



Medicare Diabetes Prevention Program (MDPP) Supplier Learning Series

Scaling the MDPP with Populations of Focus: Men, Dual Eligible, and People Living with Disabilities

March 8, 2023
 Presenters:

- **Stacey Lytle**, Centers for Medicare & Medicaid Services (CMS) Dual Eligible Office
- **Chris Mackey**, National Center on Health, Physical Activity & Disability at the Lakeshore Foundation
- **Paula Green-Smith**, Urban Health Resource-Urban Health Outreach; Black Women’s Health Imperative
- **Peter Rome**, Urban Health Resource-Urban Health Outreach
- **Tanya Henderson**, Southeast Diabetes Faith Initiative (SDFI), Balm in Gilead

The Medicare Diabetes Prevention Program (MDPP) Supplier Learning Series is an ongoing opportunity for MDPP suppliers and other partners to learn from each other and subject matter experts (SMEs) on relevant MDPP topics.

The MDPP Supplier Learning Series on March 8, 2023 was the third in a series titled, *Scaling the MDPP with Populations of Focus*.

The session featured four presentations:

- An overview of the dual-eligible population (Medicare & Medicaid)
- Removing barriers to participation in the MDPP for people with disabilities
- Engaging Black men: Adapting virtual National Diabetes Prevention Program (National DPP) lifestyle change programs
- Reaching men with the National DPP

To listen to a recording of this and other MDPP webinars, please visit the [MDPP Implementation Resources](#) page on the National DPP Coverage Toolkit.



Helpful Resources

CMS

- [MDPP Supplier Support Center](#)
- [CMS MDPP Enrollment Preparation Guide](#)
- [Diabetes Prevention Programs: Equity Tailored Resources](#)

CDC

- [National DPP Customer Service Center](#)
- [National DPP Community Board](#)
- [Resources on Reaching Underserved Populations](#)

NACDD

- [National DPP Coverage Toolkit](#)
- [Medicare Implementation Resources on the Coverage Toolkit](#)

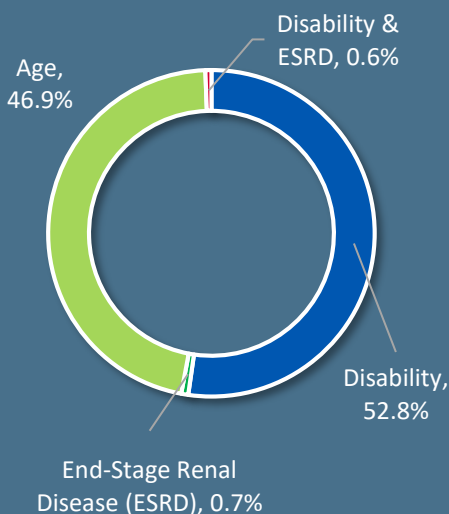


Overview of Dual-Eligible Population

12.3 m	Dually eligible beneficiaries (represent about 20% of Medicare).	<p>Dually eligible beneficiaries are generally low-income beneficiaries enrolled in both Medicare and Medicaid. The population includes:</p> <p>Full-benefit dual eligibles: Medicare beneficiaries who qualify for state Medicaid benefits (~70% of dual eligible).</p> <p>Partial-benefit dual eligibles: Medicare beneficiaries who receive financial assistance for Medicare premiums or cost sharing through Medicare Savings Programs (MSPs):</p> <ul style="list-style-type: none"> • Qualified Medicare Beneficiary (QMB) Program • Specified Low-Income Medicare Beneficiary (SLMB) Program • Qualifying Individual (QI) Program • Qualified Disabled Working Individual (QDWI) Program
Half	Of the dual-eligible population are people of color.	
40%	Identify as having fair or poor health.	
1/4	Have five or more chronic conditions.	
62%	Of the dual eligible are older adults, the remaining have disabilities (38%).	

Many dual-eligible beneficiaries qualify for and benefit from the MDPP.

Medicare Eligibility by Age vs. Disability



Source: *People Dually Eligible for Medicare and Medicaid*, CMS (March 2020).

