

New York State Medicaid Fee-For-Service
National Diabetes Prevention Program (NDPP) FAQs

General

1. We are thinking about starting to deliver the CDC-recognized lifestyle change program and wanted to know where we can find resources on where do we begin?

The CDC's National Diabetes Prevention Program (National DPP) service center provides a list of resources for organizations interested in offering the evidence-based lifestyle change program. The National DPP's "Delivering The Lifestyle Change Program" is located at <https://nationaldppsc.cdc.gov/s/topic/0TOt000000001QZGAY/delivering-the-lifestyle-change-program>.

Provider Enrollment

2. Is there a fee associated with enrollment in Medicaid as an NDPP service provider? Yes, there is a standard initial enrollment application fee for all newly enrolling NDPP service providers and for revalidation (every 5 years for NDPP service providers.) All Community Based Organizations (CBOs), practitioner group practices, hospital outpatient departments (OPDs), freestanding diagnostic and treatment centers (D&TCs), and Federally Qualified Health Centers (FQHCs) are required to obtain and enroll a new National Provider Identifier (NPI) for the purpose of enrolling in Medicaid as an NDPP service provider. This applies even if the organization is currently enrolled in Medicaid under an existing NPI, Category of Service (COS), and/or specialty code. Individual practitioners (Physician, Nurse Practitioners, and Midwives) that are already enrolled in NYS Medicaid under an existing NPI, COS, and/or specialty code may utilize their existing NPI/Medicaid enrollment for NDPP enrollment purposes. In that situation, the new NDPP specialty code (105) will be assigned to the practitioner's existing provider enrollment file. No additional enrollment fee is required for these transactions.
3. Will the new NDPP NPI number that CBOs, practitioner group practices, and OPDs, D&TCs, and FQHCs interfere with any other aspect of its provider enrollment file? No, the new NDPP NPI that all CBOs, practitioner group practices, hospital OPDs, freestanding D&TCs, and FQHCs are required to obtain for the purposes of enrolling in Medicaid as an NDPP service provider does not affect or impact any other aspect of their Medicaid provider enrollment file. Enrollment in Medicaid as an NDPP service provider is

a separate and distinct Medicaid enrollment and will not affect any aspect of another Medicaid enrollment file(s).

This type of provider will be enrolled in the Medicaid program under COS 0572 and will be identified as a CBO solely for purposes of NDPP provider enrollment and NDPP claims adjudication.

4. How do we apply for the NDPP provider enrollment fee waiver?

For a limited time, Medicaid will waive the initial NDPP enrollment application fee for all newly enrolling NDPP service provider applications until grant funding is exhausted. If grant funding is still available, the eMedNY system will not request payment of the Medicaid enrollment fee at the time the Medicaid NDPP provider enrollment application is submitted. There is no separate application that is required. Once grant funding has been exhausted the “Application Fee is WAIVED” disclaimer will be removed from the [eMedNY CBO Enrollment Form page](#), and payment of the Medicaid fee will be a required component at that time.

5. What is the processing time to add the NDPP specialty code or apply as a new Medicaid NDPP service provider?

As long as all valid, current required documentation and information has been submitted to the Department of Health (DOH) in a timely manner, upon review and approval, organizations will be notified (via US Mail) by the Medicaid Program within 90 days that they have been enrolled in the Medicaid program as an NDPP service provider.

6. If we are a group of organizations (e.g., health system, hospital system), do we need separate applications for the individual entities (e.g., sites, hospitals)?/ Do we need a separate application for different sites?

No, you may provide multiple locations on the same application within a given state, but you must include all required information for each location. You may be able to list multiple sites as either administrative locations or community settings under a single or multiple DPRP recognition status(es)/ organizational code(s), depending on how each site is structured under the DPRP.

