2020

DISTANCE LEARNING TOOLKIT

DELIVERING THE NATIONAL DPP, MONTANA

Practical Guidance for Lifestyle Coaches Delivering the National Diabetes Prevention Program Remotely Through Audio & Visual Technology (Telehealth)

Public Health IN THE 406

MONTANA DPHHS

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Acknowledgements

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Key Contributors

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Definitions

National Diabetes Prevention Program (DPP)

The National DPP is a partnership of public and private organizations working to prevent or delay the onset of type 2 diabetes Centers for Disease Control and Prevention (CDC) National Diabetes Prevention Program. The centerpiece of the National DPP is the lifestyle change program which was scaled from the 2002 National Institutes of Health (NIH) DPP Study.[1] The NIH study showed that the lifestyle intervention could reduce a person's risk of developing type 2 diabetes by 58%. The lifestyle change program is an evidence-based, year-long, intensive lifestyle intervention delivered in a group setting. The program teaches skills to help participants change and maintain their physical activity levels and dietary habits with the overall goal of decreasing a person's risk for developing type 2 diabetes.

The CDC-Diabetes Prevention Recognition Program (DPRP) provides quality assurance for delivery of the lifestyle change program. Programs are required to submit data in accordance with the Standards for CDC Recognition to obtain preliminary or achieve full CDC recognition status.

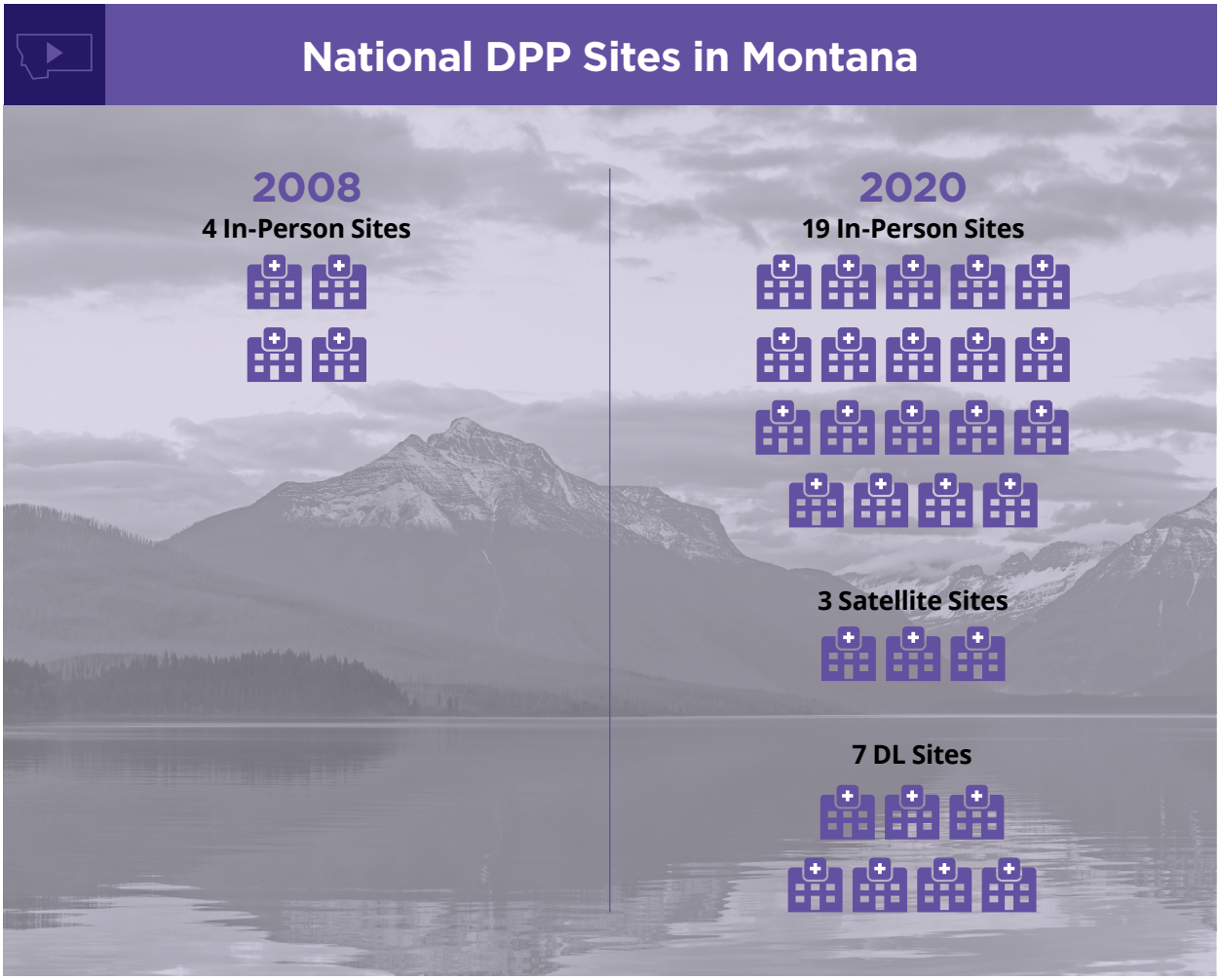
If the lifestyle change program is delivered via distance learning (DL), then programs must apply to DPRP selecting the "distance learning" delivery mode. Programs may only select one delivery mode per application. Therefore, a distance learning application must be submitted even if the program has already applied to DPRP for in-person delivery DPRP online application.

[1] *N Engl J Med* 2002; 346:393-403.

Delivering the National DPP in Montana

Montana is the 4th largest state in the U.S. As a rural state, Montana has a population of just over one million residents. Due to large distances between Montana towns, it can be difficult for people interested in participating in the National DPP to find a program within a reasonable driving distance.