Billing: Key Points

- Medicare is the primary payer and Medicaid is the “payer of last resort.” This means Medicare is billed first.
- If a state Medicaid program covers the National DPP lifestyle change program, then Medicaid may also cover some of the costs that are beyond what Medicare pays for. However, covered program costs and the types of services that are reimbursed will vary by state.
- A map of state Medicaid programs that cover the National DPP lifestyle change program is on the National Diabetes Prevention Program Coverage Toolkit, available [here](#).
- Some states have Medicaid waivers in place that may reimburse for or help cover non-traditional services (e.g., transportation).
- **Key Takeaway:** Check with your state Medicaid program to learn more about covered benefits and services.
- **A Good Reminder:** Medicare and Medicaid are two distinct programs with different goals. Work is being done to improve program alignment, but beneficiaries may need assistance understanding and accessing additional services/supports available through Medicaid.



Removing Barriers to Participation in the MDPP for People with Disabilities

Chris Mackey, National Center on Health, Physical Activity & Disability (NCHPAD) at the Lakeshore Foundation. Birmingham, AL.



Helpful Resources



Nearly half of all adults with disabilities get no aerobic physical activity.

They also have higher rates of obesity, smoking, diabetes, and other chronic conditions.

NCHPAD

- [Building Healthy Inclusive Communities](#)
- [Community Health Inclusion Index](#)
- [14 Weeks to a Healthier You!](#)
- [Online Training Modules \(including Prevent T2\)](#)

Other

- <http://committoinclusion.org/pushforyourhealth/>
- [9 Guidelines for Disability Inclusion](#)
- **A Good Reminder:** You don't have to do it all! Check what is available in your community.

Key Components to Consider in Program Design

Inclusion Domain	What This Means	How It Can Be Applied	Resources for Adapting MDPP Programs
Built Environment	Structural features that are built into the facility or landscape. "Consider more than just the building."	<ul style="list-style-type: none"> • Ramps • Permanent signage • Curb ramps or cuts • Parking lots • Counter height • Paths of travel 	<p>Prevent T2 for All:</p> <ul style="list-style-type: none"> • CDC-approved Adaptation of Prevent T2 Curriculum. • Adaptations embedded into participant and Lifestyle Coach materials. • Includes 13-page addendum to guide Lifestyle Coaches through inclusion process. • NCHPAD online learning management system at http://elearn.nchpad.org. • Online modules developed for existing National DPP Lifestyle Coaches only.
Instruction	Training & education techniques used to enhance learning for the staff or for the individual with a disability and their family members or caregivers.	<ul style="list-style-type: none"> • Webinars • Lunch and learns • In-service trainings • Seminars • Certificate programs • Disability education and etiquette 	
Services	Person-to-person or other assistance that increase participation.	<ul style="list-style-type: none"> • Accessible transportation 	



<p>Services (cont.)</p>	<p>Many services are legally required to be provided at no cost.</p>	<ul style="list-style-type: none"> • Disability representation in materials/ communication • Available assistance/ aid • Sign language interpreters 	<ul style="list-style-type: none"> • NCHPAD also offers a free information service on a wide variety of topics related to physical activity, health promotion, recreation, sports, leisure, nutrition, disability, and chronic health conditions.
<p>Equipment & Technology</p>	<p>Products or tools used to promote and allow for participation.</p> <p>Consider software or apps that can help create accessible websites, information, and other forms for communication.</p>	<ul style="list-style-type: none"> • Wheelchair accessible scales • Adapted cooking tools • Assisted listening devices or systems • Adapted exercise equipment (latex-free resistance bands or universally designed weight machines) 	<p><i>“The lack of disability knowledge or training among staff is one of the biggest barriers to successfully including people with disabilities.”</i></p> <p>A Couple of Good Reminders:</p> <p>Disabilities can be mobility-based, intellectual, cognitive, or sensory-based. Mental health needs should also be considered.</p> <p>Look at more than program content. Consider how to make things like physical activities, transportation, etc. more available and accessible to people with disabilities.</p>
<p>Policy</p>	<p>Laws, rules, regulations, protocols, and procedures designed to guide or influence behavior (e.g., Americans with Disabilities Act (ADA), Section 508 of the Rehabilitation Act).</p>	<ul style="list-style-type: none"> • Staff training requirements • Put people with disabilities in leadership • Regular accessibility checks • Budgeting for inclusion • Compliance with Web Content Accessibility Guidelines (WCAG) 	

Goal: Well-designed, inclusive, mixed-participant programs

Engaging Black Men to Adapt a Virtual National DPP

Paula Green-Smith, MA, Vice President Training at Black Women’s Health Imperative, President and CEO of Urban health Resource-Urban Health Outreach

Pete Rome, MS, Director of Workforce Development & Wellness Programming, Urban Health Resource-Urban Health Outreach (UHR-UHO)

Black men have more chronic conditions like heart disease, hypertension, and diabetes. It is critically important that we develop recruitment, engagement, and enrollment programs that support positive behavior change to get and keep Black men healthy.



