



Medicare Diabetes Prevention Program (MDPP) Expanded Model:

Opportunities for Medicare Shared Savings Program (MSSP) Accountable Care Organizations (ACO) to Get Involved

Centers for Medicare & Medicaid Services (CMS)

Center for Medicare and Medicaid Innovation (Innovation Center)

November 6, 2019

Agenda

The agenda for today's presentation is outlined below.

The Problem: The State of Type 2 Diabetes in the United States	3
The Solution: MDPP Effectively Aids in the Prevention of Type 2 Diabetes	5
Benefits of MDPP: Opportunities for ACOs to Get Involved	13
Next Steps and Resources	18

The Problem

The Problem: The Prevalence and Cost of Diabetes

Diabetes affects many individuals, negatively impacts health outcomes, and carries high costs. Effective behavior change can reduce the risk of type 2 diabetes.

While Many are At-Risk for Diabetes, Few are Aware

1 in 2 Adults over age 65 have prediabetes¹

however...



Only 1 in 7 adults aged 65 and older with prediabetes are aware of their condition¹

Diabetes Prevalence is High and Growing



One in four adults over age 65 have diabetes²

and...



Prevalence of diabetes is expected to double by 2050 among adults³

The Disease Burdens the System with High Costs

2.3x Diabetes causes individuals to spend 2.3 times more on health care per year⁵

\$104B Annual Medicare cost of care for Americans 65+ with diabetes⁴



Adults with diabetes have twice the hospitalizations and ED visits, and take a larger number of prescription drugs²

The Solution

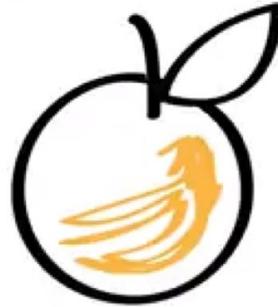
The Solution: The Medicare Diabetes Prevention Program (MDPP)

A group-based intervention targeting at-risk Medicare beneficiaries, using a CDC-approved National Diabetes Prevention Program curriculum.



Up to 2 years of sessions delivered to groups of eligible beneficiaries

As a **Medicare preventive service**, there are no out-of-pocket costs.



DIET



PHYSICAL
ACTIVITY



WEIGHT LOSS

Coaches furnish MDPP services on behalf of MDPP suppliers

MDPP suppliers' primary goal is to help Medicare beneficiaries achieve at least 5% weight loss

The Evidence Base: CDC's National Diabetes Prevention Program (DPP)

MDPP builds on the success of the CDC's National DPP. The National DPP is a structured lifestyle intervention that was tested in the Medicare population through an Innovation Center-funded DPP Model Test (Y-USA test).



Decades of Evidence

- Backed by over 20 years of evidence
- Research shows DPP can decrease the risk of type 2 diabetes in individuals with prediabetes by 58%¹



CDC's National DPP

- Implemented nationally
- CDC established the Diabetes Prevention Recognition Program (DPRP) to set quality assurance standards for the program



DPP Model Test (Y-USA test)

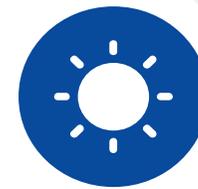
- Assessed DPP effectiveness among the Medicare population
- Showed that group-based community sessions can lead to beneficiary weight loss and Medicare savings

CDC Recognition is the First Step to MDPP Success



DPRP Recognition

- **Organizations must achieve full or preliminary DPRP recognition** before enrolling in Medicare as MDPP suppliers
- DPRP recognition helps assure that organizations have the capacity to become MDPP suppliers



DPRP Curriculum

- **MDPP suppliers utilize a CDC-approved curriculum to deliver MDPP services**
- CDC-approved curricula include evidence-based topics like healthy eating and weight loss

Medicare Diabetes Prevention Program (MDPP) Suppliers and Coaches

Medicare pays organizations, called MDPP suppliers, to furnish a group-based intervention to at-risk Medicare beneficiaries, using a CDC-approved National Diabetes Prevention Program curriculum.