Montana began in-person delivery of the lifestyle change program in 2008 through four sites in four different locations around the state. As of January 2020, Montana delivers the program through 19 in-person locations, three satellite sites, and seven distance learning (DL) sites. In the past 12 years, with all delivery modes combined, over 12,000 Montanans at risk for type 2 diabetes have participated in the National DPP lifestyle change program. Montana has found that delivering the lifestyle change program via DL to be a successful strategy for increasing access to the program for rural and frontier communities.



Definition of Distance Learning Delivery of the National DDP

All program sessions are delivered by a lifestyle coach (LSC) from one location. The LSC interacts with participants from another location in real-time via audio and visual technologies.

The goal of this distance learning toolkit is to provide LSCs practical guidance for start-up and delivery of the National DPP lifestyle change program using a DL format.

Implications of Using Distance Learning to Deliver the National DPP

Increases geographic access to the DPP[2]

Increases access to the DPP in remote and rural areas where there can be a shortage of team-based obesity, diabetes and self-management support services[2, 3]

Allows for a greater number of participants at the same time[2]

Improves cost effectiveness of delivering the DPP[2]

Reduces participant travel cost. On average, DL participants saved approximately $37 in travel-related costs per session by not traveling to the onsite program. A participant that attended all 22 sessions of the intervention would have saved approximately $810 in total travel costs.[2,4]

[2] Vadheim L, Patch K, Brokaw S, et al. Telehealth delivery of the diabetes prevention program to rural communities. Transl Behav Med, 2017; 7(2):286-291.

[3] Ciemins EL, Coon PJ, Coombs NC, et al. Intent-to-treat analysis of a simultaneous multisite telehealth diabetes prevention program. BMJ Open Diab Res Care 2018;6:e000515. doi:10.1136/bmjdrc-2018-000515.

[4] Carpenedo D, Brokaw S, Tysk S, et al. Telehealth Delivery of the Diabetes Prevention Program (DPP) to Rural Communities. ADA Scientific Sessions Poster 2017, San Diego, CA.

Gaining Perspective on Delivering The National DPP via Distance Learning

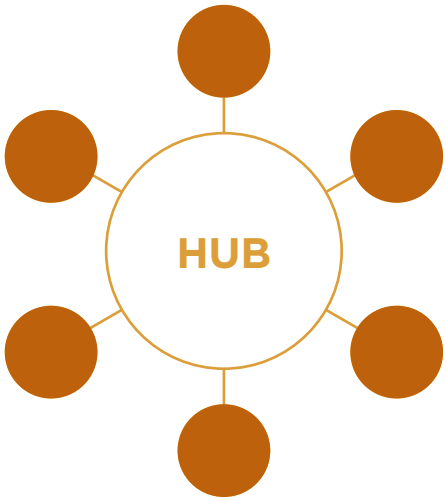
Lifestyle Coach Perspective (Appendix C)

- **All Montana National DPP LSCs who have expanded to DL delivery already have well established in-person programs.** The experience acquired from delivering the program in an in-person setting first can be beneficial for starting a remote program. However, it is not required.
- **Lifestyle coaches often choose to expand to distance learning delivery** because of the need for programs like the National DPP in rural settings.
- **Lifestyle coaches may have previous work experience** (i.e., delivering Diabetes Self-Management Education and Support (DSMES) in the remote community they select to deliver the National DPP.

- **Previous work experience in a rural community** can act as a catalyst for building relationships with local providers, facilities and other resources to support a DL National DPP site.
- **At times, a coach may feel less connected** to the DL participants compared to on-site participants. It can be difficult to see faces clearly on camera making it difficult to recognize participants.
- One strategy to overcome a feeling of disconnect with DL participants is for the LSC to **travel to the remote sites a few times a year**—at the beginning for the intake process, after the first 16 sessions and towards the end of the program.
- **All LSCs note the importance of the distance learning site coordinator (see page 8)** for the success of DL delivery. Ideally, the designated DL site coordinator will be highly engaged with the program; helping to promote the program in the community and encourage group discussions during sessions.

Business Perspective (Appendix C)

- **Organization's administration at the on-site and DL locations** have been found to be supportive of DL expansion of the National DPP.
- **Organization's administration at the on-site location views DL delivery of the National DPP as a way to build relationships** with smaller hospitals and clinics in what can be a very competitive healthcare market.
- **Hospital boards can be concerned with what their hospital or clinics are doing to help the community and DL programs** provide a health service to communities that otherwise may not have the staff and services to offer this type of program.
- Administrators often like the idea of **expanding on their pre-existing telehealth services**.



- **Healthcare organizations with a large rural network can act as a "hub" that delivers the program to multiple rural sites via DL.** This hub and spoke model may be a more cost-effective way to provide the program to at-risk patients in rural clinics than hiring staff to deliver in-person services at multiple rural sites.
- **Sometimes initial buy-in at a DL site can be a challenge**—the DL site may question what it will require of them. One solution could be to ask administration at both the DL and on-site locations to discuss the potential benefits of hosting a DL lifestyle change program. Upper-level administrators are usually supportive of DL for all the reasons mentioned above.
- **Distance learning sites may be persuaded to host the program by explaining it will come at no cost to them** and they may receive payment for space rental and a DL site coordinator salary.

Staffing

Trained Lifestyle Coaches

All Montana delivery of the National DPP lifestyle change program is facilitated by coaches who have been trained by a Master Trainer from one of CDC's approved training organizations to use a CDC-approved curriculum to deliver the program.

In addition to the two-day lifestyle coach training, coaches in Montana are also required to have formal training or education such as a degree and/or professional certification or credentials from a nationally recognized organization in health, nutrition or exercise, i.e., CDCES, ACSM, RN, etc.

Distance Learning Site Coordinators

An integral component to successful telehealth delivery is placement of a site coordinator at the distance learning location. The distance learning site coordinator does not need special training or certifications because they do not facilitate sessions; that is the responsibility of the lifestyle coach. Some distance learning site coordinators will only perform the minimal duties such as prepping the room and technology. Ideally, a distance learning site coordinator will connect with participants to help with group cohesion and encourage discussion. Distance learning site coordinators may also help promote the program in their communities.