7. Can Lifestyle Coaches enroll in Medicaid as an NDPP service provider?

Only the organizational entity or individual practitioner (Physicians, Nurse Practitioners, Midwives) that has achieved pending, preliminary, or full CDC-DPRP recognition is able to enroll in NYS Medicaid as an NDPP service provider. All other individuals who wish to participate in the NYS Medicaid NDPP may do so as a Lifestyle Coach. The Medicaid enrolled NDPP service provider must disclose any Lifestyle Coach that is employed by them or renders NDPP services to Medicaid members as an agent on their behalf along with its Medicaid enrollment form. Organizations and individual practitioners are

required to update their Medicaid NDPP provider enrollment file within 30 days whenever a new Lifestyle coach is added to the program.

8. Why are Lifestyle Coaches subject to Medicaid screening?

The NYS Medicaid program has established eligibility requirements pertaining to the enrollment of NDPP service providers that requires the disclosure of any Lifestyle Coach that is employed by them or renders NDPP services to Medicaid members as an agent on their behalf. Lifestyle Coaches undergo a background check performed by the DOH to ensure program integrity, and to address the potential risk of fraud, waste, and abuse.

9. What is the Medicaid application processing timeline?

Upon review and approval, organizations will be notified (via US Mail) by the Medicaid Program within 90 days that they have been enrolled in the Medicaid program as an NDPP service provider.

Billing

10. What procedure codes are used to bill NYS Medicaid for NDPP services?

The following procedure codes may be used to bill NYS Medicaid for NDPP services:

- 0403T – This is a \$22.00 per-member, per-session reimbursement for members who attend in-person NDPP group counseling sessions.
- G9880 – This is a \$70.00 incentive payment that is awarded to providers for each member who has achieved at least 5% weight loss from their baseline. This provider incentive payment is available only once to the provider over the course of the 22 sessions when the member first achieves the 5% weight loss from baseline. If the Medicaid member later re-enrolls in a new Medicaid NDPP cohort, this incentive payment will be available again to the provider when the member achieves at least a 5% weight loss from the new baseline.

11. What claim form is used to bill for NDPP services?

Claims for NDPP services must be submitted to Medicaid on a professional claim type form via the CMS-1500 paper claim form or its electronic equivalent.

Providers can also utilize the electronic Provider Assisted Claim Entry System (ePACES) system, which was developed by eMedNY, on behalf of the NYS DOH. ePACES is a free web-based application that allows providers to request and receive HIPAA-compliant Claims, Eligibility, Claim Inquiry and Prior Approval/Dispensing Validation System (DVS) transactions. The ePACES system is free of charge and is 100% supported by the Medicaid program through their fiscal agent, eMedNY. Providers should go to

https://www.emedny.org/selfhelp/ePACES/ePACES_GeneralInfo.aspx for additional information about ePACES.

12. What NPIs should be used on a claim form when billing Medicaid for NDPP services?

The Medicaid enrolled NDPP service provider's NPI goes in the "billing provider" space, and the Lifestyle Coach's NPI goes in the "rendering provider" space.

13. If NDPP services were already rendered prior to the February 1, 2020 billing implementation date, can providers request reimbursement for any sessions prior to February 1, 2020, or only for NDPP sessions rendered after that date?

No, Medicaid reimbursement for NDPP services begins for both Medicaid Fee-for-Service and Medicaid Managed Care (MMC) for dates of service on or after February 1, 2020. Dates of service that occurred prior to February 1, 2020 are not reimbursable by NYS Medicaid.

14. May an FQHC and bill an encounter/ Prospective Payment System (PPS) rate to Medicaid for NDPP services.

No, NYS Medicaid NDPP services are not reimbursable using either rate-based PPS, or Ambulatory Patient Group (APG) reimbursement methodologies.

All OPDs, D&TCs, and FQHCs are required to obtain and enroll a new NPI for the purposes of enrolling in Medicaid as an NDPP service provider. This policy applies even if the OPD, D&TC, or FQHC is currently enrolled in Medicaid under an already existing NPI, COS, and/or specialty code. A new, unique NPI is required for the purpose of enrolling in Medicaid as an NDPP service provider.

