

Guidance to Maintain the Medicare Diabetes Prevention Program (MDPP) Crosswalk File

OVERVIEW

In the Centers for Medicare & Medicaid Services' (CMS) MDPP expanded model, MDPP suppliers are required to maintain a crosswalk file that lists beneficiary identifiers used for the Centers for Disease Control and Prevention (CDC) performance data submissions and the corresponding Medicare identifiers for each beneficiary who receives MDPP services [see §424.205(d)(13)]. This requirement is essential for the evaluation of the MDPP expanded model. This document provides guidance on the form and manner in which the MDPP supplier must maintain the crosswalk file, including:

- I. Crosswalk File
- II. Crosswalk File Submission Due Dates
- III. Beneficiaries to Include in the Crosswalk File
- IV. Data Required in Crosswalk File
- V. Notification from CMS
- VI. How to Submit the Crosswalk File
- VII. Additional Crosswalk Resources

I. CROSSWALK FILE

The crosswalk data must be maintained as a spreadsheet (e.g. Excel) using the MDPP crosswalk file template described in the "How to Submit" section of this guidance. This file contains two tabs where data should be provided; the first labeled "FFS Medicare" and a second labeled "Medicare Advantage." We encourage MDPP suppliers to establish this file as soon as they begin to furnish MDPP services.

II. CROSSWALK FILE SUBMISSION DUE DATES

Quarterly Submission Dates

Once an MDPP supplier furnishes MDPP services for six months, the MDPP supplier must begin to submit a crosswalk file at each of the quarterly due dates indicated in Table 2.

To determine when your organization must submit its first crosswalk file to CMS, you must identify the date that your organization furnished its first session of MDPP services. Using the first column in Table 1, identify the date range in which the date of your first session falls. The date indicated in the second column will be the date on which your organization must submit its first crosswalk file to CMS and its contractor. In the initial crosswalk file, MDPP suppliers should include all beneficiaries to whom they have furnished MDPP services by the end of the month prior to the first submission due dates.

Table 1: Determining When Your Organization Should Submit Its First MDPP Crosswalk File

Date of first MDPP session provided by the MDPP supplier	Date of MDPP supplier's first crosswalk submission
Between 10/2/2018 and 1/1/2019	Quarter 3: July 15, 2019
Between 1/2/2019 and 4/1/2019	Quarter 4: October 15, 2019
Between 4/2/2019 and 7/1/2019	Quarter 1: January 15, 2020
Between 7/2/2019 and 10/1/2019	Quarter 2: April 15, 2020

EXAMPLE: MDPP Supplier A furnished its first session of MDPP services on October 15, 2018 and it will have furnished MDPP services for six months as of April 15, 2019. October 15th falls within the date range in the second row of Table 1. Therefore, MDPP Supplier A is required to submit its first crosswalk file by July 15, 2019. In that crosswalk file, MDPP Supplier A will include all beneficiaries to whom it furnished MDPP services between October 15th, 2018 and June 30th, 2019.

After submission of the initial crosswalk file, all MDPP suppliers must continue to submit an updated crosswalk file at each of the quarterly due dates listed in Table 2. As noted above, an MDPP supplier's first crosswalk submission will include all beneficiaries to whom the MDPP supplier furnished MDPP services in its initial six months of furnishing services. For subsequent crosswalks, the MDPP supplier will continue to add to the original crosswalk file by adding all beneficiaries to whom the MDPP supplier furnished services during that quarter.

Table 2:

MDPP Crosswalk File Quarterly Submission Dates

Quarter 1: October 1 – December 31	Quarter 2: January 1 – March 31	Quarter 3: April 1 – June 30	Quarter 4: July 1 – September 30
Due Date: January 15th	Due Date: April 15th	Due Date: July 15th	Due Date: October 15th
Additional MDPP beneficiaries to include in crosswalk file: All Medicare beneficiaries who received at least one MDPP session from the supplier between October 1 – December 31 of the previous year	Additional MDPP beneficiaries to include in crosswalk file: All Medicare beneficiaries who received at least one MDPP session from the supplier between January 1 – March 31 of the current year	Additional MDPP beneficiaries to include in crosswalk file: All Medicare beneficiaries who received at least one MDPP session from the supplier between April 1- June 30 of the current year	Additional MDPP beneficiaries to include in crosswalk file: All Medicare beneficiaries who received at least one MDPP session from the supplier between July 1 – September 30 of the current year