Planning a New Distance Learning Class

Lifestyle Coach Responsibilities

- ❑ **Select a community (i.e., rural), population (i.e. migrant workers) or environment (i.e., university)** and identify the need for delivery of the National DPP lifestyle change program.
- ❑ **Establish a referral network** by recruiting 1-3 champion providers who commit to referring to the program. Establish a system for providers to refer to the LSC's lifestyle change program via fax, electronic health records or phone.
- ❑ **Identify other potential local referral sources** (i.e., local gym), as well as local advertising avenues (i.e., health fairs).
- ❑ Enlist a **distance learning site coordinator.**
- ❑ **Determine which delivery style will be the best fit** for coach, participants, available resources and environment (Appendix A).
- ❑ **Select technology according to available resources**, Wi-Fi connectivity, bandwidth, delivery style, budget, IT support and desired features (i.e., videoconferencing with white board, raise hands, chat box, etc.) (Appendix B).
- ❑ **Identify and reserve a location** within the DL community where a room and appropriate technology will be available for the full 12 months of the program (clinic, health department, community library conference room).
- ❑ **Determine if there will be access** to a printer/copier, fax machine, in-house IT staff or other resources the LSC and distance learning site coordinator will need to deliver the program.
- ❑ **Contact potential DPP enrollees** referred to the program and schedule a time to meet for an intake session. Ideally, the coach travels to the DL site to conduct intake sessions (or one group session zero) face-to-face.
- ❑ **Provide distance learning site coordinator program materials** that need to be given to participants during the first few sessions (curriculum binders, trackers, Calorie King books, etc.).
- ❑ **Develop a back-up protocol** with distance learning site coordinator to use in the event of technology problems. For example, the distance learning site coordinator can bring a hard copy of slides the LSC will share during the session. In the event the video connection is lost, the material can be viewed with hard copies.

Distance Learning Site Coordinator Responsibilities

- ❑ **Promote the program in the community** through word of mouth, flyers or other strategies identified by the LSC and distance learning site coordinator.
- ❑ **Work with LSC** to develop a backup plan in the event of technology problems (sharing cell phone and landline numbers, having hard copies of presentations on hand).

Preparation Prior to Start of Session

Lifestyle Coach Responsibilities

- ❑ **Email distance learning site coordinator the handouts** they need to provide to participants for that week/month's session.
- ❑ **Participant tracking logs** need to be sent back to the distance learning site coordinator in time to be returned to participants by next session.
- ❑ **Turn on technology at the coach's site** 30 minutes before class to allow time to address any potential tech problems.
- ❑ If delivering simultaneously with an in-person cohort, **prepare the room for the in-person participants**.

Distance Learning Site Coordinator Responsibilities

- ❑ **Recommend arriving at least 30 minutes prior** to the start of the session to prepare the room and technology. It is recommended to **turn on the technology 30 minutes prior to the start of the session** to allow for IT support in the event of technology problems.
- ❑ **Arrange furniture in the room** so DL site participants can see the lifestyle coach on the monitor and the camera is arranged so that it captures all participants at the DL site for the lifestyle coach to see in their monitor.

Responsibilities During Session

Lifestyle Coach

- ❑ Collect weight from each onsite participant (when delivering simultaneously with DL site).
- ❑ If delivering simultaneously, explain to both in-person and DL participants how group discussions will flow within and between groups. Introduce the technology to both groups. Ask participants to share their levels of experience and knowledge engaging with audio and visual technology. The goal is to make people feel comfortable with a process that may not be familiar to them.
- ❑ Remember your LSC training—many of the facilitation strategies used during in-person delivery will also be effective for DL groups, such as using round robin and open questioning methods.
- ❑ Add variety to the program delivery by incorporating different methods, such as sharing videos or slides and using the white board or breakout room features in the video platforms.
- ❑ Instruct the distance learning site coordinator on any visuals that will be used during the session (food models, food labels).
- ❑ Deliver session material.

➢ Tips for facilitating sessions simultaneously to in-person and DL sites.

- ❑ Prior to starting a session, engage the distance learning site coordinator or participants by name and ask if they are ready to begin.
- ❑ Address the DL participants by name. This may help foster engagement.
- ❑ Place the camera to capture the coach and any PowerPoint presentations so the DL site feels included in the visual and verbal explanations.
- ❑ Occasionally, allow the DL site time to discuss some points among themselves. This may engage more DL participants in discussions. After a few minutes, the coach can reconvene both groups and encourage sharing between participants from the onsite and DL groups.
- ❑ Discourage the DL site from engaging in side-bar conversations unless directed to do so by the coach.
- ❑ Coordinate events like food tastings between in-person and DL sites so both groups enjoy the same experiences.

Distance Learning Site Coordinator

- ❑ At the first session, give a brief introduction to the technology. Point out the camera, microphone or phone that DL participants will need to engage with to communicate with coach.
- ❑ Collect and record the weight for each DL participant in their tracking log, or the weight can be recorded in a separate log to be sent to the coach. Decide on one method that will communicate weights to the coach in a consistent and timely manner.
- ❑ Collect the past week's trackers from participants and mail/email/fax food tracking logs to the LSC.
- ❑ Distribute any handouts and past week or month's tracking logs to participants.

Not all distance learning site coordinators are present for the entire session. Ideally, the distance learning site coordinator will be present at all sessions for the entirety of each session. If this is possible, then the site coordinator will be responsible for the following duties:

- ❑ Build rapport with DL participants to help create a cohesive group.
- ❑ Encourage group discussions among the DL group.
- ❑ Display visuals to the DL group that the lifestyle coach will be showing at the onsite location such, as food models, books, handouts, etc.

