Diabetes Prevention Program (DPP) in Maryland
Check List #1 Enrolling as a Medicare DPP (MDPP) Supplier

Purpose: To guide the DPP through the requirements to enroll as a Medicare supplier to bill Medicare.

DPP Organization Name:_____

DPP Organization Responsible Staff Name:_____

Task	Target Date/ Notes	Completed?
1) Review DPP lifestyle coach criteria and eligibility in the Medicare rule (suggest pages 1017-1031 regulation 424.205(e)(2) "Ineligible Coaches: Individuals Prohibited from Furnishing MDPP Services to Medicare Beneficiaries"): https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-23953.pdf Note: Ineligible coaches would result in MDPP supplier enrollment denial or revocation.		☐ Yes ☐ No
2) Obtain a National Provider Identifier (NPI) number for your organization. ☐ Suggested Provider Taxonomy Code for Health Educator: 174H00000X ☐ Submit application (https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart) Note: If the organization already has an NPI number, there is no need to get a second NPI number for MDPP.		☐ Yes ☐ No
3) Direct individual lifestyle coaches to obtain their own NPI number. ☐ Suggested Provider Taxonomy Code for Health Educator: 174H00000X ☐ Submit application (https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart) (follow link for "Individual Provider") Note: Individual lifestyle coaches who operate as a one person DPP organization are still required to obtain 2 NPI numbers to represent both themselves and their DPP organization, even if they are the only coach in their own practice. If the individual already has an NPI number, there is no need to get a second NPI number for MDPP.		☐ Yes ☐ No
4) Obtain Full Recognition from the CDC's Diabetes Prevention Recognition Program (DPRP), CMS interim preliminary recognition, OR CDC preliminary recognition. For interim preliminary recognition: ☐ The organization must continue to follow the current 2015 CDC DPRP Standards for data submission and submit a full 12 months of performance data to CDC on at least one completed cohort. See Appendix D, 2015 CDC DPRP Standards, https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf. (The 2018 DPRP standards will be made available after January 1,		☐ Yes ☐ No

2018: https://www.cdc.gov/diabetes/prevention/lifestyle-program/apply_recognition.html.) A completed cohort is a set of at least five participants that entered into a lifestyle change program that has a fixed first and last session and runs for 12 months. An organization can have multiple cohorts running at the same time.

☐ Must have been in "pending recognition" status for at least 12 months.

☐ The 12-month data submission to CDC includes at least 5 participants who attended at least 3 sessions in the first 6 months, and whose time from first session attended to last session of the lifestyle change program was at least 9 months; AND

☐ Of the participants eligible for evaluation in the first criterion, at least 60% attended at least 9 sessions in months 1-6 and at least 60% attended at least 3 sessions in months 7-12.

☐ May remain in "preliminary" status for up to 24 months, provided requirements for preliminary recognition are met at the 12 month mark.

☐ Must submit the required data every 6 months.

☐ Must achieve Full Recognition within 24 months or be withdrawn and wait 6 months before reapplying.

Data submission should include:

☐ Data for all sessions attended by participants from the approval date to the day before the first anniversary of the effective date, (if the organization has a 2016 effective date, this should include at least 6 months of participant data) OR data for all sessions attended by participants from the last anniversary of the effective date to the day before the next anniversary of the effective date (if an organization's effective date is before 2016); AND

☐ One record for each session attended by each participant during the preceding year.

Note: CDC will provide recommendations to Medicare as to which organizations have met standards for interim preliminary recognition, but Medicare will make the final decision on whether to enroll the organization. CDC will begin granting preliminary recognition once the 2018 DPRP standards take effect. MDPP Interim Preliminary Recognition will be granted to organizations if there is any delay between when the Physician Fee Schedule policies become effective on January 1, 2018 and when the 2018 DPRP standards take effect. If there is a delay, organizations who meet MDPP Interim Preliminary Recognition will be notified by CMS in January. Any organization that meets MDPP Interim Preliminary Recognition will automatically meet Preliminary recognition from the CDC, once it becomes effective.