MDPP Suppliers

- Hospitals, community organizations, churches, clinics, and other kinds of organizations
- Have **full or preliminary CDC DPRP recognition**
- Meet program eligibility requirements as described in the *Supplier Requirements Checklist*.
- Deliver up to 2 years of MDPP set of services to eligible Medicare beneficiaries.¹



MDPP Coaches

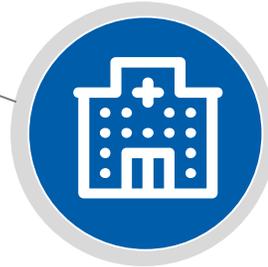
- Employees, contractors, or volunteers of an MDPP supplier
- Can be clinical or non-clinical professionals trained in the CDC-approved curriculum.^{2, 3}
- Have a valid National Provider Identifier (NPI)
- Meet full program eligibility requirements as described in the *Coach Eligibility Fact Sheet*.

MDPP Beneficiary Eligibility Requirements

MDPP is available to Medicare beneficiaries with an indication of prediabetes.

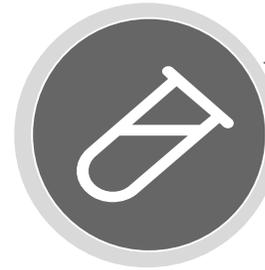
Medicare Eligibility

Beneficiaries must have coverage through Original Medicare (Part B) or Medicare Advantage (Part C)



Blood Tests and Body Mass Index (BMI)

Beneficiaries must present one of three blood tests indicating prediabetes **and** BMI of at least 25 (or 23 if self-identified as Asian).



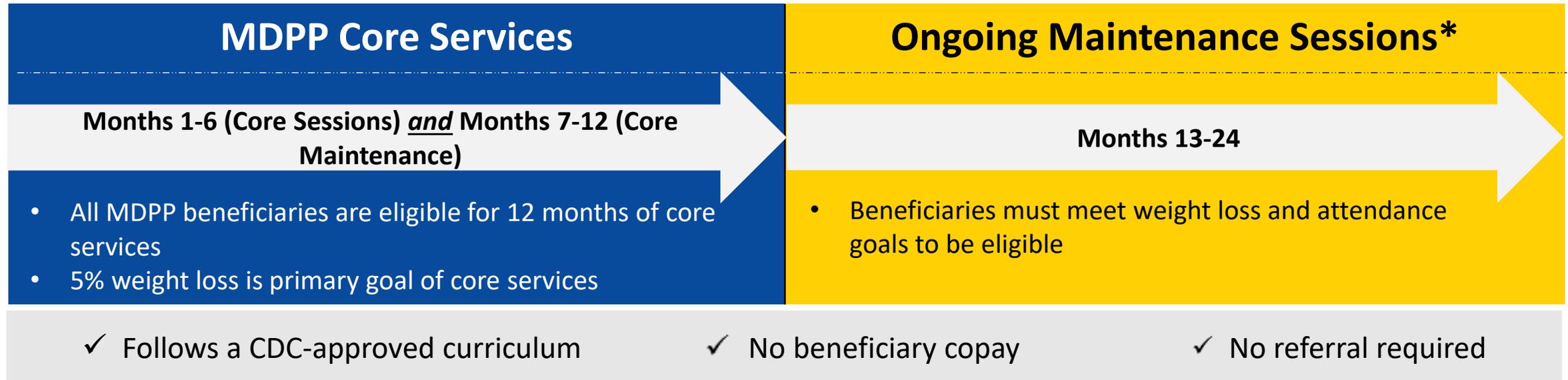
Other Medical History

Beneficiaries must not have a previous diagnosis of diabetes or End Stage Renal Disease, and no previous receipt of MDPP services



Program Duration and Covered Services

The first year of MDPP core services includes six months of weekly core sessions followed by six months of monthly maintenance sessions; the second year is contingent upon beneficiaries achieving attendance and weight loss goals and consists of monthly maintenance sessions.



* The ongoing maintenance sessions are unique to the MDPP services.

Sample Activities:



Pathways to Participation

ACO participants can get involved with MDPP in several ways.

1. Educate patients and providers on prediabetes and available preventive services.



Promote awareness of prediabetes and prevention. Encourage ACO providers to educate at-risk patients about prediabetes and lifestyle changes to improve health.