EXAMPLE: After its first crosswalk submission, MDPP Supplier A must continue to submit a crosswalk at all subsequent quarterly due dates. These due dates will always be on the dates indicated above. MDPP Supplier A submitted its first crosswalk file during the April 15th due date, so their next submission due date is on July 15th. For that submission, MDPP Supplier A will add all Medicare beneficiaries who received at least one MDPP session from the supplier

between April 1-June 30 (Quarter 3) to the crosswalk file that the organization submitted for the April due date. MDPP Supplier A will continue this process at each quarterly due date indicated in Table 2 until they are no longer enrolled in Medicare as an MDPP Supplier.

III. **BENEFICIARIES TO INCLUDE IN CROSSWALK FILE**

Who to Include

Only eligible Medicare beneficiaries who receive services from an MDPP supplier should be included in that supplier's crosswalk. This includes individuals that receive their Medicare Part B coverage via fee-for-service Medicare or a Medicare Advantage plan, known as Medicare Part C. If an MDPP supplier provides services to non-Medicare beneficiaries, the MDPP supplier should **not** include these individuals in the crosswalk files submitted to CMS. This is true even if the MDPP supplier serves Medicare beneficiaries and non-Medicare individuals in the same cohort or class.

In each quarterly crosswalk submission, an MDPP supplier should include all Medicare beneficiaries to whom the MDPP supplier has furnished at least one session of MDPP services. Suppliers should include all beneficiaries up to the last day of the month prior to the crosswalk due date.

EXAMPLE: For the quarterly crosswalk due to CMS on January 15th, an MDPP supplier must include all beneficiaries to whom the MDPP supplier has furnished MDPP services on or before December 31st.

Making the File Cumulative

The crosswalk submission from an MDPP supplier must be cumulative. This means that for each crosswalk submitted to CMS, an MDPP supplier must include **all** beneficiaries to whom the MDPP Supplier has **ever** furnished at least one session of MDPP services by the cut-off date indicated in the table above.

EXAMPLE: For the second quarterly crosswalk due on April 15th, an MDPP supplier must include all beneficiaries included in its January 15th crosswalk submission plus any additional beneficiaries to whom the MDPP supplier has furnished at least one session of MDPP services between January 1, 2019 and March 31st, 2019.

Sorting Beneficiaries by Medicare Coverage Type

When adding a beneficiary to the crosswalk file, the MDPP supplier should take note of the source of the beneficiary's Medicare Part B coverage. Information for beneficiaries who receive their Medicare Part B coverage through original fee-for-service (FFS) Medicare should be included in the "FFS Medicare" tab. Similarly, information for beneficiaries who are enrolled in (and therefore receive their Medicare Part B coverage through) a Medicare Advantage plan should be included in the "Medicare Advantage" tab.

Beneficiaries who switch between Fee-for-Service and Medicare Advantage

Medicare beneficiaries may switch between FFS Medicare coverage and enrollment in a Medicare Advantage plan during their services period. In these cases, the MDPP supplier should keep the beneficiary listed on the original tab representing the first type of coverage they had, and add the beneficiary to the other tab representing the new coverage.

EXAMPLE: A beneficiary is listed on the FFS Medicare tab and then switches to a Medicare Advantage plan for the rest of their services period. The supplier would keep the beneficiary listed on the “FFS Medicare” tab and would add the beneficiary to the “Medicare Advantage” tab. In all subsequent crosswalks files submitted, the beneficiary would be listed on both the FFS and Medicare Advantage tabs.

IV. DATA REQUIRED IN CROSSWALK FILE

For each beneficiary listed in the “FFS Medicare” tab, the supplier must include the CDC Organizational code, Participant Code, and Medicare Identifier, as shown below in Table 1. For each beneficiary listed in the “Medicare Advantage” tab, the supplier must include the CDC Organizational Code and Participant Code only, as shown below in Table 2. Details on how information must be entered for each data element are provided below.

