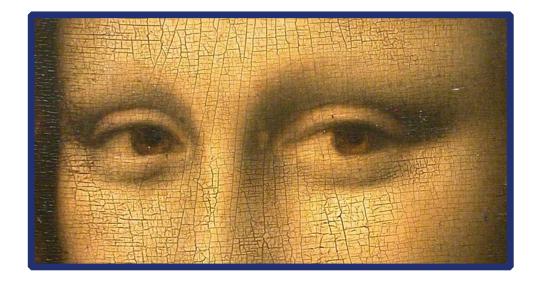


It's In The Details



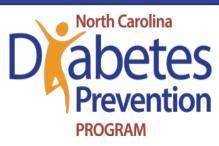
January 25, 2017

Sharon Jackson, MPA Diabetes Prevention Specialist N.C. Division of Public Health

Welcome

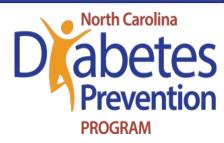
Housekeeping:





- Please keep your audio/ phone on mute to reduce background noises
- Questions during the webinar maybe typed into the chat box and will be addressed at the end of the webinar
- Questions or requests for more information after the webinar, please contact <u>sharon.r.jackson@dhhs.nc.gov</u> or 919-707-5372
- This webinar will be recorded

Disclaimer



• This presentation was current at the time it was presented or uploaded on the web. The Diabetes Prevention Program is changing rapidly in the nation and especially in North Carolina. We update all information regarding the program as we receive it.



Targets

- State Health Plan Invoice
- Vendor Agreement
- Data Reporting and Requirements



Invoice Updates

Changes:

- Format: PDF to Excel
- Invoice Contact
- Phase I Payment statement

abeles Preventi	on Program Billin	g statement	North Carolina
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Address 2			Preventio
City, State, Zip Code			PROCRAM
Phone Number			PROGRAM
Phase 1 x	Phase 2		
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North Carolina Public Heal	th Foundation		
	cal Connections for Preventi	ion and Health (CCCPH Br	anch)
Raleigh, NC 27699-1915 SEND VIA EMAIL TO SHA	RON JACKSON: sharon.r.jac	ckson@dhhs.nc.gov	
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T. 10			
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Invoice Updates

Changes:

New Action: Sites that services SHP members will now only submit one invoice after the 1st class of Phase II.

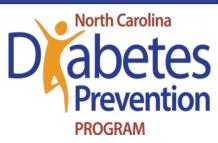
DPH will prepare each site's Phase I invoice based on enrollment between the $3^{rd} - 5^{th}$ week after the class start date with the exception of classes that are is cancelled.

Rational: Since Phase 1 payment is now based on enrollment, no Phase 1 site invoice is need.

			North Carolina
Date			Dele ata
Name of Organization			Dabete
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Address 2			Preventio
City, State, Zip Code			
Phone Number			PROGRAM
Phase 1 X	Phase 2		
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	al Connections for Prevention	and Health (CCCPH Bra	unch)
Raleigh, NC 27699-1915	a connections for Frevention	una ricatti (CCCFII Dia	incity
	ON JACKSON: sharon.r.jacks	on@dhhs.nc.gov	
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Vendor Agreement Update

Phase I Payment



Old

1. Vendor agrees to accept a maximum payment of \$429.00 per verified member of the NC State Health Plan who enrolls and completes the CDC-recognized Diabetes Prevention Program. Payment will be made in two installments:

i. An initial payment of \$219.00 per verified member will be disbursed via check by NCPHF to Vendor after Week 3 of phase 1 of the program. Vendor should notify the CCCPH Branch after the member attends three classes to initiate disbursement of the initial payment.

New

1. Vendor agrees to accept a maximum payment of \$429.00 per verified member of the NC State Health Plan who enrolls and completes the CDC-recognized Diabetes Prevention Program. Payment will be made in two installments:

i. An initial payment of \$219.00 per verified member will be disbursed via check by NCPHF to Vendor after Week 3 of phase 1 of the program. The CCCPH Branch will send the site an invoice via email of all members that have registered via the www.diabetesfreenc.com portal regardless of class attendance. The invoice will be sent between week 4 and 6 to a designated representative to initiate disbursement of the initial payment. It is the sites responsibility to verify the invoice is accurate

Vendor Agreement Update

Phase II Payment



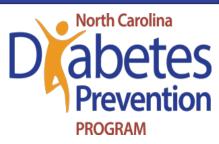
Old

ii. A second payment of \$210.00 per verified member will be disbursed via check by NCPHF to Vendor at the member's completion of phase 1 of the program and upon verification by the CCCPH Branch the member still has primary insurance through the State Health Plan. Completion is of phase 1 is attendance in at least nine phase 1 sessions. Vendor should notify the CCCPH Branch of the member's completion of phase 1 of the program to initiate disbursement of the second payment after the first session of phase 2.