Once enrolled in Medicaid as an NDPP service provider, they may bill Medicaid for NDPP services rendered to Medicaid members.

15. Are NDPP services eligible for the Managed Care FQHC Supplemental Wrap Payment by NYS Medicaid?

NYS Medicaid NDPP services are not reimbursable for rate-based PPS or APG reimbursement methodologies; therefore, they do not qualify for a supplemental wraparound payment.

16. Are there specific requirements of the NDPP service locations?

Since the NYS Medicaid NDPP consists only of in-person group sessions, the Medicaid enrolled NDPP service provider must have the infrastructure capabilities to conduct the in-person group sessions. The NDPP service location can be any administrative or community setting in which the Medicaid enrolled NDPP service provider has the capacity and capability to render in-person NDPP group sessions to Medicaid members.

NDPP service providers should indicate a Place of Service (POS) 99 - Other Place of Service on their Medicaid claim submission if NDPP services were rendered in a community-based setting outside of their established administrative service location(s).

17. Do NDPP services need to be delivered onsite if they are delivered by an NDPP enrolled OPD, D&TC, or FQHC?

All OPDs, D&TCs, and FQHCs are required to obtain and enroll a new NPI for the purposes of enrolling in Medicaid as an NDPP service provider. This policy applies even if the OPD, D&TC, or FQHC is currently enrolled in Medicaid under an existing NPI, COS, and/or specialty code. They are still required to obtain a new, unique NPI for the purposes of enrolling in Medicaid as an NDPP service provider.

The clinic will be enrolled in Medicaid as an NDPP service provider under the its new NPI and will be identified as a CBO under COS 0572. This identification does not affect or impact any other aspects of the clinic's Medicaid provider enrollment file.

This organizational structure allows for the CDC-recognized OPD, D&TC, or FQHC clinic to be enrolled in NYS Medicaid as an NDPP service provider under a new NPI for the purpose of rendering these non-medical, group-based educational support services to Medicaid members in any service location within the community.

- The Organizations are allowed to either utilize their existing infrastructure to offer NDPP classes on-site at their facility, or they may partner with a local CBO to leverage their position within the community to better reach and access Medicaid members where they live.
- This construct provides a mutually beneficial, symbiotic opportunity for any CBOs that may want to offer NDPP services within their community to partner with a CDC-recognized, Medicaid-enrolled NDPP service provider and allow them to utilize their space to deliver NDPP services.
- This will also allow for those clinics that enroll as NDPP service providers to partner with a local CBO to leverage the CBOs' presence and proximity to the Medicaid members in the community to hold their NDPP group-based sessions.

CBOs that would like to partner with a CDC-recognized organization may find a registry of the recognized organizations at https://nccd.cdc.gov/ddt_dprp/registry.aspx. Providers should use the "Show organizations by location" drop-down and chose New York to filter the registry to show the organizations that have already been recognized by the CDC in NYS.

18. If a provider has a “Combination” CDC-DPRP “Delivery Mode” that includes an “In-Person” delivery modality, can the provider bill Medicaid for only those in-person sessions delivered to members?

Yes, the Medicaid enrolled NDPP service provide may bill Medicaid for those in-person, group sessions delivered to members where the members are physically present in a classroom or classroom-like setting.

19. Can Medicaid NDPP services be delivered to members via “Online” or “Distance Learning” modalities via telehealth?

No, the Medicaid NDPP consists only of in-person, group sessions where members are required to be physically present in a classroom or classroom-like setting. The “Delivery Mode” referenced on the CDC-NDPP recognition letter awarding Pending, Preliminary, or Full recognition must reference a “Delivery Mode” of “In-Person.” If the CDC recognition states a delivery mode of “Combination,” additional documentation must be provided upon an Organization’s application for Medicaid enrollment indicating that an “In-Person” delivery modality is part of their “Combination” CDC recognition. NDPP Delivery modes of “Online” and “Distance Learning” are not acceptable Medicaid NDPP “Delivery Modes.” NDPP provider enrollment applications will be withdrawn from consideration if they lack the required “In-Person” “Delivery Mode” requirement.