Responsibilities After Session is Over

Lifestyle Coach

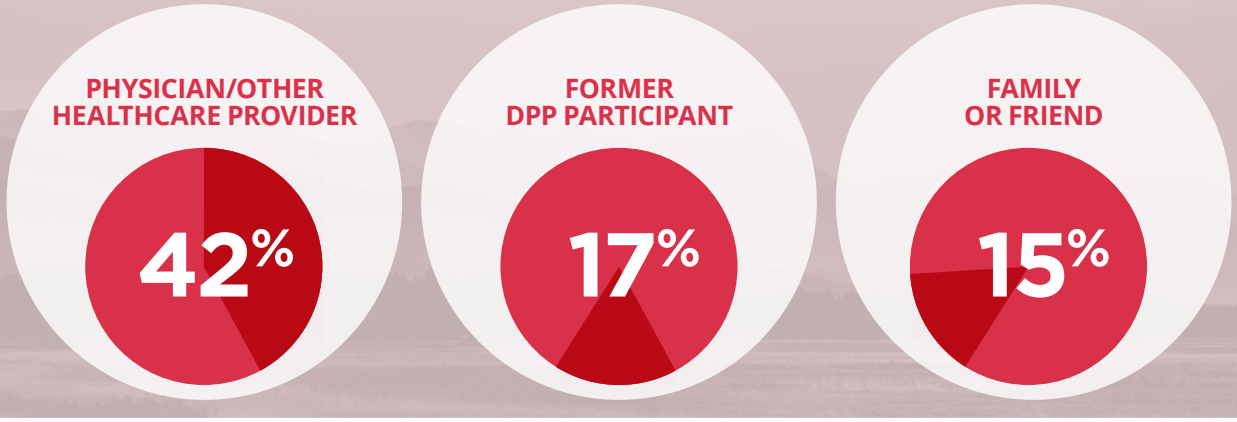
- ❑ **Respond to any additional questions** from in-person or DL participants.
- ❑ This could be a good time to **arrange any individual calls or meetings** with DL participants who are requesting additional one-on-one with the coach.
- ❑ **Turn off technology** at the LSC location.
- ❑ **Enter participants' outcomes** in the database.

Distance Learning Site Coordinator

- ❑ **Power down technology** at the DL site.
- ❑ **Gather any additional questions** from the DL participants to forward to coach.
- ❑ **Return furniture and other equipment to the original** position and lock the room if necessary.
- ❑ **Mail, fax or email tracking logs** to the LSC per agreed timeline.

Recruiting Strategies for Distance Learning Participants

In rural areas, word-of-mouth is very powerful. **Ask participants to tell friends and family about the program.** In Montana, the top three referral sources are; [5]



- Social media
- Flyers in local clinics, food banks, senior centers, health department, CHCs, public library, grocery stores and other areas with heavy foot traffic
- The local newspaper (or free publications)
- Radio
- Local health fairs or screenings—look for opportunities to administer the Prediabetes Risk Test
- Is the site coordinator available to assist with any of the above recruiting strategies?

[5] National Diabetes Prevention Program, Montana Diabetes Program, 2017-2018

Payor Coverage

- **Montana Medicaid**

  The National DPP is offered as a covered service to beneficiaries for both in-person or distance learning delivery. Montana Medicaid is direct fee for service and will pay $29.10 per individual per group session attended.

  - Organizations bill using the 0403T code using the appropriate National Provider Identifier (NPI) number and corresponding claim form.
  - Appendix D – Montana Medicaid claim submission guidance for the National DPP.
  - Appendix E – Montana Medicaid DPP Provider Notice.
- Visit NACDD's Coverage Toolkit for an extensive review of payors and the National DPP https://coveragetoolkit.org/
- **Medicare**

  In response to the COVID-19 crisis, Medicare has agreed to allow coverage of the Medicare Diabetes Prevention Program (MDPP) delivered via remote technologies where previously distance learning was not covered. At this time, coverage for remote delivery of the MDPP is considered temporary.
- **Employers**

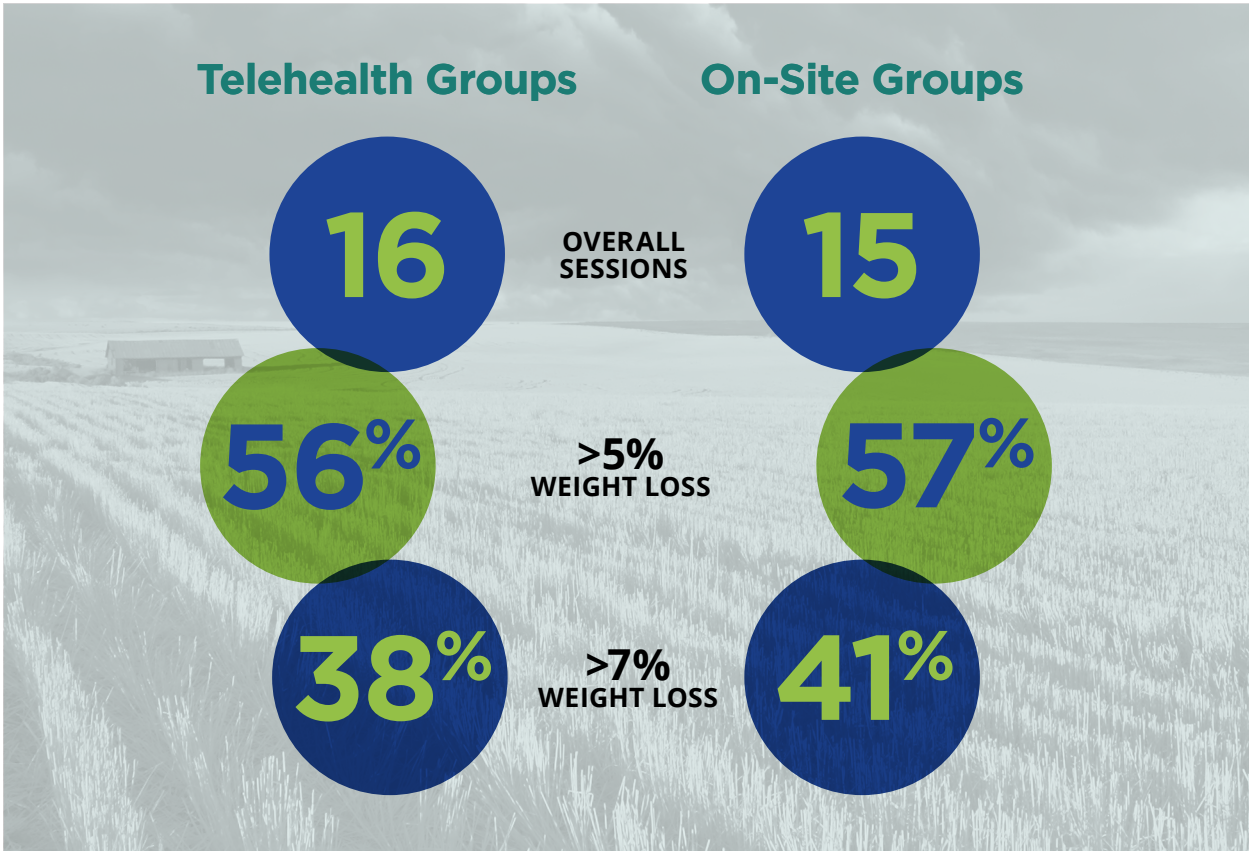
  Some employers offer the National DPP as a covered benefit for employees. Some employers incentivize employee participation in the National DPP. Check with local employers for potential coverage or incentives for their employees that participate in the National DPP.

