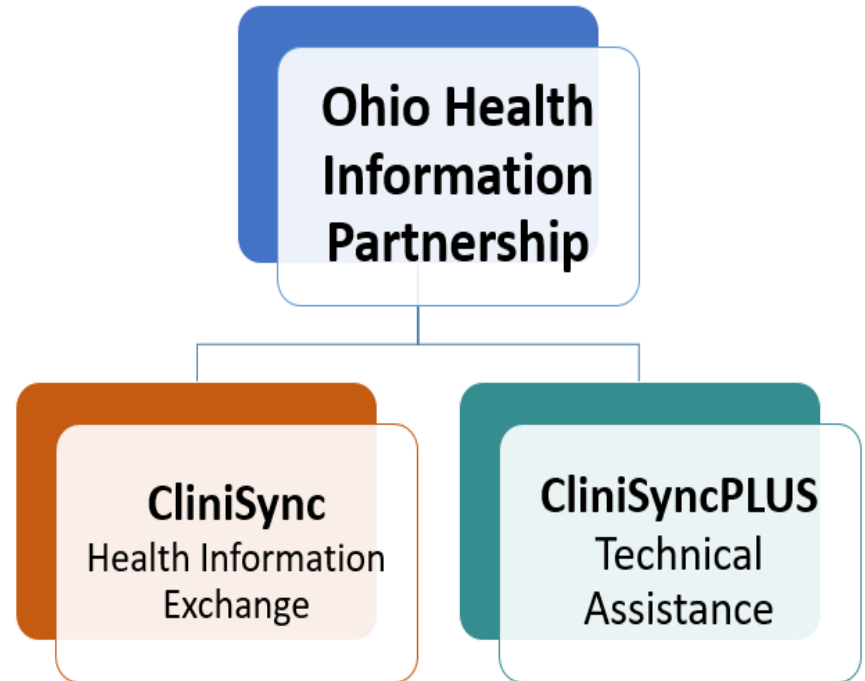
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