20. Can Managed Care create a different payment structure and reimburse a higher amount?

Medicaid managed care (MMC) plans must cover the NYS Medicaid NDPP lifestyle change program benefit. They are allowed to create a different payment structure, however; it is expected that Medicaid Managed Care (MMC) plans and providers will negotiate contracts with reasonable payment terms and conditions. If a MMC plan and provider cannot reach agreement on payment terms, the MMC plan will offer a rate equivalent to the Medicaid FFS payment.

21. Does the Medicaid NDPP allow for make-up sessions, and if so, what is the process, and how are they billed for?

If a member misses an NDPP session, an in-person make-up session may be offered to the member. Make-up sessions may be held on either the same date of service as a regularly scheduled NDPP class session or on another date. Only one (1) make-up session per week can be made up on the same date of service as a regularly scheduled NDPP class session. Claims submitted to Medicaid for NDPP make-up sessions that were held on the same date of service should be done in the following manner:

- Submit the 0403T procedure code on one (1) claim line and indicate two (2) units for that date of service.

22. If we have been offering NDPP sessions for free, and we become a Medicaid enrolled NDPP service provider, can we then bill Medicaid for the part of the cohort that are Medicaid members?

Yes, Medicaid enrolled NDPP service providers may bill Medicaid for NDPP services rendered to members.

23. What is the impact of becoming a Medicaid enrolled NDPP service provider on our non-Medicaid NDPP participants?

There is no impact to a provider's non-Medicaid participant population. The Medicaid NDPP is a covered benefit for NYS Medicaid members and is reimbursable to any Medicaid enrolled NDPP service provider rendering services to Medicaid members.

Transportation

24. Is Medicaid transportation a covered service for members attending NDPP sessions?

Medicaid transportation is a covered benefit for all eligible Medicaid enrollees traveling to Medicaid-covered services. Coverage of the CDC-NDPP was added to the NYS Medicaid State Plan in September 2019 and is a NYS Medicaid-covered service.

The Medicaid enrolled NDPP service provider will not be involved in billing Medicaid for transportation services rendered to members attending NDPP sessions. The Medicaid transportation vendors/providers would bill Medicaid directly for those services.

Program Delivery

25. Can NDPP services be delivered as a combination of virtual and in-person sessions?

No, virtual modalities (online and distance learning) are not permitted as part of the Medicaid NDPP.

26. Must a provider check a member's Medicaid eligibility prior to rendering NDPP services?

Yes, the Medicaid-enrolled NDPP service provider must establish that the member has active Medicaid coverage prior to rendering services. The member's eligibility must be verified through eMedNY for each date of service. A NYS Medicaid NDPP service provider who does not verify eligibility prior to the provision of services will risk the possibility of non-payment for those services. Methods for checking Medicaid member eligibility are:

- ePACES: Free Internet-based application.
http://www.emedny.org/selfhelp/ePACES/ePACES_Help.pdf
- Audio Response Unit:(touch-tone telephone method) 1-800-997-1111

The MEVS telephone quick reference guide is located at:

https://www.emedny.org/ProviderManuals/5010/MEVS%20Quick%20Reference%20Guides/5010_MEVS_Telephone_Quick_Reference_Guide.pdf.

- Alternate access: CPU-CPU link, eMedNY eXchange, dial-up FTP, and File Transfer Service using SOAP. Please visit the MEVS manual referenced below for additional information on utilizing these member eligibility alternate access methods.
- The Medicaid MEVS manual is located at:
[https://www.emedny.org/ProviderManuals/5010/MEVS/MEVS_DVS_Provider_Manual_\(5010\).pdf](https://www.emedny.org/ProviderManuals/5010/MEVS/MEVS_DVS_Provider_Manual_(5010).pdf).

27. If the patient does not attend a make-up session, are they allowed to skip a session and just attend the next scheduled one?