Distance Learning and the National DPP Participant Outcomes

Since 2009, the National DPP telehealth enrollees account for about 5% of all Montana enrollees. Over the years, the Montana Diabetes Program (MDP) analyzed the National DPP outcomes data pertaining to remote participation. In both publications, the results showed that there were no statistically significant differences in outcomes such as weekly, monthly or overall attendance **(average of 16 overall sessions at telehealth sites vs. 15 at on-site)**.

There were no significant differences in the mean weight loss or reduction in BMI between the telehealth and the on-site groups.[2,6] No statistically significant differences were found in the percentage of telehealth or on-site participants who achieved ≥5% weight loss **(56% vs. 57%)** or the 7% weight loss goal **(38% vs. 41%)**.

There were also no statistically significant differences in mean minutes of weekly physical activity or the percentage of participants in the on-site or telehealth groups who achieved the physical activity goal of ≥150 minutes of moderate physical activity per week **(average of 167 minutes/ week for telehealth vs. 182 minutes/week for on-site)**.



Distance Learning Participant Experience

To evaluate the participant experience via DL in the National DPP, the Montana Diabetes Program (MDP) sent out an electronic survey via Survey Monkey to the Montana DPP DL participants between November 2018 and January 2019. The short multiple-choice questionnaire was emailed to those who completed the program or were still enrolled in the DPP. The response rate was 22% (n=11).

The survey results showed the DPP DL participants:

- ❑ All were motivated by the lifestyle coach and classmates to achieve the DPP goals.
- ❑ All felt their personal information was kept confidential.
- ❑ Almost all were satisfied participating in class remotely.
- ❑ The majority of the participants connected with the lifestyle coach during the virtual sessions.
- ❑ The top two reasons for not traveling to in-person DPP class were; a) the distance was too far; and b) the preference of taking the class with people from their own communities. However, four out of 11 participants said they would travel to in-person DPP class if DL class was not available in their communities.

In addition to multiple choice questions, participants had the opportunity to provide written feedback. One of the participants said,

"Attending our class in our city was convenient for us. In another city it would not have been convenient, and weather could have been a factor attending out of town anyway."

Another participant wrote,

"It was often difficult to hear technology/video, especially questions, answers and conversations at the other site. Because the video took up all the time, we didn't really have much of a chance to talk with others at our own site."

[2] Vadheim L, Patch K, Brokaw SM, Carpenedo D, Butcher MK, Helgerson SD, Harwell TS. Telehealth delivery of the diabetes prevention program to rural communities. *Translational Behavioral Medicine* 2017;7(2):286–291. https://www.ncbi.nlm.nih.gov/pubmed/28417426

[6] Vadheim L, McPherson C, Kassner DR, Vanderwood KK, Butcher MK, Helgerson SD, Harwell TS. Adapted diabetes prevention program lifestyle intervention can be effectively delivered through telehealth. *Diabetes Education 2010; 36(4): 651-6.* https://www.ncbi.nlm.nih.gov/pubmed/20534873

Resources for Delivering the National DPP via Distance Learning

1. **Resources for Telehealth Delivery of the National DPP – Virginia Center for Diabetes Prevention and Education**
   - Multiple webinars on using telehealth technology to deliver the National DPP.
   - Tips for quick transition from in-person to distance learning due to COVID-19 public health emergency.
   - Explaining the difference between online and distance learning.
   - Delivery tips for distance learning.
   - PowerPoint 26-slide deck of the Prevent T2 curriculum to send to participants.

2. **A CDC Guide for Using Telehealth Technologies in DSMES and the National DPP**
   - Overview of various technologies that can be used to deliver distance learning.

3. **National Consortium of Telehealth Resource Centers**
   - A collaborative of 12 regional and two national Telehealth Resource Centers that are committed to the advancement and accessibility of telehealth in rural communities, Federally Qualified Health Centers and Rural Health Clinics. Federally funded by the Health Resources and Services Administration (HRSA), services are generally free of charge. Reach out for technical assistance, education and information on telehealth networks in your region.

4. **Using Telehealth to Deliver Diabetes Prevention Programs.** A webinar by HRSA, Montana DPHHS, and Florida Health https://hrsaseminar.adobeconnect.com/p5q04041jj7/?proto=true
   - A webinar for clinicians and administrators interested in reaching people with prediabetes in rural and frontier areas.