The Black Women’s Health Imperative (BWHI) partnered with UHR-UHO to develop and implement a culturally tailored National DPP lifestyle change program *by* Black men and *for* Black men.

Key phases of the project include:

- **Phase 1:** Introduction and Planning
- **Phase 2:** Research, Content/Curriculum Development, and Public Community Feedback
- **Phase 3:** Curriculum Approval, Lifestyle Coach Training, and Onboarding
- **Phase 4:** Program Launch and Implementation
- **Phase 5:** Evaluation, Reporting, Celebration

Successfully engaging Black men requires:

- *Acknowledgement* of health issues
- *Understanding* how to address them
- *Integration* of culturally appropriate content
- *Accessibility* of programs and supports (e.g., online programs or apps)

Design the program to meet men where they are: barber shops, sports events, local churches, etc.

What makes this program different?

- Program development included collecting direct feedback from Black men on what program titles, content, and settings would draw them and increase participation (e.g., engaging in physical activity).
- Black male coaches deliver the program.
- Participants have opportunities to provide continuous feedback, which allows program administrators to adapt the program in real time and position it for long-term success.

When Black men change their behavior, they change their lifestyle. When they change their lifestyle, they change their life—which leads to healthier Black men, healthier families, and healthier communities.

- Paula Green-Smith, MA, Vice President Training, Black Women’s Health Imperative



Helpful Resources

Black Women’s Health Imperative & UHR-UHO

- [Men’s Room Diabetes Prevention Program \(DPP\)](#)
- [Black Women’s Health Imperative CYL² Program](#)

The Balm in Gilead

- [Southeast Diabetes Faith Initiative](#)

Reaching Men with the National DPP

Tanya Henderson, PhD, MBA, Director of the Southeast Diabetes Faith Initiative (SDFI), a program of the Balm in Gilead



Men's Cohort: Healthy Men of Omega

- Began May 2021. First all-male cohort
- 35 men, enough for 2 classes
- Majority were "line brothers," many were ex-military
- Results exceeded expectations!!!

Fun Fact:

Men were recruited from the Georgia State Organization, Omega Psi Phi Fraternity, Inc. Invitations were sent via Zoom. When opened, Zoom played "Atomic Dog" by George Clinton, which is the unofficial theme song for the Omega Psi Phi Fraternity.

Playing this song and integrating other aspects of the Omega Psi Phi Fraternity into the program helped build trust and increase retention.

Helpful to Know:

100 Black Men of America, Inc. issued a challenge to reduce and eliminate diabetes in the African American community.

Retention Activities

- Weekly Bingo
- Monthly food boxes provided by a community partner to Metro Atlanta Participants
- Incorporating 30 min of exercise into class time
- Weekly virtual workout with a personal trainer

Recruitment Ideas:

- Fraternities and sororities are a mobilizing force in the Black community. Many include a health-related initiative.
- Word of mouth is one of the best methods for recruitment.
- Meet people where they are (churches, men's organizations, golf courses, barber shops, etc.).
- First engage them in what they're interested in and then start to talk about health.
- Think about engaging the women in men's lives to help encourage their participation.
- Look for ways to foster a team spirit.

Additional Questions:

Dual Eligible:

- I'm not clear how there would be cost sharing for MDPP that could be covered by Medicaid.

If the person receives a service that requires the 20% cost sharing required by Medicare, Medicaid covers it.

Note: Federal law allows Medicaid to pay the lesser of the Medicare amount or the Medicaid amount. So, if Medicare reimburses at a higher rate than Medicaid, there is likely no cost-sharing to pay. If there are people in the lifestyle program who are not eligible for full Medicaid benefits, there would be no additional reimbursement beyond the cost-sharing (for QMBs) and no reimbursement from Medicaid for SLMB enrollees.

Prevent T2:

- Does the Prevent T2 For All require a different organization code?

To use PT2 for all you would ONLY need to be an existing Lifestyle Coach, take our online training modules at elearn.nchpad.org and then use our resources to recruit, retain, and provide programming to people with



disabilities. The aim is to provide the program inclusively, meaning people with and without disabilities together in the same program.