If a member misses a session and fails to attend a make-up session in the same week, then they are still able to continue with the program. If a member misses an NDPP session, the Organization may offer an in-person make-up session. Make-up sessions may be held on either the same date of service as a regularly scheduled NDPP class session, or on another date. Only one (1) make-up session per week can be made up on the same date of service as a regularly scheduled NDPP class session. Claims submitted to Medicaid for NDPP make-up sessions that were held on the same date of service should be done in the following manner:

- Submit the 0403T procedure code on one (1) claim line and indicate two (2) units for that date of service.

The member is encouraged to work with his/her Lifestyle Coach to make up the missed NDPP session at a later time. The make-up session does not have to be done within the same week as the missed session.

28. If we provide the Prevent T2 program in Spanish and other languages, are we able to seek reimbursement for language interpretation services?

NYS Medicaid NDPP services do not qualify for additional reimbursement for language interpretation services.

Medicaid fee-for-service will reimburse Article 28, 31, 32 and 16 outpatient departments, hospital emergency departments (EDs), D&TCs, FQHCs and office-based practitioners to provide medical language interpreter services for Medicaid members with limited English proficiency (LEP) and communication services for people who are deaf and hard of hearing. However, NDPP services are preventative, non-medical services rendered to members and do not qualify for additional Medicaid reimbursement for language interpretation services. The CDC does offer free resources to be able to offer the Prevent T2 curriculum in various languages located at <https://coveragetoolkit.org/national-dpp-curriculum/>. The Medicaid enrolled NDPP service provider may choose to offer the

NDPP in a language other than English; however, there will be no additional reimbursement from Medicaid for offering that service.

Eligibility and Referral Process

29. Does the NYS Medicaid NDPP require a member referral?

Yes, the member is required to obtain a referral to be eligible to participate in Medicaid NDPP. The referral for NDPP services may be provided in either a written or electronic format, and must:

- Be written by a by a physician or other licensed healthcare professional (physician assistant (PA), nurse practitioner (NP), or midwife) that is authorized by the State to order or refer services within his or her professional scope of practice;
- Indicate the member is being referred for NDPP services;
- Include the information of the member being referred to the NDPP;
- Include the information of the referring practitioner (name, address, NPI); and
- Include the information for the NDPP program to which the member is being referred.

30. Are members allowed to self-refer themselves to participate in the Medicaid NDPP?

No, the referral for NDPP services must be written by a physician or other licensed healthcare professional (PA, NP, or midwife) that is authorized by the State to order or refer services within his or her professional scope of practice.

31. If the participant is eligible based on the positive screening, do we have to have documentation of the screening or is a verbal attestation allowed?

The Medicaid-enrolled NDPP service provider must ensure that it receives and maintains a copy of the member's positive results from the CDC's Prediabetes Screening Test or a screening result indicating high risk for type 2 diabetes based on the American Diabetes Association Type 2 Diabetes Risk Test that was performed within the past 12 months.

32. Can a Registered Dietitian refer a person to participate in the Medicaid NDPP?

No, the member's referral to participate in NDPP services must be written by a physician or other licensed healthcare professional (PA, NP, or midwife) that is authorized by the State to order or refer services within his or her professional scope of practice.

33. Does the referral from a provider need to specifically state a diagnosis of pre-diabetes, or can it state weight loss, obesity, etc.?

No, but the referral must indicate that the member is being referred specifically for participation in the NDPP.

NDPP Staffing

34. What are examples of "licensed practitioner of the healing arts"?

The member's referral to participate in the Medicaid NDPP must be written by a physician or other licensed healthcare professional (PA, NP, or midwife) that is authorized by the State to order or refer services within his or her professional scope of practice.