5) Confirm internally, if your organization is not yet fully recognized as DPRP, you are on track to achieve Preliminary or Interim Preliminary		☐ Yes ☐ No ☐ NA

Recognition. You may not apply as an MDPP provider without Full or Preliminary Recognition.		
6) Complete application* by paper or online PECOS to enroll as an MDPP supplier on or after January 1, 2018. MDPP specific enrollment application form CMS-20134 form. If an organization chooses to enroll online, they must create an Identity and Access (I&A) account if they do not already have one. An I&A account connects MDPP suppliers to important CMS systems and gives others access to enrollment information. To register for an I&A account, go to: https://nppes.cms.hhs.gov/IAWeb/register/startRegistration.do Note: Current Medicare suppliers still have to apply with a MDPP application. Coaches do not enroll in Medicare. ☐ Complete Medicare DPP enrollment application CMS-20134 by paper (https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS20134.pdf), OR ☐ Complete PECOS application process in lieu of the paper application (https://pecos.cms.hhs.gov/pecos/login.do#headingLv1).		☐ Yes ☐ No
7) Remit enrollment fee ($560) or submit financial hardship letter. ☐ Remit fee (https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do#headingLv1), OR ☐ Submit financial hardship letter explaining financial circumstances and proof of budget to paper application CMS-855 or upload letter with budget proof to PECOS online application. (Note: For more information, see https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM7350.pdf). Note: "Institutional providers" (any provider or supplier that submits a paper Medicare enrollment application using the CMS-855A, CMS-855B [not including physician and non-physician practitioner organizations], CMS-855S or associated internet-based PECOS enrollment application) that are initially enrolling in Medicare, revalidating their enrollment, or adding a new Medicare practice location* are required to submit a fee with their enrollment application. The fee does not apply when adding a new administrative location to an existing enrollment record. (MDPP suppliers utilize administrative locations, not practice locations, and therefore the fee would not apply when adding a new administrative location to an existing enrollment record.) MDPP suppliers are entities, and not individual practitioners. The Affordable Care Act excludes individual practitioners, such as physicians and nurse practitioners, from paying an enrollment application fee.		☐ Yes ☐ No
8) Review enrollment regulations in 42 CFR part 424, subpart P (https://www.ecfr.gov/cgi-		☐ Yes ☐ No

bin/retrieveECFR?gp=&SID=5dcb7b7c1d5d0b3bfa17694378203314&mc=true&n=pt42.3.424&r=PART&ty=HTML): ☐ Time limits for filing claims. ☐ Requirements to report and return overpayments. ☐ Procedures for suspending, offsetting or recouping Medicare payments in certain situations. Note: Medicare Part C (Medicare Advantage (MAO)) participating plans must comply with 42 CFR subpart E.		
9) Submit fingerprints from each investor with 5% or more ownership interest per regulation 424.518(c) "High Categorical Risk" (https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=5dcb7b7c1d5d0b3bfa17694378203314&mc=true&n=pt42.3.424&r=PART&ty=HTML): ☐ Submit finger print form (http://www.cmsfingerprinting.com/) ☐ Obtain finger prints (DPP organization is responsible for fee for this service, if applicable)		☐ Yes ☐ No ☐ NA
10) Comply with regulation 424.518(c) for "High Categorical Risk" by facilitating: ☐ Completed site visit by CMS (no cost) ☐ Completed background checks (paid for by CMS)		☐ Yes ☐ No
11) Submit a roster to CMS to include: ☐ DPP lifestyle coach names (first, middle initial, last) ☐ DPP lifestyle coach NPIs ☐ DPP lifestyle coach SSNs ☐ DPP lifestyle coach birth date ☐ DPP lifestyle coach eligibility start and end date, if applicable Note: This information will be used to complete background checks. A coach "start date" is indicated by you when submitting an eligible coach's information on the MDPP enrollment application. A coach "end date" is when a coach no longer provides MDPP services and you must remove the coach from the roster indicating the date.		☐ Yes ☐ No
12) Download free software to submit claims (i.e. PC-ACE Pro32): https://pecos.cms.hhs.gov/pecos/login.do#headingLv1. Note: Both paper CMS-1500 claim form and electronic claim forms will be accepted, but most Medicare suppliers submit claims electronically.		☐ Yes ☐ No
13) Work with provider groups to encourage Medicare beneficiary referrals with blood-based values.		☐ Yes ☐ No
14) Allow 45-60 days for enrollment application to process. Notify Sue or Berit (see below) at MDH when MDPP supplier status and NPI numbers are confirmed, or with questions.		☐ Yes ☐ No
15) Determine internal process to verify participant insurance coverage		☐ Yes ☐ No