5. **Lifestyle Change from Home!**
   - Diabetes Training and Technical Assistance Center (DTTAC) participant handouts of strategies to support lifestyle changes in the home.

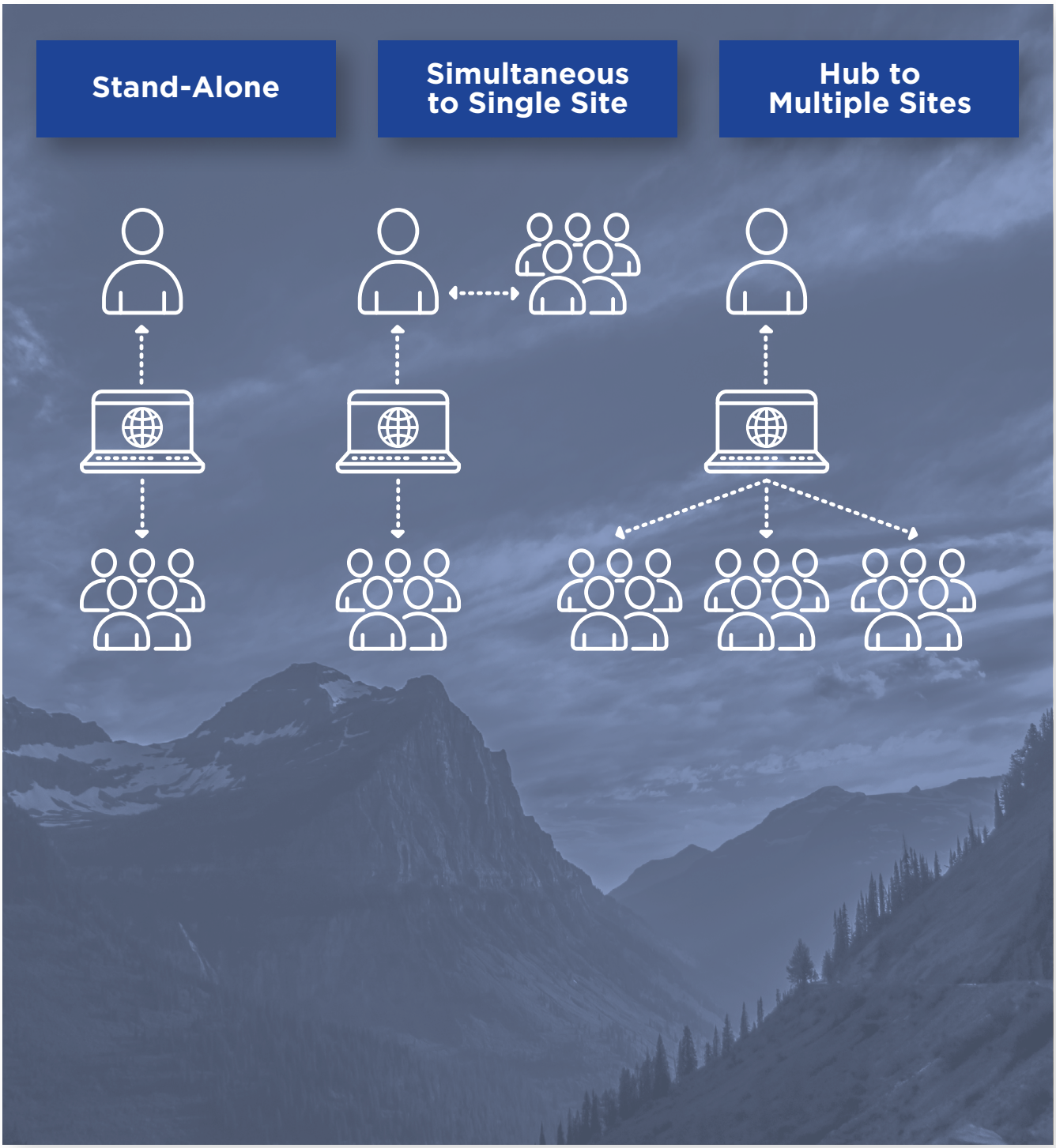
6. **Distance Learning Tips for National DPP Sessions**
    - DTTAC facilitation strategies for lifestyle coaches delivering the National DPP virtually.

7. **Technology Tips for Virtual Facilitation of National DPP Sessions**
    - DTTAC tips for determining technology needs and using different technology features.

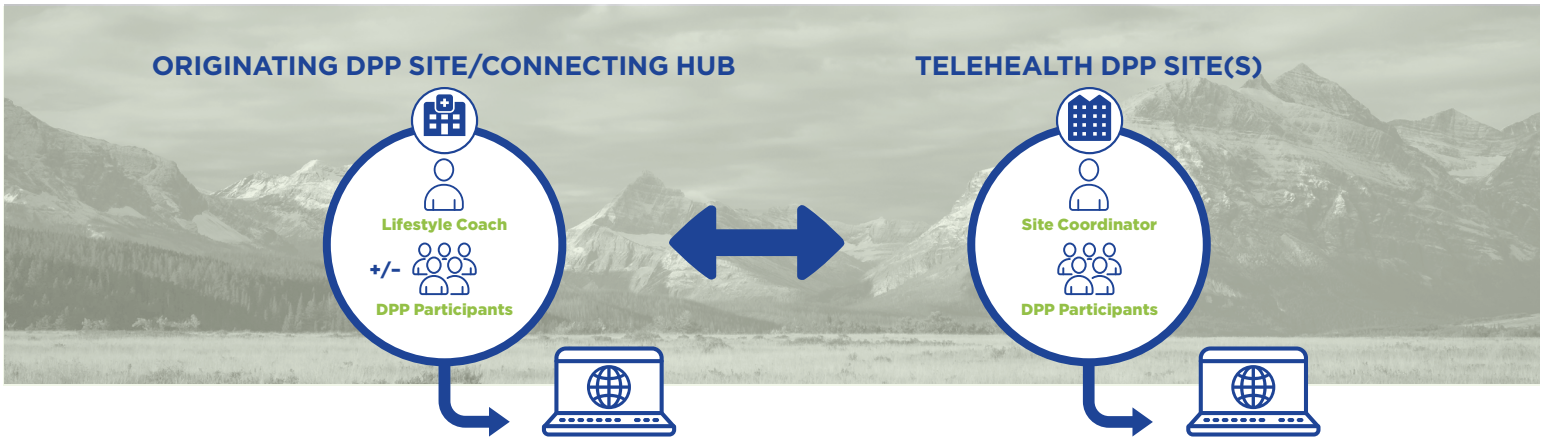
8. **DTTAC Dialogue from a Distance — webinar**
    - In response to COVID-19, DTTAC developed a webinar to provide coaches with tips on how to deliver the National DPP through distance learning. There is no in-depth technology training or guidance provided in this webinar.