Table 1: “FFS Medicare” Tab

Column 1: CDC Organizational Code	Column 2: Participant Code	Column 3: Medicare Identifier(s)	Column 3: Medicare Identifier(s)
CDC-provided organizational code of the entity providing MDPP services to the Medicare beneficiary	MDPP Supplier-created participant identifier that is also used for CDC data submission	Medicare Beneficiary Identifier (MBI) (when applicable); MBI is a randomly generated number that was rolled out beginning April 1, 2018.	Health Insurance Claim Number (HICN) (if applicable); the HICN is a Social Security Number (SSN)-based number assigned to beneficiaries. HICNs are being replaced by MBIs.

Table 2: “Medicare Advantage” Tab

Column 1: CDC Organizational Code	Column 2: Participant Code
CDC-provided organizational code of the entity providing MDPP services to the Medicare beneficiary	MDPP Supplier-created participant identifier used for CDC data submission

A. CDC ORGANIZATIONAL CODE

CDC assigns each DPP organization an organizational code when the organization's application for CDC recognition is approved. CDC recognition is delivery mode specific (e.g., in-person, online, distance learning, or combination). An organization may be provided with up to four separate organizational codes if it offers DPP services via more than one delivery mode and applies for recognition in more than one delivery mode. Only in-person organizational codes should be reported on the crosswalk submitted to CMS.

Including the Organizational Code on the Crosswalk

For each beneficiary listed in an MDPP Supplier's crosswalk, MDPP suppliers must include the organizational code of the entity that provided MDPP services to that beneficiary. This should be listed in a column entitled "Organizational Code." This information must be included for beneficiaries listed in the "FFS Medicare" tab and the "Medicare Advantage" tab of the crosswalk file. As a reminder, only in-person organizational codes should be reported on the crosswalk file submitted to CMS.

On their CMS enrollment application (CMS Form 20314), MDPP suppliers, depending on how they structure themselves, can list only one in-person organizational code, or multiple in-person organizational codes if they offer services across different DPP organizations. MDPP suppliers should use the following guidance to determine what codes must be provided on their crosswalk in depending on their scenario:

- i. ***One CDC organizational code associated with one MDPP supplier enrollment:*** If an MDPP supplier has only one organizational code associated with its single and only MDPP supplier enrollment, all beneficiaries listed in the supplier's crosswalk will have the same organizational code.
- ii. ***One CDC organizational code associated with multiple MDPP supplier enrollments:*** If an organization with one organizational code is associated with multiple MDPP supplier enrollments, the MDPP supplier should submit one crosswalk file per MDPP supplier enrollment. This may be the case if an organization with CDC recognition has administrative locations in different states and has enrolled separately in these states under the same CDC recognition. Separate crosswalk files would list the same organizational code of the organization that provided MDPP services to beneficiaries.
- iii. ***Multiple organizational codes associated with one MDPP supplier enrollment:*** If an MDPP supplier has multiple organizational codes associated with a single MDPP supplier enrollment, the MDPP supplier will submit only one crosswalk file. For example, this may be the case if an MDPP supplier includes multiple DPP organizations in a particular region. For each given beneficiary listed in the crosswalk, the supplier should provide the organizational code of the organization that provided MDPP services to that beneficiary.
- iv. ***Beneficiaries who switch between CDC organizational codes within the same MDPP supplier enrollment:*** If an MDPP supplier has multiple organizational codes associated with a single

MDPP supplier enrollment, and it furnishes MDPP services at multiple locations, beneficiaries may choose to switch from one of these locations to another. If a beneficiary switches from one location to another location of that same MDPP supplier, and the new location is associated with a different organizational code, the MDPP supplier should create an additional crosswalk entry (i.e. a new row) within the same crosswalk file for the beneficiary that is associated with the organizational code for the second location.

B. PARTICIPANT CODE

The CDC Diabetes Prevention Recognition Program (DPRP) requires organizations to assign each individual who participates in the organization's DPRP classes (participant) a unique identifier for the purposes of performance data submission. CDC stipulates that this identifier cannot exceed 25 alphanumeric characters and that the same identifier cannot be used more than once per organizational code. For each beneficiary listed in the crosswalk, the MDPP supplier should provide in the column entitled "Participant Code" the unique participant code assigned to that particular beneficiary, which the MDPP supplier created for CDC data submissions. This information must be included for beneficiaries listed in both the "FFS Medicare" tab and the "Medicare Advantage" tab of the crosswalk file.