(https://www.cgsmedicare.com/hhh/claims/checking_bene_eligibility.html).		
16) Identify your local Medicare Administrative Contractor (MAC) who will assist your supplier enrollment process and your submission of claims for payment (https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs.html). JL processes Medicare Part B claims for Maryland.		☐ Yes ☐ No
17) Start classes and begin requesting reimbursement payments on or after April 1, 2018.		☐ Yes ☐ No
When to update your application:		
18) Update your 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. ☐ Report all other changes to information required on the enrollment application within 90 days of the reportable event.		☐ Yes ☐ No ☐ NA
Revalidation		
19) Revalidate status of "High Categorical Risk" MDPPs every 5 years but at the moderate categorical risk level. Note: For more information: https://www.cms.gov/medicare/provider-enrollment-and-certification/medicareprovidersupenroll/revalidations.html. Moderate risk includes a site visit but no finger prints.		☐ Yes ☐ No ☐ NA
Special Circumstances		
20) If your enrollment application is initially denied for non-compliance but subsequently approved due to the submission of a corrective action plan (CAP), the effective date of enrollment would be the date of the CAP submission. In the case of administrative action based on an ineligible coach, MDPP suppliers have the opportunity to submit a CAP to regain compliance. Note: Organizations have appeal rights under part 498.5: https://www.gpo.gov/fdsys/pkg/CFR-2016-title42-vol5/xml/CFR-2016-title42-vol5-part498.xml#seqnum498.5		☐ Yes ☐ No ☐ NA
21) If your Medicaid billing privileges are terminated or you are excluded from any state Medicaid program, you will not be able to furnish Medicare services.		☐ Yes ☐ No ☐ NA
22) MDPP supplier status will be revoked if CDC recognition is lost.		☐ Yes ☐ No ☐ NA

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*Report your locations, including administrative locations and sites where coaches are dispatched or based, on their enrollment application. Only administrative locations of the organization are required for MDPP enrollment. An administrative location may not be a private residence. An administrative location includes a physical location associated with the MDPP supplier's operations where it is the primary operator in the space, from where coaches are dispatched or based, and where MDPP services may or may not be furnished. A community setting means a location where the MDPP supplier furnishes MDPP services outside of their administrative location(s), which is open to the public, and not primarily associated with the supplier. When determining whether a location is considered an administrative location or a community setting, consider whether **your** organizational entity is the primary user of that space and whether coaches are based or dispatched from that location. It is required that MDPP suppliers have appropriate **signage** onsite and a **telephone** that operates at an administrative location or the location where MDPP services are being furnished, and that the associated telephone number must be listed with either the legal or doing business as name of the supplier in public view, including on websites, flyers, and materials.

More Information:
NPI Number: https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/
Medicare DPP: https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/
Medicare Application Fee: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/MedicareApplicationFee.html
Medicare Enrollment Applications: https://www.cms.gov/medicare/provider-enrollment-and-certification/medicareprovidersupenroll/enrollmentapplications.html
What is PECOS: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/InternetbasedPECOS.html
More about enrollment through PECOS:
https://pecos.cms.hhs.gov/pecos/helpmain/prvdrsplrchecklist.jsp
Who needs fingerprints: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1417.pdf
Fingerprinting FAQ: https://innovation.cms.gov/Files/fact-sheet/mdpp-pfs-fingerprinting-faq.pdf
What is a MAC? https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/What-is-a-MAC.html
Medicare proposed rule: https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-07-13-3.html
Medicare final rule: https://s3.amazonaws.com/public-inspection.federalregister.gov/2017-23953.pdf
Medicare tool "Preparing to Enroll as an MDPP Supplier": https://innovation.cms.gov/Files/x/mdpp-enrollmentfs.pdf
MDPP Supplier Road Map: https://innovation.cms.gov/Files/x/mdpp-orientation_roadmap.pdf
Medicare DPP webinar slides: https://innovation.cms.gov/Files/x/mdpp_101_orientation_webinar.pdf
MDPP Supplier Enrollment Form CMS-20134: https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS20134.html?DLPage=7&DLEntries=10&DLSort=0&DLSortDir=ascending
MDPP Toolkit: https://coveragetoolkit.org/

Questions:
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