Screen, test, and refer patients. Help determine eligibility by encouraging ACO providers to screen Medicare patients for prediabetes. Refer eligible beneficiaries to local suppliers found on the [Supplier Map](#).

2. Become an MDPP supplier and/or partner with nearby organizations to grow MDPP's reach and impact.



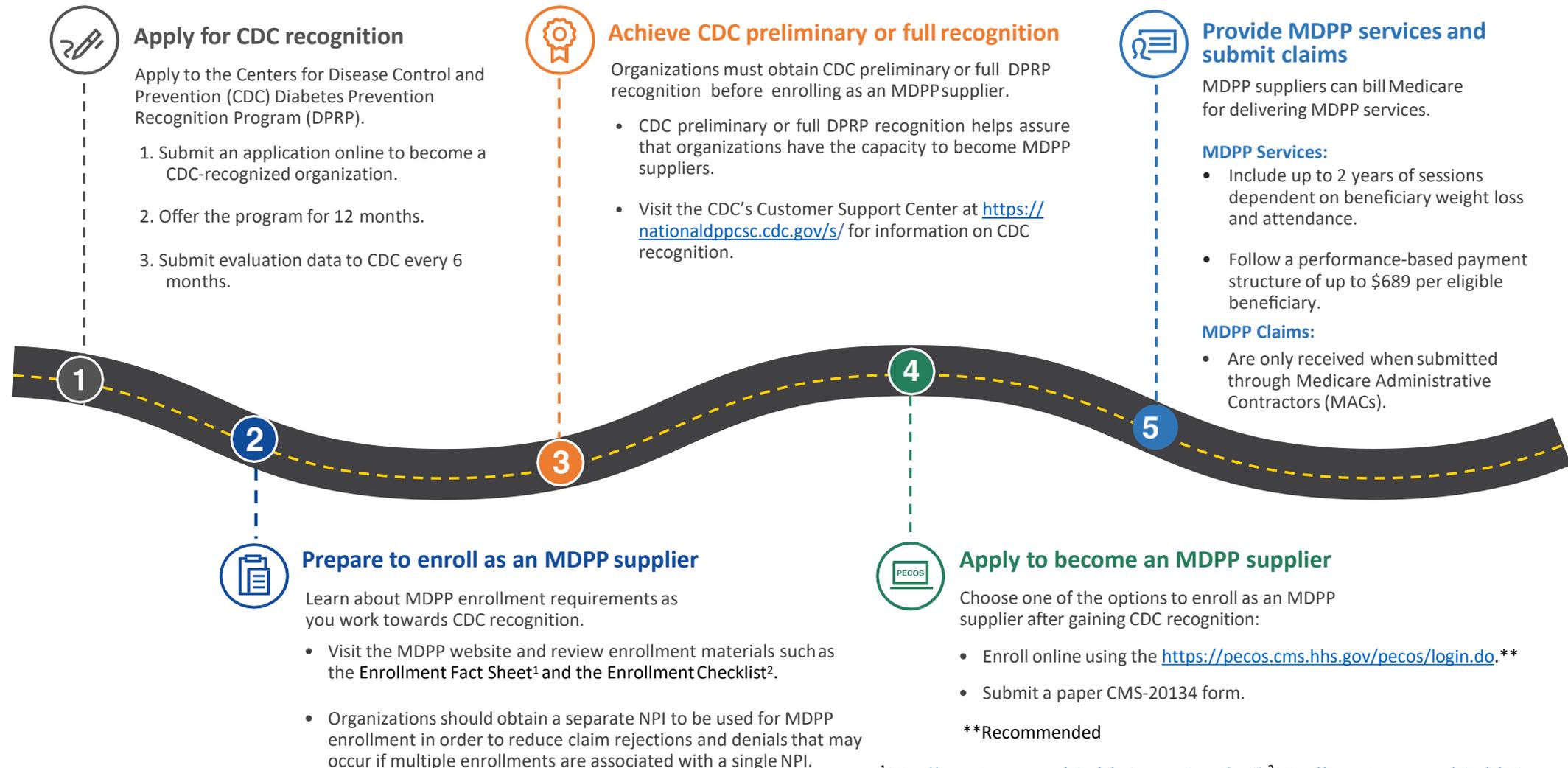
Enroll as an MDPP supplier to furnish MDPP services. Note that your organization must first obtain preliminary or full [CDC Diabetes Prevention Recognition Program \(DPRP\)](#) recognition before enrolling in MDPP.