In accordance with the CDC requirement, all participant codes associated with an organizational code should be unique to a single Medicare beneficiary and should never repeat. Therefore, where an MDPP supplier has only one organizational code associated with its MDPP enrollment, every participant code will be unique. If an MDPP supplier has multiple organizational codes associated with a single enrollment, all participant codes listed in the crosswalk may not be unique, but the combination of the organizational code and the participant code must be unique.

EXAMPLE: An MDPP supplier furnished MDPP services at Location A (associated with CDC organizational code 000123) as well as Location B (associated with CDC organizational code 000456). Location A can assign the participant code 5 to a beneficiary, and Location B can also assign the participant code 5 to a different beneficiary, because the organizational code-participant code combination is unique (000123-5 and 000456-5).

C. MEDICARE IDENTIFIER

Each Medicare beneficiary is assigned an identifier by Medicare. Until recently, these numbers were called Health Insurance Claims Numbers (HICN) and were based on a beneficiary's social security number (SSN). A new, unique Medicare Number is replacing the SSN-based HICN on each new Medicare card. In April 2018, CMS began mailing new Medicare cards to all people with Medicare; all beneficiaries received new cards by April 2019. These new cards have an identification number called the Medicare Beneficiary Identifier (MBI), which is a randomly generated 11 digit alphanumeric number.

There is a transition period (from April 2018 through December 31, 2019) where beneficiaries can use either the HICN or MBI for Medicare transactions. Starting January 1, 2020, beneficiaries must

use the MBI for most Medicare transactions. Learn more about this transition at:

<https://www.cms.gov/medicare/new-medicare-card/nmc-home.html>

Which Medicare identifier to provide on the crosswalk

The MDPP supplier must provide the HCIN or the MBI for each beneficiary listed in the “FFS Medicare” tab. Please note that MBIs and HCINs are Protected Health Information (PHI) and suppliers should handle this information in compliance with all applicable laws and regulations. The “FFS Medicare” tab should have two columns under the “Medicare Identifier” header where the HICN and/or MBI can be entered (in the event that a beneficiary has not yet received their new Medicare Card; see Table 1 above). This will ensure that evaluation data related to a beneficiary can be tracked both before and after the HICN to MBI transition.

Scenarios to determine appropriate Medicare identifier to report:

- If a beneficiary has a HICN: Leave the MBI column blank.
- If a beneficiary has an MBI: Leave the HICN column blank.
- If a beneficiary obtains an MBI during the MDPP services period: Add the beneficiary’s MBI to the MBI column, and remove the HICN in the HICN column.

Example FFS Table:

Organizational Code	Participant Code	Medicare Identifier	
		HICN	MBI
5694730	5	999119999	
5694730	6	555115555	
4890318	5		1EG4TE5MK73
4890318	6	333113333	

How to identify whether a beneficiary has received their MBI

i. MBI Look-up Tool

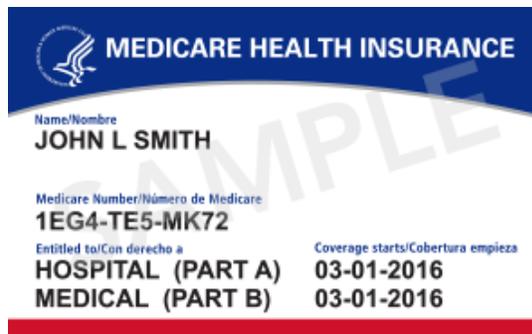
You can use your Medicare Administrative Contractor’s (MAC’s) secure portal Medicare Beneficiary Identifier (MBI) look-up tool, which returns beneficiaries’ MBIs even if the beneficiary has not received his new card yet. If you do not already have access, [sign up](https://www.cms.gov/Medicare/New-Medicare-Card/Providers/MACs-Provider-Portals-by-State.pdf) for your MAC’s portal to use the tool at < <https://www.cms.gov/Medicare/New-Medicare-Card/Providers/MACs-Provider-Portals-by-State.pdf> >

ii. Review Medicare Card

When a beneficiary presents their Medicare card, you can determine whether they have

received their MBI by noting whether the beneficiary’s identifier includes mostly numbers or numbers *and* letters. Because HICNs are based on SSNs they will only include numbers with a letter at the end; MBIs, however, will contain letters and numbers throughout. Here’s an example of an MBI: 1EG4-TE5-MK73

- The MBI’s 2nd, 5th, 8th, and 9th characters will always be a letter.
- Characters 1, 4, 7, 10, and 11 will always be a number.
- The 3rd and 6th characters will be a letter or a number.
- The dashes aren’t used as part of the MBI. They won’t be entered into computer systems or used in file formats.