9. **Mountain Pacific Quality Health — Telehealth Services Support**
    - Telehealth outpatient during COVID-19, telehealth checklist.

APPENDIX A
Distance Learning Delivery Styles



APPENDIX B
Technology



1 METHOD WebEx

Other Methods:
- Adobe Connect
- GoToMeeting
- Google Hangouts
- Skype for Business
- Zoom

WebEx Setup

Technology
Computer with a camera & a speaker
Internet connection
Email account
Recording capability for make-up sessions

IT Time Investment and Support
Up to 2 hrs. initial set up
24 hr. WebEx phone support
IT staff not required during DPP session

Security and Privacy
HIPAA compliant if signed Business Associate Agreement with Cisco WebEx for Healthcare
May need to go through firewall depending on the network

Cost
$228/year reaching up to 8 locations at once

As of 2020. Prices vary by package subscription.

WebEx Access

Technology
Desktop/laptop computer, smart phone, or a tablet with a camera, mic & speaker
Projector/TV to show on a bigger screen Internet connection
Email account
Recording capability for make-up sessions

IT Time Investment and Support
Instant access to WebEx link
24 hr. WebEx phone support
IT staff not required during DPP session

Security and Privacy
HIPAA compliant if signed Business Associate Agreement with Cisco WebEx for Healthcare
May need to go through firewall depending on the network

Cost
Free

2 METHOD Polycom

Polycom Setup

Technology
Polycom video conferencing system
Works best on dedicated network broadband secure connection pipe but can use internet
No recording capability but possible with an external recording system

IT Time Investment and Support
3-4 hrs. initial set up
IT staff not required during DPP session

Security and Privacy
HIPAA compliant
May need to go through firewall if using public connection

Cost
Between $5K-$8K initial set up
Needs bridge unit to connect to multiple locations at once. Up to $2K to connect to 4 locations

Polycom Access

Technology
Polycom video conferencing system
Works best on dedicated network broadband secure connection pipe but can use internet
No recording capability but possible with an external recording system

IT Time Investment and Support
IT staff not required during DPP session

Security and Privacy
HIPAA compliant
May need to go through firewall if using public connection

Cost
Flat membership fee up to $175/month if outside of the telehealth network

Montana Medicaid DPP telehealth billing code: 0403T

APPENDIX C
Lifestyle Coach Interviews

1. **Tell me about the way you choose to deliver your telehealth sessions.**
    - How do the telehealth sessions compare with your in-person sessions? What is the same about the two formats, and what is different?
    - How are the telehealth sessions scheduled? For example, do they occur in conjunction with your in-person sessions, or do you host them separately?

2. **Tell me about your experience coaching telehealth sessions.**
    - What are the similarities to in-person coaching? What are the differences?
    - What limitations do you experience when coaching via telehealth, if any?
    - What do you recommend when coaching via telehealth to help participants stay engaged? For example, do you feel comfortable reaching out individually to telehealth participants?
    - What can you tell me about the relationship between yourself and your participants in a telehealth setting? For example, do you feel as connected to your participants and their experiences as you do with in-person participants?

3. **Tell me about what's working well, in your opinion, with your telehealth sessions.**
    - What do you think you would need or want in order to continue feeling successful?

4. **Tell me about the way your management or coordinator interacts with the telehealth process.**
    - What is particularly important for management to consider, in your opinion, as a lifestyle coach?
    - What do you and management consider when making a business case for expanding to telehealth?

APPENDIX D
Montana Medicaid General Claim Submission Instructions

MONTANA MEDICAID PROVIDER INFORMATION

When the patient has Medicare as the primary insurer and Medicaid as secondary:

Special Instructions

Scenario #1: The provider knows Medicare will deny the DPP service because the patient does not have Medicare "B" OR because the provider is not an eligible Medicare DPP provider:

- Bill Medicare with a Medicare covered code. I suggest you always use the G9873 code since all you are looking for is the expected denial.
- Bill Medicare in a timely manner so the processing and receipt of the Medicare denial does not squeeze the 365-day timely filing limit for Medicaid claims.
- Receive the denial from Medicare and then bill Medicaid using the 0403T code and include the proof of denial from Medicare.
    - o If the member is on Passport, include the Passport provider or Passport referral number on the claim.
        - ✓ If the claim is otherwise correct, this should qualify the provider to receive the Medicaid allowable reimbursement.
            - ➢ The Medicaid allowable reimbursement would be $29.10.