Partner with a National DPP organization. Explore partnership opportunities with CDC DPRP recognition delivery organizations in your areas listed in the [CDC's Registry of Recognized Organizations](#).

Steps to Enrolling as an MDPP Supplier

ACO participants are well-positioned to become MDPP suppliers. Before applying to become an MDPP supplier, organizations must gain full or preliminary recognition from CDC.



¹ <https://innovation.cms.gov/Files/x/mdpp-enrollmentfs.pdf>; ² <https://innovation.cms.gov/Files/x/mdpp-enrollmentcl.pdf>

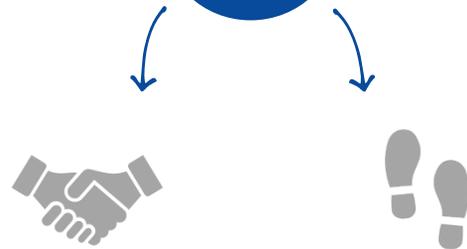
Benefits of MDPP

MDPP Goals Align with ACO's Core Objectives

MDPP aligns with ACO goals by reaching a high-risk population, promoting healthy behaviors, and promoting cost-savings through value-based care.

ACO Goals:

1. Better Care for Individuals

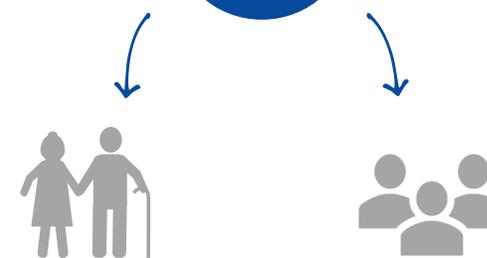


How MDPP Can Support:

Reach a population that is likely unaware of their pre-diabetes status

Empower high-risk individuals to take action by improving their health

2. Better Health for Populations



Reduce risk of type 2 diabetes among Medicare beneficiaries

Create community impact by promoting healthier evidence-based behaviors

3. Lowering Growth in Expenditures



Achieve cost-savings through value-based care

Benefit 1: MDPP Provides Performance-Based Payments to Suppliers (1 of 2)

The healthier participating beneficiaries become, the more suppliers earn.

Year 1 FFS Payment Scenarios, CY2019 Payment Rates ¹		
Attendance	Weight Loss (WL)	Supplier Payment (Cumulative)
1 Core Session	N/A	\$26
4 Core Sessions	Without 5% WL	\$77
9 Core Sessions	Without 5% WL	\$170
9 Core Sessions	With 5% WL	\$335
Full (9 Core, 4 Core Maintenance)	No WL	\$200
Full (9 Core, 4 Core Maintenance)	5% WL (mos. 0 – 6) & maintains WL in mos. 7-12	\$459

Note: The maximum payment per beneficiary is \$689 over 2 years.

Potential 2-Year MDPP Payment Scenario:*

\$459

***NOTE: Payment scenario is for illustrative purposes only and should not be considered a guarantee.**

Source: 1) <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10970.pdf>; 2: Mapped average beneficiary performance (from MDPP Model Test per 2017 Third Annual Report to 2019 MDPP Payment Rates (See Appendix); 3: Assumed improved attendance rates and weight loss compared to average beneficiary performance during MDPP Model Test.

Benefit 1: MDPP Provides Performance-Based Payments to Suppliers (2 of 2)

The illustrative scenario below forecasts potential payments based on average beneficiary attendance and weight loss over the course of 2 years. This scenario assumes 2 cohorts of 30 beneficiaries per quarter.