35. Will we be required to complete Medicaid exclusion checks on all lifestyle coaches, coordinators and supervisors?

Lifestyle Coaches acting as Employees/Agents/contractors on behalf of the Medicaid-enrolled NDPP service provider will undergo a background check performed by the DOH to ensure program integrity and to address the potential risk for fraud, waste, and abuse. The Medicaid-enrolled NDPP service provider is required to complete the entire NYS Medicaid provider enrollment application and/or disclosure forms and provide the required information for each Lifestyle Coach who delivers NDPP services as an Employee/Agent/Contractor on its behalf. Organizations are required to update their Medicaid NDPP provider enrollment file within 30 days whenever a new Lifestyle Coach is added to the program so that a background check of the new Lifestyle Coach(es) may be performed by the DOH.

36. Is there a site that lists existing NDPP providers in New York?

Yes, the CDC maintains a national registry of all CDC-recognized organizations that deliver the National DPP lifestyle change program. The registry can be found at: https://nccd.cdc.gov/DDT_DPRP/Registry.aspx.

37. Can a Health Educator and RN provide NDPP services?

Yes, a Lifestyle Coach may be a physician, non-physician practitioner, or an unlicensed person who has received formal training on a CDC-approved curriculum for at least 12 hours and is recognized as having met the CDC's requirements specified in the CDC's Diabetes Prevention Recognition Program (DPRP) Standards and Operating Procedures.

38. How do these requirements apply to a clinic or health center with an internal staff person who has been trained as a Lifestyle Coach by a CBO/partner to administer classes to their patients? Is the clinic then required to meet the data submission and other requirements outlined?

NDPP-recognized organizations may use trained Lifestyle Coaches to provide NDPP services to NYS Medicaid members. Lifestyle Coaches may be a physician, non-physician practitioner, or an unlicensed person who has been formally trained pursuant to a CDC-approved curriculum for a minimum of 12 hours, or approximately two days, by one of the following:

- A training entity listed on the CDC website;
- A private organization with a national network of CDC-recognized program sites;
- A CDC-recognized virtual organization with national reach; or
- A Master Trainer, as designated by the CDC-recognized program, who has delivered the lifestyle change program for at least one year and has completed a Master Trainer program offered by a training entity on the CDC website.

Organizations that would like to offer and be reimbursed by Medicaid for NDPP services must first achieve recognition from the CDC based on its current National Diabetes Prevention Recognition Program (DPRP) Standards and Operating Procedures. An organization's enrollment in NYS Medicaid as an NDPP service provider is contingent, in part, upon their ongoing CDC-DPRP recognition status. This includes any/all DPRP data submission components required by the CDC.

Compliance and Reporting

39. What are the auditing/compliance requirements for becoming a New York State (NYS) Medicaid National Diabetes Prevention Program (NDPP) service provider?

Any organization or individual that is looking to enroll in NYS Medicaid as a NDPP service provider must first have achieved recognition from the Centers for Disease Control and Prevention (CDC) based on the current National Diabetes Prevention Recognition Program (DPRP) Standards and Operating Procedures. Organizations and individuals must comply with the most current version of the DPRP Standards and Operating Procedures, or any subsequent update or revision that the CDC makes to the document. The most current DPRP Standards and Operating Procedures (March 2018) are located at <https://nationaldppcsc.cdc.gov/s/article/DPRP-Standards-and-Operating-Procedures-2018>.

- The organization or individual is required to thoroughly review and comply with all of the NYS Medicaid Program's policy and billing guidelines, and shall be subject to, and bound by, all of the rules, regulations, policies, standards, fee codes and procedures of the Department of Health (DOH) including, but not limited to 18 NYCRR Part 504.
- The organization or individual is required to comply with the Medicaid Program's record-keeping requirements, pursuant to 18 NYCRR §504.3(a).
- The organization or individual is required to handle and maintain any personally identifiable information (PII) and protected health information (PHI) in compliance with the Health Insurance Portability and Accountability Act (HIPAA), Centers for Medicare and Medicaid Services (CMS) standards, and any other applicable State and federal privacy laws.

