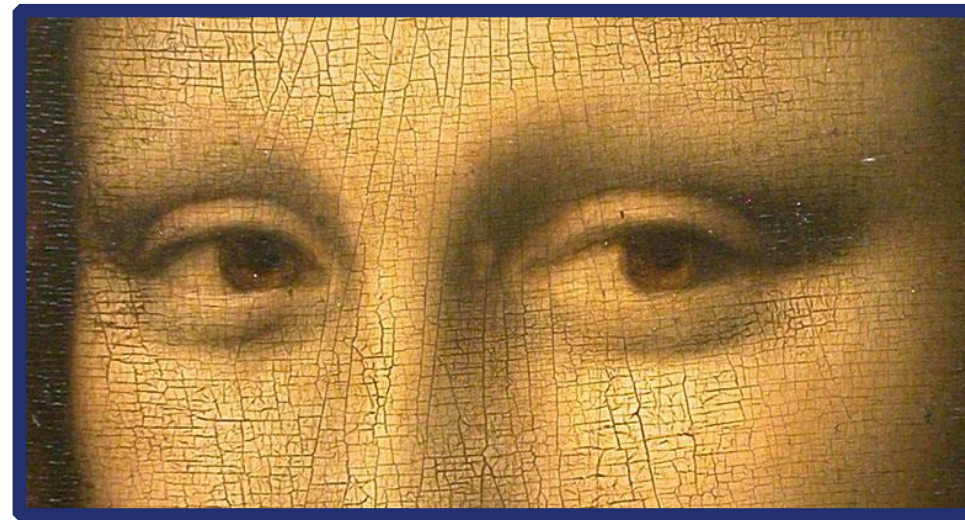


# It's In The Details



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 [sharon.r.jackson@dhhs.nc.gov](mailto:sharon.r.jackson@dhhs.nc.gov) 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

Diabetes Prevention Program Billing Statement			
Date Name of Organization Address 1 Address 2 City, State, Zip Code Phone Number			
Phase 1	<input checked="" type="checkbox"/>	Phase 2	
<b>BILL TO:</b> North Carolina Public Health Foundation C/O Community and Clinical Connections for Prevention and Health (CCCCP Branch) Raleigh, NC 27699-1915 SEND VIA EMAIL TO: SHARON JACKSON: sharon.r.jackson@dhs.nc.gov			
<b>Billing for North Carolina State Health Plan members participating in the YMCA's Diabetes Prevention Program</b>			
Participant #	Location	Per Participant Fee	Installment / Date
			Attendance for Phase II as of (Date)
			Attendance for Phase II as of (Date)
			Attendance for Phase II as of (Date)
			Attendance for Phase II as of (Date)
			Attendance for Phase II as of (Date)
			Attendance for Phase II as of (Date)
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			Attendance for Phase II as of (Date)
			Attendance for Phase II as of (Date)
			Attendance for Phase II as of (Date)
			Attendance for Phase II as of (Date)
		<b>\$0.00</b>	
<p>* \$219.00 to be invoiced after the end of week 3 of Phase 1 for any State Health Plan member who registered and was verified by the Division of Public Health and remains on the invoicing Y's class roster--regardless of attendance.</p> <p>*\$210.00 to be invoiced after the first class of Phase 2 for any State Health Plan member who remains verified by the Division of Public Health and attended at least 9 Phase 1 sessions.</p>			
YMCA's Diabetes Prevention Program Bill			
<b>Please remit payment to:</b> Attn Name of Organization Address 1 Address 2 City, State, Zip Code			
<b>Total Due Upon Receipt:</b>		\$0.00	
			Total Paid: \$ _____
			Check #: _____

# Invoice Updates

## Changes:


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

DPH will prepare each site's Phase I invoice based on enrollment between the 3<sup>rd</sup> – 5<sup>th</sup> 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 I site invoice is need.

**Diabetes Prevention Program Billing Statement**

Date  
 Name of Organization  
 Address 1  
 Address 2  
 City, State, Zip Code  
 Phone Number



Phase 1  Phase 2

**BILL TO:**

North Carolina Public Health Foundation  
 C/O Community and Clinical Connections for Prevention and Health (CCCCP Branch)  
 Raleigh, NC 27699-1915  
 SEND VIA EMAIL TO: SHARON JACKSON: sharon.r.jackson@dhs.nc.gov

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			Attendance for Phase II as of (Date)
			Attendance for Phase II as of (Date)
			Attendance for Phase II as of (Date)
		\$0.00	

\* \$219.00 to be invoiced after the end of week 3 of Phase 1 for any State Health Plan member who registered and was verified by the Division of Public Health and remains on the invoicing Y's class roster--regardless of attendance.

\*\$210.00 to be invoiced after the first class of Phase 2 for any State Health Plan member who remains verified by the Division of Public Health and attended at least 9 Phase 1 sessions.