Potential MDPP Payment Scenario*

	Year 1	Year 2	Total
<i>Two cohorts per quarter¹</i>	\$71,280	\$4,800	\$76,080

Key Assumptions Regarding Beneficiary Adherence and Outcomes

- For this example, each cohort assumes 30 beneficiaries. Organizations' cohort sizes may differ based on size and capacity.
- Participant adherence and weight loss outcomes are modeled after the average results from the DPP Model Test.²
 - Payment projections assume \$317 in average payments per beneficiary over 2 years.
 - Year 1: \$297 per beneficiary
 - Year 2: \$20 per beneficiary

**Payment scenario is for illustrative purposes only and should not be considered a guarantee.*

Notes: 1) This assumes a total of 240 beneficiaries for the year 2) Modeled after the findings of the Third Y-USA Model Test, accessed at <https://downloads.cms.gov/files/cmami/hcia-crppm-thirdannrptaddendum.pdf>. See appendix for further methodology details.

Benefit 2: MDPP Aligns with ACO Goals and Can Impact Quality Measure Performance

MDPP and ACOs' goals and quality measures align.

ACO Quality Domains and Quality Measures that can be Influenced by MDPP¹

Quality Domains:



**Care Coordination/
Patient Safety**

Quality Measures:

Risk-Standardized, All Condition Readmission

- Patients with diabetes have higher-than-average rates of readmission, so preventing the development of diabetes could reduce readmission rates

All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions

- Patients with 2 or more chronic conditions are more likely to be admitted to the hospital than those without chronic conditions. MDPP can support healthy behaviors – such as weight loss, exercise, and eating a healthy diet in those beneficiaries with prediabetes and multiple chronic conditions – to minimize risk of hospital admission.²



**Patient Caregiver
Experience**

Health Promotion and Education

- The personalized nature of MDPP coaching may lead to **improvements in self-reported beneficiary satisfaction on CAHPS surveys**

Sources: 1) <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/2019-quality-benchmarks-guidance.pdf>;

2) <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/ACO-38.pdf>; 3) <https://www.kff.org/interactive/side-by-side-comparison-medicare-accountable-care-organization-aco-models/>

Next Steps and Resources

Summary of MDPP Enrollment Benefits to ACOs

What are the benefits?

Payment, savings, and quality



Payment for Medicare covered service: MDPP's value-based payment schedule pays suppliers for furnishing MDPP services.



Alignment with ACO goals and quality measures: MDPP aligns with ACO goals by reaching a high-risk population, promoting healthier behaviors, and promoting cost-savings through value-based care.

How does this support ACO goals?

Community and individual impact

- **Reach a population** with low average awareness of prediabetes.
- **Empower high-risk individuals** in their own wellness.
- **Reduce risk** of type 2 diabetes among Medicare beneficiaries.
- **Achieve cost savings through** value-based care.

Want to get involved?

1. Educate patients and ACO professionals on prediabetes and available preventive services.



Promote awareness of prediabetes and prevention. Encourage ACO professionals to educate at-risk patients about prediabetes and lifestyle changes to improve health.



Screen, test, and refer patients. Help determine eligibility by screening Medicare patients for prediabetes. Refer eligible patients to local suppliers from the [Supplier Map](#).

2. Become an MDPP supplier and/or partner with nearby organizations to grow MDPP's reach and impact.



Enroll as an MDPP supplier to furnish MDPP services. Note that your organization must first obtain preliminary or full [CDC Diabetes Prevention Recognition Program \(DPRP\)](#) recognition before enrolling in MDPP.



Partner with a National DPP organization. Explore partnership opportunities with CDC DPRP recognition delivery organizations in your areas listed in the [CDC's Registry of Recognized Organizations](#).

Helpful Resources



Ready to become a CDC-recognized National DPP delivery organization?

Head to the [National DPP website](#).



Already CDC-recognized and ready to enroll as an MDPP supplier?

Once recognized by CDC (either full or preliminary status), enroll online through the Provider Enrollment Chain and Ownership System ([PECOS](#)).² Review the enrollment [application](#).³



Want to access supplier support resources?

Head to the [MDPP website](#).⁴



Want to access a complete list of existing MDPP suppliers?

Head to the [current list of MDPP suppliers](#).⁵



Want to find out which organizations are eligible to become MDPP suppliers?

Head to [CDC's National DPP Registry](#), and look for “Full” or “Preliminary” recognition organizations.⁶



Other ways to stay updated, ask questions, or provide feedback

Sign up for our listserv by emailing mdpp@cms.hhs.gov.

Thank You!

Thank you for your time. We appreciate any questions or feedback.

Please contact us at mdpp@cms.hhs.gov.