

Beneficiary Referral Strategies: Strategies to Increase Medicare Beneficiary Enrollment in Your Program

Medicare Diabetes Prevention Program Supplier Learning Series

The Medicare Diabetes Prevention Program (MDPP) Supplier Learning Series is an ongoing opportunity for MDPP Suppliers to learn from each other and subject matter experts (SMEs) on relevant MDPP topics. MDPP suppliers can hear from panels of peers and SMEs to gain real-life strategies for troubleshooting MDPP challenges. MDPP suppliers are also able to share best practices, resources, suggestions, and offer relevant experiences and perspectives. The MDPP Supplier Learning Series' first call was held on October 20, 2020, and featured strategies to increase recruitment and referral to MDPP suppliers. This resource captures best practices for referrals shared during that call.

For more information on recruitment, visit the [Referral](#) page of the National DPP Coverage Toolkit and the [Tools](#) page of AMA's Diabetes Prevention Toolkit.

October 20, 2020 Presenters:

Sareena Oncea, Providence Health & Services, Oregon Megan Maurer, YMCA of Harrisburg
Kat Luebke, YMCA of Delaware
Siga Vasaitis, American Medical Association (AMA)

Building Relationships with Health Care Providers for Referrals

Siga Vasaitis from the AMA offered advice for how to establish relationships with health care providers in your area. Each panelist also contributed their own health care provider outreach strategies, including:

- **Identify clinical champions to help promote your MDPP:**

The clinic practice manager can often become the champion; however, clinical champions may be a physician, nurse, social worker, or other member of the care team. Champions with influence in the clinic and relationships with physicians may be particularly strong allies. Work with that champion to establish a data use agreement (DUA) and referral process.

- **Leverage existing meetings or lunch-and-learns** to present your MDPP to accommodate providers' busy schedules and competing priorities. For resources on how to create an effective presentation, please visit the AMA Diabetes Prevention Toolkit [here](#).

- **Outline the roles you envision for each member of the care team** to help the clinic easily understand how to identify and refer eligible patients to your MDPP. Health care is delivered by a team and it can be helpful to offer roles for each member of the clinic's care team.

- **Remember to follow up:** Trust is created between your MDPP and your clinical partners when you follow up with health care providers and let them know which of their patients engage with the MDPP.

Provider Relationship Insights from YMCA of Harrisburg

The YMCA of Harrisburg shared their organization's strategy of creating a 1-2-minute video that introduces their MDPP. This video can be played during meetings or lunch-and-learns with providers. To provide the clinic with additional information and a contact for follow up, you can hand out flyers after the presentation promoting your MDPP.

Optimize Your Electronic Health Record

Optimizing your electronic health record (EHR) can help you identify eligible patients and facilitate referrals. If your MDPP is part of a health care system, consider working with your IT team to optimize your EHR to identify patients at risk for

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developing type 2 diabetes. If you are a community-based organization, consider working with your clinical champion contact to help the clinic optimize its EHR.

Providence EHR Filters

1. Age & Body Mass Index (BMI) eligibility
2. Eligible labs within 1 year
3. No diabetes diagnosis
4. History of Gestational Diabetes Mellitus (GDM)

Providence Health & Services created an algorithm to generate a list of patients who were potentially eligible based on criteria set by the MDPP. A few key areas to consider are distinguishing between those with a qualifying A1c and/or fasting blood sugar and those with a random non-fasting blood sugar which could meet the criteria in the algorithm but may not qualify the patient for the MDPP. Remember, patients who have an A1c and/or fasting blood sugar may qualify for the MDPP when the eligibility list is generated, but they may not qualify when MDPP services actually begin if one year has passed since the test was completed. In addition to these considerations, Providence created four filters to identify eligible patients (listed in the blue box to the left).

COVID-19 Considerations

Consider safely outreaching to health care providers during COVID-19 through virtual lunch-and-learns or other types of virtual meetings to introduce your program and begin or grow your relationship with a clinic. Through virtual meetings, you and your health care provider partners can develop a referral strategy, which may include an EHR algorithm to identify eligible patients.

For additional information on how to use your EHR to identify and manage patients at risk for type 2 diabetes, please visit the AMA Diabetes Prevention Toolkit [here](#) or the [Screening and Identification](#) page of the National DPP Coverage Toolkit.

Additional Referral Strategies

Community Advisory Board and Community Partnerships

The YMCA of Harrisburg found that the formation of a community advisory board helped increase referrals. The advisory board can be made up of representatives from health care systems, including practice or clinic managers. Ensuring that the advisory board is aware of where and when the MDPP is being offered has helped the Y of Harrisburg increase referrals into their program.

Additionally, the Y of Harrisburg partnered with the local Area Agency on Aging (AAA) for referrals from the AAA to the Y's MDPP.

PCP Letter Campaigns

The YMCA of Delaware partnered with a clinic and a third-party to identify eligible patients for referral to the MDPP. The third party queried the clinic's EHR to identify eligible patients, vetted the letter with the clinic's providers that was sent to eligible patients explaining prediabetes and the MDPP, and undertook the logistical step of mailing the letters. One of the most important aspects of this effort was ensuring the letter came from the patient's primary care physician (PCP). The PCP is a highly influential referrer and can increase the likelihood of the individual enrolling in the MDPP. The Y of Delaware works with PCPs to send ~2,000 letters to eligible patients each year.

CMS and CDC Public Health Emergency (PHE) Guidance for the MDPP

- **First weight capture:** On October 30, 2020, CMS emailed guidance to MDPP suppliers on self-reported weight measurement. During the PHE, CMS has authorized for weight measurements to be obtained through these methods:
 - **In-person:** when safe and all applicable laws and regulations are followed
 - **Via digital technology:** scales that transmit weight securely via wireless or cellular transmission
 - **Self-reported weight:** beneficiary must be observed by an MDPP supplier via live or submitted video, the video must clearly document the beneficiary's weight on the date associated with the billable MDPP session
- **Delivery modalities:** Virtual delivery of the MDPP is only allowed during the PHE. MDPP suppliers providing the MDPP virtually during the PHE do not need to obtain a new recognition status from the CDC's Diabetes Prevention Recognition Program (DPRP) to deliver the program via virtual (distance learning or online) modalities. MDPP suppliers providing the MDPP virtually during the PHE will code participant data as virtual make up sessions. Please find additional CDC guidance [here](#).
- **Final Physician Fee for Service (PFS) rule:** On December 1, 2020, CMS issued the Calendar Year (CY) 2021 Physician Fee Schedule (PFS) final rule, which revises certain MDPP policies during the remainder of the COVID-19 Public Health Emergency (PHE) and any future applicable 1135 waiver event. View the Calendar Year (CY) 2021 Physician Fee Schedule (PFS) Final Rule MDPP [Fact Sheet](#). Full text of the Calendar Year (CY) 2021 Physician Fee Schedule (PFS) Final Rule can be found [here](#).
- **Subscribe to the CMS MDPP listserv** [here](#).