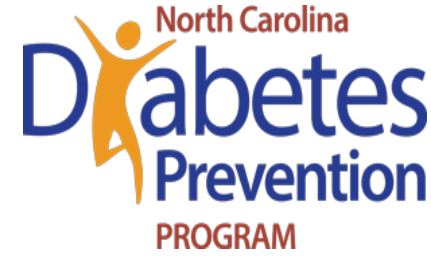
YMCA's Diabetes Prevention Program Bill

**Please remit payment to:**  
 Attn  
 Name of Organization  
 Address 1  
 Address 2  
 City, State, Zip Code

**Total Due Upon Receipt:** \$0.00

Total Paid: \$ \_\_\_\_\_  
 Check #: \_\_\_\_\_

# 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:

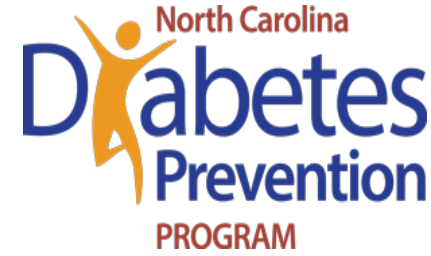
i. An initial payment of \$219.00 per verified member will be disbursed via check by NCPHF to Vendor after Week 3 of phase 1 of the program. Vendor should notify the CCCPH Branch after the member attends three classes to initiate disbursement of the initial payment.

### 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](http://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 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?

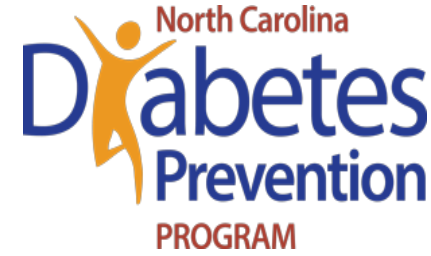


YES

NO

**But what are the rules???**

# Make-up Sessions



- You may conduct **make-up** sessions!!! 😊
  - 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

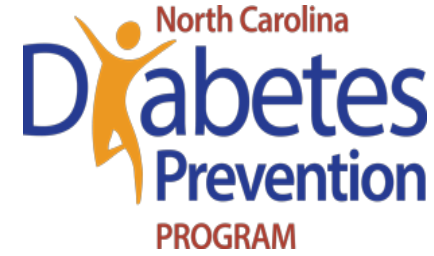








# Required Data Elements cont'd



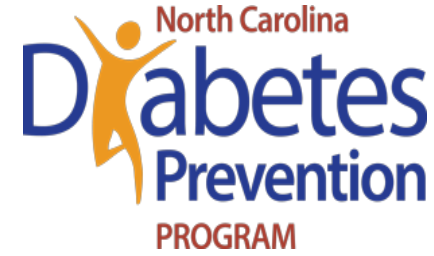
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# Resources

- Submit for Success Webinars - [https://nccd.cdc.gov/DDT\\_DPRP/SessionData.aspx](https://nccd.cdc.gov/DDT_DPRP/SessionData.aspx)
  - 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 ([marybea.kolbe@dhhs.nc.gov](mailto:marybea.kolbe@dhhs.nc.gov))
- Participant Readiness Assessment
- DPP Documents and Forms
  - <http://www.communityclinicalconnections.com/ODHDSP/Portal/Resources.php>
  - Username: **ODHDSP** Password: **ODHDSP\_Regions**

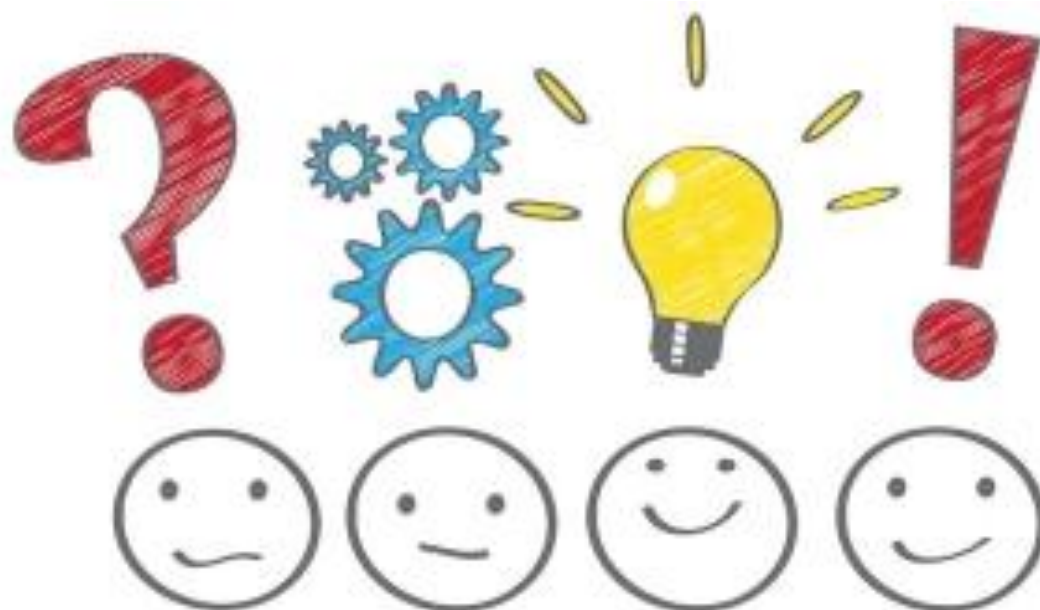


# Requests



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

# Questions



*Thank You!*