An Organization's continued enrollment in NYS Medicaid as an NDPP service provider is contingent, in part, upon maintaining CDC-DPRP recognition status. If an Organization fails to maintain a current, active CDC-DPRP recognition, it will lose its ability to seek

reimbursement from Medicaid for NDPP services and, if enrolled in Medicaid only for the purpose of rendering NDPP services, it will be terminated as a Medicaid FFS provider. In addition, pursuant to Section 5005(b)(2) of the 21st Century Cures Act and Section 1932(d) of the Social Security Act, the Organization will be removed from all Medicaid Managed Care (MMC) networks in which it participates.

Additional information pertaining to NDPP enrollment instructions, requirements, and participation in the NYS Medicaid program as an NDPP service provider is located at <https://www.emedny.org/info/ProviderEnrollment/NDPP/index.aspx>.

40. Are Medicaid enrolled NDPP service providers required to submit evaluation data to CDC every six months like traditional NDPP?

Organizations and individuals must comply with the most current version of the DPRP Standards and Operating Procedures pertaining to evaluation data reporting requirements. The current DPRP Standards and Operating Procedures are located at <https://nationaldppcsc.cdc.gov/s/article/DPRP-Standards-and-Operating-Procedures-2018>.

Miscellaneous

41. Is a Medicaid member eligible to participate in the Medicaid NDPP if s/he is also enrolled in the Health Home?

The member is able to participate in the Medicaid NDPP as long as they meet all of the CDC and Medicaid eligibility requirements) and have a referral indicating s/he is being referred for NDPP services.

42. Will you allow changes from one DPP provider to another within the same year? If so, how will you pay the new provider, or what are the parameters around these changes in provider by the enrollee? Will they have to restart the program?

Yes, members have the freedom and flexibility to switch Medicaid NDPP service providers at any time. We encourage all Medicaid members/service providers to consider the following administrative restrictions and requirements:

- Medicaid members who participate in the NDPP shall only be covered for 22 in-person group sessions over the course of a 12-month period. The member's sessions attended both prior to and after switching NDPP service providers are all attributed to the overall member service limit of 22 sessions over 12 months;
- Data exchanges between NDPP service providers must be HIPAA compliant; and
- The member's program and Medicaid eligibility must be verified by the new NDPP service provider. The new Medicaid-enrolled NDPP service provider must ensure that it has received and maintains any of the following documentation received from the Medicaid member to verify NDPP program eligibility:

- The member's referral to participate in NDPP services written by a physician or other licensed healthcare professional (PA, NP, or midwife) that is authorized by the State to order or refer services within his or her professional scope of practice. The referral may be provided in either a written or electronic format and must include the information of the member being referred to the NDPP; the information of the referring practitioner (name, address, National Provider Identifier (NPI)), and the information for the NDPP program to which the member is being referred.
- A copy of the member's blood test results within the past 12 months that indicate a diagnosis of prediabetes (required for at least 35% of program participants); or
- A copy of the member's blood test results within the past 12 months that indicate a normal postpartum A1C or glucose level and a GDM diagnosis during a previous pregnancy; or
- A copy of the member's positive prediabetes screening results from the CDC's Prediabetes Screening Test or a screening result indicating high risk for type 2 diabetes based on the American Diabetes Association Type 2 Diabetes Risk Test (required for program participants who do not provide blood test results within the past 12 months that indicate a diagnosis of prediabetes).

43. Can a woman who is pregnant participate in the Medicaid NDPP?

NDPP participants cannot be pregnant at time of enrollment. The lifestyle change program emphasizes weight loss and is not appropriate for women who are currently pregnant. Participants who become pregnant may continue at the discretion of their health care provider and the CDC-recognized program delivery organization.

44. Can members repeat the program?

Yes, Medicaid members who are interested in re-enrolling and completing the NDPP lifestyle change program again may re-enroll. Medicaid members are only covered for 22 in-person group sessions over the course of a 12-month period. If the member left prior to completing the full 22 sessions, then the member may have to wait pick-up the next cohort where they left off at to not exceed the service limit if s/he are still within the 12-month period from when the 1st session was attended. The member can also wait to the beginning of the following 12-month period to re-join a new NDPP cohort at the beginning.