

Attachment 6: Overview of Changes to 2015 *DPRP Standards* (OMB No. 0920-0909, exp. 12/31/2017) for 2018 *DPRP Standards* (revision)

Type of Change	Rationale	Detailed Description of Change(s)	Affected Form(s)
1. Programmatic changes	<p>CDC’s Diabetes Prevention Recognition Program (DPRP) anticipates that the majority of current CDC-recognized organizations and most new organizations applying for recognition after January 1, 2018 will participate in the Centers for Medicare & Medicaid (CMS) Medicare Diabetes Prevention Program (MDPP) Expanded Model. On January 1, 2018, the MDPP Expanded Model was established through rulemaking (CY 2017 and CY 2018 Physician Fee Schedule final rules, 81 FR 80459-80483 and 82 FR 53234-53339, respectively; MDPP Expanded Model text-42 CFR §§ 410.79, 414.84, 424.200, 424.205, 424.210, 424.518, and 424.55). This revision request also accounts for lessons learned from an evaluation of organizational implementation, stakeholder feedback, and other input received during listening sessions held in December 2016.</p>	<p>a. Allows for an additional recognition status of “preliminary” so that CDC-recognized organizations can participate in and bill for services under the CMS MDPP Expanded Model;</p> <p>b. Reinstate biannual (every 6 months) data submissions from the 2011 DPRP Standards to align with the CMS MDPP Expanded Model;</p> <p>c. Liberalize data evaluation methods to ensure that organizations serving low SES and racial/ethnic minority populations can succeed (e.g., basing evaluation of the requirements on participants who attended at least 3 sessions in months 1-6 and whose time from first session to last session was at least 9 months; and amending the blood test-based eligibility requirement to 35%); change terms “1st six months/2nd six months” to “core”, “core maintenance” to align with the CMS MDPP Expanded Model.</p>	<p><i>DPRP Standards</i> (Attachment 3)</p> <p>a. preliminary p. 10;</p> <p>b. data submissions p. 9, 12-17;</p> <p>c. methods listed in “Table 3. Requirements for Recognition” p. 15-17</p>

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2. Collect additional organizational information for applicant organizations on the one-time application form	Improve CDC’s ability to assess an applicant organization’s capacity to deliver the lifestyle change program and collect data needed for the CMS MDPP Expanded Model , where relevant; improve information available on the DPRP registry by displaying the type of programming each organization offers for both participants and organizations.	<ul style="list-style-type: none"> a. One application per each delivery mode (required for the CMS MDPP Expanded Model as the model currently reimburses for in-person only delivery); b. Class type (for National DPP participants to be able to locate a class near them, or an online program, in which to enroll); c. Organization type (necessary for both CDC and CMS evaluation of successful delivery by type of applicant organization); 	DPRP Application Form (Attachment 4A; to be updated) and <i>DPRP Standards</i> (Attachment 3)
3. Reinstated evaluation variables from CDC’s original 2011 DPRP Standards package	Required for the CMS MDPP Expanded Model in order to track ongoing maintenance sessions for reimbursement and to track proper use of make-up sessions as delineated in the Expanded Model. Allows CDC and CMS to clearly identify each organization’s primary delivery mode.	a. Reinstate the data elements Session ID and Session Type from the 2011 DPRP Standards, and add Delivery Mode (with definitions that will assist organizations in billing CMS).	<i>DPRP Standards</i> (Attachment 3) a.-b. data elements p. 20-27

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4. Collect new enrollment source evaluation element	CDC and CMS need to evaluate the most effective means by which participants are enrolling, and, specifically, if they are referred by physicians. CDC is working with the American Medical Association to increase physician referral of eligible patients to CDC-recognized diabetes prevention programs. This new data element allows us to track this and to evaluate its impact.	a. Enrollment source will identify the source (person, place, or thing) which led the participant to enroll in the yearlong program.	<i>DPRP Standards</i> (Attachment 3) a. data elements p. 20-27
5. Collect new payer type evaluation element	Required by CMS for reimbursement for MDPP beneficiaries' participation in a CDC-recognized diabetes prevention program	a. Payer type will identify one, main payment method that participants are using to pay for their participation in the yearlong program.	<i>DPRP Standards</i> (Attachment 3) a. data elements p. 20-27
6. Collect new education information on program participants as a proxy for socioeconomic status (SES)	Allows CDC to evaluate aggregate education data as a proxy for socioeconomic status to ensure persons of all SES levels are offered programming.	a. Education data element will identify the highest grade or year of school the participant completed.	<i>DPRP Standards</i> (Attachment 3) a. data elements p. 20-27
7. Collect new delivery mode session-level evaluation element	Required by CMS for MDPP Expanded Model reimbursement, as the MDPP model currently only reimburses for in-person programs. Allows CDC and CMS to clearly identify each organization's primary delivery mode per session.	a. Delivery mode session-level data element will identify the delivery mode, as defined in the Applying for Recognition section, for this specific participant and session (i.e., in-person, online, distance learning).	DPRP Evaluation Data (Attachment 5A); <i>DPRP Standards</i> (Attachment 3) a. data elements p. 20-27

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8. Provide opportunity for existing CDC-recognized organizations to submit previously approved data	Existing organizations need time to adapt data collection and reporting processes, and this permits a smooth transition.	Added transition plan: existing organizations may submit data elements previously approved by OMB (2015) once between 01/01/18 and 06/30/18.	Data Transition Letter (Attachment 7)
9. Increase estimated annualized number of respondents	Existing recognized organizations will continue to submit data, and new organizations will apply each year and begin to submit data. Burden estimates must be aligned with projected demand for DPRP services and recognition, including an anticipated increase in uptake resulting from implementation of the CMS MDPP Expanded Model .	Increase burden table estimates to include both existing organizations and organizations joining the program (applying and submitting data) within the next five years; estimates include those that are likely to apply as MDPP suppliers.	Burden table (Supporting Statement A; section A-12)

* None of these changes alter the critical elements of the lifestyle change program shown to prevent or delay type 2 diabetes in research studies – participant eligibility requirements, lifestyle program intensity and duration, participant weight loss (at least 5% of body weight), documentation of physical activity minutes (with a goal of 150 minutes per week), and documentation of required attendance throughout the entire 12-month intervention.