New

ii. A second payment of \$210.00 per verified member will be disbursed via check by NCPHF to Vendor at the member's completion of phase 1 of the program, submission of the phase 1 CDC data elements in an Excel spreadsheet, and verification by the CCCPH Branch the member still has primary insurance through the State Health Plan. Completion is of phase 1 is attendance in at least nine phase 1 sessions. Vendor should notify the CCCPH Branch of the member's completion of phase 1 of the program to initiate disbursement of the second payment after the first session of phase 2.

Poll

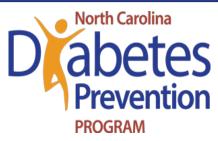


 If a participant misses a DPP session, can the session be made up?



But what are the rules???

Make-up Sessions



- You may conduct **make-up** sessions!!! ^(C)
 - In person
 - Group
 - Individual
 - Phone
 - Individual only
- Make-up Session Rules:
 - Lifestyle Coach is responsible for coordinating make-up sessions
 - Must occur after at least 1 day after the missed class and 1 day prior to the next scheduled class. (i.e. a participant should not have two attendance records for the same date)
 - Must have at least 15 minutes
 - Must obtain and record weight and PA minutes

DPP Data Elements

Who should submit the data?

- Site that serve State Health Plan members who have registered through the www. DiabetesFreeNC.com portal.
- The Phase II billing statement and Phase I data elements should be submitted by the same person at the same time in order to initiate Phase II payment.

When should the data be submitted?

 After the 1st session of Phase II and conclusion of Phase II (x2).

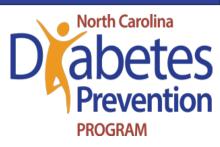
What should be submitted?

- 16 weeks of data for each SHP member enrolled in Phase 1 classes.
- 6 10 additional entries for each SHP member that completed at least nine Phase I at the conclusion of Phase II

How should the data be submitted?

• Data should be submitted in an Excel Spreadsheet using the headers below via email.

DRGCODE	PARTICIP	STATE	GLUCTEST	GDM	RISKTEST	AGE	ETHNIC	AIAN	ASIAN	BLACK	NHOPI	WHITE	SEX	HEIGHT	DATE	WEIGHT	PA
																	_



Required Data Elements

- ORGCODE (Organization Code) DPRP Number
- PARTICIP (Participant ID) Created and maintained by the DPRP site (SHP participants are assigned a # at registration)
- STATE NC
- GLUCTEST (Prediabetes diagnosed by blood glucose test)
 1 = Yes : 2 = No
- GDM (Prediabetes determined by clinical diagnosis of Gestational Diabetes during previous pregnancy)
 1 = Yes : 2 = No
- RISKTEST (Prediabetes determined by risk test)
 1 = Yes : 2 = No
- AGE (Participant Age 18 to 125 in years, no rounding)



ORGCODE	PARTICIP	STATE	GLUCTEST	GDM	RISKTEST	AGE
1234567	427ab	NC	2	2	1	36

Required Data Elements cont'd



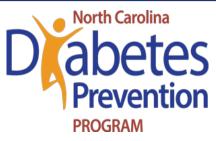
- ETHNIC 1 = Hispanic or Latino : 2 = Not Hispanic or Latino : 9 = Not Reported (default)
- AIAN 1 = American Indian or Alaska Native : 2 = Not American Indian or Alaska Native
- ASIAN 1 = Asian : 2 = Not Asian
- BLACK 1 = Black or African American: 2 = Not Black or African American
- NHOPI 1 = Native Hawaiian or Pacific Islander: 2 = Not Native Hawaiian or Pacific Islander
- WHITE 1 = White : 2 = Not White
- SEX 1 = Male : 2 = Female : 9 = Not reported

ETHNIC	AIAN	ASIAN	BLACK	NHOPI	WHITE	SEX
9	2	2	1	2	1	2
						_

Required Data Elements cont'd

- HEIGHT 30 to 98 (in inches) : 99 = Not reported (default)
- DATE (Session Date) mm/dd/yyy
- WEIGHT 70 to 997 (in pounds) : 999 = Not Recorded (default)
 * 998 = Pregnant (data will not be included when calculating wt. loss)
- PA (Minutes of physical activity)
 0 to 997 (in minutes) : 999 Not recorded (default)

HEIGHT	DATE	WEIGHT	РА	
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Required Data Elements cont'd

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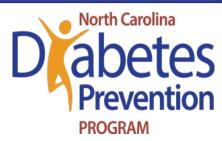


Resources



- Submit for Success Webinars <u>https://nccd.cdc.gov/DDT_DPRP/SessionData.aspx</u>
 - When: 3rd Tuesday of each month
 - Time: 2-3pm (EST)
- Diabetes Advisory Council Meeting
 - When: February 10, 2017 at 9:30am 1:00pm
 - Where: Foodbank of Central and Eastern North Carolina
 - Contact: Mary Bea Kolbe (<u>marybea.kolbe@dhhs.nc.gov</u>)
- Participant Readiness Assessment
- DPP Documents and Forms
 - http://www.communityclinicalconnections.com/ODHDSP/Portal/Resources.php
 - Username: ODHDSP Password: ODHDSP_Regions

Requests



- Topics of interest
- Success Stories Don't let your story go untold!
- Spread the word about DPP and the Lifestyle Coach Network! ③

Questions