Scenario #2: The provider believes Medicare will pay for the Medicare DPP service:

- Bill Medicare with the corresponding Medicare codes for the service delivered.
    - o Most paying claims submitted to Medicare will automatically crossover to Medicaid for processing.
    - o If the member is on Passport, the automatically crossed over claim may deny because of missing Passport number. IF this happens, submit the Medicaid claim directly and include the Passport provider or Passport referral number on the claim.
        - If the claim does not automatically cross over, the provider can bill to Medicaid electronically and include the Medicare payment information on the claim (including the Passport number if applicable) or drop to paper and include the EOB.
            - ✓ If the claim is otherwise correct, this should qualify the provider to receive the Medicaid allowable reimbursement.
                - ➢ The Medicaid allowable reimbursement would be:

A) The combined Medicare deductible and coinsurance; OR

B) The amount of Medicaid allowable that is above the amount Medicare paid for the service, **whichever is the smallest amount.**

1) Since 9 of the 15 Medicare payable codes pay at a higher rate than Medicaid's $29.10 reimbursement, it is likely most of these claims to Medicaid will pay at $0 or simply deny — which would be the same net result.

2) If the claim is for any of the 6 Medicare codes that pay less than $29.10 per service, then the claim would deny. The provider would be owed the smaller of either the combined Medicare deductible and coinsurance OR the amount of Medicaid allowable that's above the amount Medicare paid for the service. If the provider alerts the Medicaid liaison of the denial (Linda Skiles-Hadduck: (406) 444-6868 or lskiles-hadduck@mt.gov), she will then hand work the claim and achieve resolution.

Scenario #3: Participant does not qualify under Medicare DPP but does qualify under Montana Medicaid:

- Send paper claim to Medicaid Liaison with short explanation attached why unable to bill Medicare first to get denial and liaison will force the claim through. Keep a paper copy for your reference. If the participant continues in the program, additional paper claims will need to be sent.

Beneficiaries Rotating On and Off Medicaid Coverage:

If a provider bills Medicaid for a date of service that the patient is non-covered, they will not be reimbursed for the service. The claim will be denied. Additionally, if the provider accepts the patient as a Medicaid patient, and bills Medicaid, and Medicaid denies the claim because the patient is no longer covered, then the provider is prohibited (by the Administrative Rules of Montana [Arm 37.85.406] from billing the patient for the service.

1. At the beginning of each month, the provider should check the provider portal for each patient they understand to be covered under Medicaid to ensure that the Medicaid coverage is still active. Having a Medicaid card is not proof of coverage. The portal display is for one month at a time and there are no partial months of coverage. A person is either covered or not at the beginning of each month.
2. If the coverage had ended, then the provider should inform the patient in writing that they believe Medicaid will not cover the session and have the patient sign and date a form stating it is understood this is expected to be a private pay service and what the cost will be. This cost will depend on the best option for the Program or the client (i.e. prorate the remaining classes to the Medicaid covered rate (N x $29.10) or charge the usual and customary participant fee). This is called an advanced beneficiary notice (ABN). Then, if the patient insists they bill Medicaid anyway, this ABN releases the provider from the prohibition to bill the patient upon the Medicaid claim denial.
   Note: The form must be signed BEFORE each class is provided to be valid.

The DPP provider program itself (the licensed/trained health care professional) may not have access to the provider portal but the sponsoring health care provider organization (Physician's office, Hospital, FQHC, Clinic, Health Dept, etc.) will have access.

Recommendation – providers make up a brief ABN form to have on hand. It is not permitted to make everyone on Medicaid sign the ABN, that practice could nullify the ABN. It should be used when the patient believes he/she has Medicaid coverage but:

1. The provider believes the service to be provided will not be covered under the active Medicaid plan; or
2. The provider believes the patient is not covered for the service to be provided

General Medicaid Claim Submissions:

- Providers may submit Medicaid claims for $29.10 per session per beneficiary, even if providers are not billing other insurances.
- If the provider charges more than the Medicaid rate, they can include their rate on the claim, but payment will be only up to the Medicaid rate
- If the provider charges less than the Medicaid rate, they should include their rate on the claim, and we will pay the lesser amount.
- Per Administrative Rule, providers cannot treat Medicaid members (in this case, those taking the DPP instruction) differently than any other patients/clients receiving the same service. Medicaid members and non-Medicaid members must receive the same service quality.
    - The DPP Provider program should bill all Medicaid members their usual and customary charge. Providers can offer a discount for those that are self-pay to discount the price of the program to their usual participation fee. This fee can be charged at Session 1 of the DPP while Medicaid members can be billed per session they attend at the facility's usual and customary rate. Charging a one-time participation fee to those without insurance coverage does not indicate an unfair or unequal treatment of the Medicaid members.

APPENDIX E
Montana Medicaid DPP Provider Notice

Outpatient Hospital, Physician, Nutritionist/Dietician, Mid-Level, RHC, FQHC, HIS, Public Health Clinic, and Critical Access Hospital Providers

Effective November 13, 2018, payment for DPP services coded under 0403T (the new code effective September 1, 2018) have been finalized. If you submitted a DPP claim with date of service 09/01/18 or after, and the claim was denied, please resubmit for reconsideration.

DPP is an evidence based, year-long, intensive lifestyle behavior change program delivered in a group setting using a CDC approved curriculum. It teaches participants skills to help change and maintain physical activity levels and dietary habits with the overall goals of weight loss and decreased risk for developing type 2 diabetes. Sessions will be conducted by a trained lifestyle coach and delivered live, either face-to-face or via telehealth, for a minimum of 60 minutes per session.

DPP providers must follow criteria set by the Department and have an agreement with Public Health and Safety to be reimbursed. This service will reimburse at $29.10 per individual per group session attended.

Contact Information

Public Health & Safety Division 406-444-0593.

For additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email MTPRHelpdesk@conduent.com.

Visit the Montana Healthcare Programs Provider Information https://medicaidprovider.mt.gov.

Special thanks to the Montana Lifestyle Coaches; Liane Vadheim, Leslie Coates, Ida Reighard and Holly McCamant for their contributions to this document and their on-going efforts to increase accessibility to the lifestyle change program in Montana via distance learning.

"I learned so much from this program and I feel a light has been turned on for how I will continue in the future with healthier living choices. I also liked everyone in the group and I will miss meeting with them."

— Former National DPP telehealth participant