How to enter HICNs or MBIs in the spreadsheet

Do not use dashes in either the HICNs or the MBIs that are entered in the crosswalk file. The identifiers should be entered in the following format:

- Generally, the HICN will be the Primary Beneficiary Account Holder’s Social Security Number (SSN) plus a Beneficiary Identification Code (BIC). This means that the HICN will be a 9 number SSN plus a BIC composed of no more than two characters. The BIC may be a singular letter of the alphabet, two letters of the alphabet, or one letter of the alphabet and a number. (e.g. 123-45-6789-A1)
- In rare cases, the HICN will be one, two, or three letters of the alphabet followed by 9 numbers. (e.g. WC-A-123-45-6789)
- MBIs should be an 11-digit alpha-numeric identifier (e.g. 1EG4TE5MK72)

Beneficiaries with Medicare Advantage

Because beneficiaries who receive their Medicare Part B coverage via a Medicare Advantage plan will have a member identifier assigned by their MA plan, MDPP suppliers are not required to include the MBI or HICN for beneficiaries listed in the “Medicare Advantage” tab of the crosswalk.

V. NOTIFICATIONS FROM CMS

Email Reminders

Thirty (30) calendar days prior to each quarterly submission due date, CMS will send a reminder via email to MDPP suppliers regarding the upcoming due date. MDPP supplier related updates, information, and reminders—including crosswalk reminders—are sent to MDPP suppliers through the MDPP supplier-specific listserv. Your organization must sign up to be added to the supplier-specific listserv in order to receive these notifications. MDPP suppliers can sign up at any time by

sending a request to be added to the MDPP supplier listserv to the MDPP mailbox at MDPP@cms.hhs.gov. In that request your organization should include at least one contact email. You may contact the MDPP mailbox at any time to request that an email be added or removed from the MDPP Supplier Listserv.

CMS may follow up in writing if an MDPP supplier that was due to submit the crosswalk file does not submit the file by the required due date. MDPP suppliers who do not submit a crosswalk file in a timely manner may have their Medicare enrollment revoked for noncompliance with MDPP supplier standards.

VI. HOW TO SUBMIT THE CROSSWALK FILE

All organizations must submit their crosswalk file using the CMS-provided crosswalk template and the secure File Transfer Protocol (FTP) website created by our contractor, RTI International. This secure website is where you will download the crosswalk file template and securely upload your organization's crosswalk file after the requisite data are entered. To gain access, you will need to register at the link below. Specific login IDs and passwords ensure that only your organization and CMS can access MDPP data uploaded to the FTP site.

REGISTRATION LINK: <https://goo.gl/forms/mVEr0l7B9J12dhjg2>

If you receive an error message when you click on the link, this error message is likely due to your organization's firewall protections. If you encounter this message, please email RTIsuppliercrosswalkhelp@RTI.org and RTI will email you the crosswalk template.

Within two weeks after you register, login information will be sent to your organization along with detailed instructions on how to download the crosswalk template and how to submit it using a secure FTP. MDPP suppliers are encouraged to register far in advance of their first crosswalk file submission so that your organization may gain access to the MDPP crosswalk file template and begin entering your data prior to your first crosswalk file submission date.

CMS does not stipulate who submits the crosswalk file. However, maintenance and submission of the crosswalk file is an MDPP supplier requirement and failure to fully comply with the crosswalk file submission requirement may result in revocation of the organization's enrollment in Medicare as an MDPP supplier. Please keep this in mind if your organization is working with a vendor to furnish services.

VII. ADDITIONAL CROSSWALK RESOURCES

- MDPP Crosswalk File Frequently Asked Questions can be found on the MDPP FAQ page accessed here: <https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/faq.html#crosswalk>
- The MDPP Crosswalk File Guidance Webinar slides can be found at <https://innovation.cms.gov/Files/slides/mdpp-crosswalk-slides.pdf>. The audio can be accessed

at: <https://engage.vevent.com/index.jsp?eid=5779&seid=1084>. You will need to register and enter passcode **qP2v82Rk**.

- For any additional questions, please contact RTIsuppliercrosswalkhelp@rti.org