- **Can the Prevent T2 For All curriculum be used for a mixed group of participants?**

Yes! All our programs are intended to be inclusive, meaning people with and without disabilities together in the same cohort.

- **Does the adapted curriculum address delivery of the National DPP to include hearing or visually impaired participants using virtual platforms such as Teams or Zoom?**

Yes, it does broadly address this. More specific resources are also available from NCHPAD/Lakeshore that address providing virtual wellness programs. Zoom, Teams, and other virtual meeting services have their own unique accessibility features, and we'd encourage you to look those up as well.

Other:

- **Does CMS have any programs to help undocumented immigrants? We are identifying an extraordinary number of this population.**

Under the 1996 welfare reform (PRWORA), unauthorized immigrants are not considered "qualified aliens" and thus are not eligible for most federal benefits. There are specific exceptions to this general ineligibility rule, which allow unauthorized immigrants to receive some specific types of federal benefits, including treatment under Medicaid for emergency medical conditions only. However, these restrictions apply only to benefits that are funded or partially funded by the federal government.

Each state has the authority to affirmatively make unauthorized immigrants eligible for any benefits paid with state or local funds, and some states have done so. For example, California expanded full-scope Medicaid coverage (using state-only funds) to unauthorized immigrants ages 19-25 and over age 50. And in New York, individuals who are working are eligible for Healthy NY, a low-cost health insurance, regardless of immigration status. Here's a document that outlines resources available to unauthorized immigrants in New York:

<https://www.nyc.gov/html/records/pdf/govpub/moved/pubadvocate/PA002ImmigrantGuidewebv6.pdf>





MDPP Updates and Resources from CMS

About the MDPP Supplier Learning Series: The MDPP Supplier Learning Series is a partnership with the Centers for Medicare and Medicaid Services (CMS), the Centers for Disease Control and Prevention (CDC), and the National Association of Chronic Disease Directors (NACDD). NACDD implements the planning and facilitation of the series. Other stakeholders such as State Health Departments and the Medicare Administrative Contractors (MACs) may be invited to join the series as applicable.

- **Supplier Survey:** MDPP monitoring contractor Acumen will be reaching out to all MDPP suppliers to complete an online survey regarding supplier experience with the MDPP. All Acumen outreach will be conducted through the MDPP-monitoring-outreach@acumenllc.com inbox.
- **CY 2023 Payment rate update:** The current payment rates can be found at [here](#)
- **CMS Extends the MDPP Expanded Model's Public Health Emergency (PHE) Flexibilities:** As outlined in [a notice published in the Federal Register on April 28, 2023](#), CMS will allow all MDPP suppliers to continue to use specific MDPP COVID-19 PHE flexibilities, specifically the virtual delivery of the MDPP services, through December 31, 2023. Questions may be submitted through the [MDPP Supplier Support Portal](#). More information on the MDPP flexibilities allowed during the PHE can be found [here](#).
- **The Center for Medicare & Medicaid Innovation (the CMS Innovation Center) White Paper:** Last year, the CMS Innovation Center released a white paper detailing their strategy refresh that includes a goal for a health system that achieves equitable outcomes through high quality, affordable, person-centered care. Read the white paper [here](#).
- **Subscribe to the CMS MDPP listserv** [here](#).

Webinar recordings and additional resources: The recordings of the MDPP Supplier Learning Series call as well as other MDPP resources may be found on the [MDPP Implementation Resources](#) page on the National DPP Coverage Toolkit. Additional resources can be found on the and the [CMS MDPP webpage](#).

Interested in Umbrella Hub Arrangements (UHAs)? UHAs can connect MDPP suppliers with health care payment systems to pursue sustainable reimbursement for the National DPP.

- National DPP Coverage Toolkit – Sustainability – Umbrella Hub Arrangements: <https://coveragetoolkit.org/umbrella-hub-arrangements/>
- Umbrella Hub Organization MDPP supplier enrollment guide: <https://coveragetoolkit.org/wp-content/uploads/2022/10/UHO-MDPP-Supplier-Enrollment-Guide.pdf>

Interested in learning more about how the National DPP advances health equity?

- National DPP Coverage Toolkit – Sustainability – Health Equity: <https://coveragetoolkit.org/health-equity-and-the-national-dpp/>

Questions? Visit the Medicare Diabetes Prevention Program (MDPP) Supplier Support Center: <https://cmsorg.force.com/mdpp/>





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