

## **NEW YORK STATE MEDICAID PROGRAM**

### **Centers for Disease Control and Prevention (CDC) National Diabetes Prevention Program (NDPP)** **- Recognition Attestation**

This attestation pertains to CDC-recognized clinics, groups, individuals, and organizations (hereinafter "Organization") that intend to provide and bill Medicaid for National Diabetes Prevention Program (NDPP) services. These organizations must have achieved pending, preliminary, or full recognition through the CDC's National Diabetes Prevention Recognition Program (DPRP) and are seeking enrollment into New York State (NYS) Medicaid as an NDPP service provider.

The Department of Health (DOH) hereby establishes the Medicaid provider enrollment requirements for the NYS Medicaid Program NDPP category of service. To be eligible to be enrolled as a Medicaid NDPP service provider, the applicant-organization must satisfy the Medicaid provider enrollment requirements and federal and State regulatory standards set forth in this Attestation.

- The Organization attests that it has achieved either pending, preliminary, or full recognition through the CDC's DPRP and is seeking enrollment into the NYS Medicaid Program as an NDPP service provider.
- The Organization attests that it has thoroughly reviewed the NYS Medicaid Program's policy and billing guidelines, and fully understands and agrees that the organization shall be subject to, and bound by, all of the rules, regulations, policies, standards, fee codes and procedures of the DOH including, but not limited to 18 NYCRR Part 504.
- By submitting this attestation, the Organization recognizes that it is required to comply with the Medicaid Program's record-keeping requirements, pursuant to 18 NYCRR §504.3(a). Such records and information shall promptly be made available and furnished upon request by, but not limited to, DOH, the Medicaid Fraud Control Unit of the NYS Office of Attorney General, the NYS Office of the Medicaid Inspector General (OMIG), the Secretary of the Department of Health and Human Services (HHS), or the HHS Office of Inspector General. In addition to the Medicaid program's record-keeping requirements, NDPP organizations are also required to maintain the following:
  - Copies of all documents pertaining to their CDC-DPRP recognition; and
  - A typed roster of all employed or contracted Lifestyle Coaches, which shall include each coach's full name, National Provider Identifier (NPI) number, date of birth (DOB), and Social Security Number (SSN). The roster must include/indicate an accurate change log offsetting forth all Lifestyle Coaches who are added or removed from the NDPP Organization Provider.
  - Complete written documentation establishing that the Organization has verified that its Lifestyle Coaches have 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.
- By submitting this attestation, the Organization recognizes that it 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.
- NDPP-recognized organizations may use trained Lifestyle Coaches to provide NDPP services to NYS Medicaid members. These coaches are required to obtain and maintain a valid NPI at all times. Additionally, a NDPP coach must NOT:
  - Currently have Medicaid or Medicare billing privileges revoked and must not be currently subject

to the reenrollment bar;

- Currently have its Medicaid billing privileges terminated for-cause or be excluded by any state Medicaid agency;
  - Currently be excluded from any other federal health care program, as defined in 42 CFR §1001.2, in accordance with §§1128, 1128A, 1156, 1842, 1862, 1867 or 1892 of the Social Security Act; and
  - Currently be debarred, suspended, or otherwise excluded from participating in any other federal procurement or non-procurement program or activity in accordance with the Federal Acquisition Streamlining Act implementing regulations and the Department of Health and Human Services non-procurement common rule at 45 CFR Part 76.
- The Organizations attests that it has completed the following NYS Medicaid provider enrollment application sections and/or disclosure forms depending on the enrolling provider type:

➤ Newly enrolling CBOs providers are required to complete:

- Section five (5) of the “NYS Medicaid Business Enrollment Form” ([EMEDNY-436701](#)) entitled “Agents, Managing Employees & Those with a Control Interest”, listing all of the Organization’s agents, managing employees and those with a control Interest including, but not necessarily limited to, the following: facility administrator, all members of the board of directors, managing employees, compliance officer, laboratory director, supervising pharmacist, employee/Lifestyle Coach. Organizations enrolling as an NDPP service provider MUST list a lifestyle coach in this section).

**Note:** This policy pertains to all newly enrolling CBO NDPP service providers including those Organizations that are required to obtain and enroll a new National Provider Identifier (NPI) for the sole purpose of enrolling in Medicaid as an NDPP service provider. This includes all Practitioner Group Practices, Hospital Outpatient Departments (OPDs), freestanding Diagnostic and Treatment Centers (D&TCs), and Federally Qualified Health Centers (FQHCs).

CBOs must also complete the “NYS Medicaid Business Disclosure Form” ([EMEDNY-380101](#)) any time they recertify their Medicaid enrollment, or anytime a new Lifestyle Coach is added to their Organization.

➤ Newly enrolling practitioners are required to complete:

- Section five (5) of the “NYS Medicaid Practitioner” enrollment form ([EMEDNY-436801](#)) or Section five (5) of the New York State Medicaid Ordering, Referring, Attending, Prescribing (OPRA) enrollment form ([EMEDNY-436901](#)) entitled “Agents, Managing Employees & Those with a Control Interest”, listing all of the Organization’s agents, managing employees and those with a control Interest – including, but not necessarily limited to, the following: facility administrator, all members of the board of directors, managing employees, compliance officer, laboratory director, supervising pharmacist, employee/Lifestyle Coach. Organizations enrolling as an NDPP service provider MUST list a lifestyle coach in this section).
- Practitioners that are already enrolled in Medicaid under an existing NPI, COS, and/or specialty code, and are looking to add the NDPP specialty code are required to complete:
  - The “NYS Medicaid Practitioners or Physicians Disclosure Form” ([EMEDNY-380104](#)) listing all of the Organization’s agents, managing employees & those with a Control Interest including, but not necessarily limited to, the following: facility administrator, all members of the board of directors, compliance officer, laboratory director, supervising pharmacist, Employee/Lifestyle Coach and managing employees (includes general, business and office managers; all persons who exercise operational or managerial control of a provider; all persons who directly or indirectly conduct the day-to-day operations of a provider). Organizations enrolling as an NDPP service provider MUST list a lifestyle coach in this section).

Practitioners must also complete the “NYS Medicaid Practitioners or Physicians Disclosure Form” ([EMEDNY-380104](#)) any time they recertify their Medicaid enrollment, or anytime a new Lifestyle Coach is added to their Organization.

The Organization **MUST** attest that it has provided the requested information for each Lifestyle Coach providing NDPP services to Medicaid members. The Medicaid-enrolled NDPP service provider is required to complete the following fields for each Lifestyle Coach who delivers NDPP services as an Employee/Agent/Contractor, on its behalf:

- Name;
- Association Type = (Employee/Agent);
- Home Address (Street Address, City, State, Zip)
- SSN; and
- DOB

The Lifestyle Coaches will undergo a background check performed by the DOH to ensure program integrity, and to address the potential risk of fraud, waste, and abuse.

Section 5 of the NYS Medicaid enrollment application **MUST** be completed and submitted for review upon the Organization’s initial enrollment as an NDPP service provider. The Organization **MUST** also complete the appropriate NYS Medicaid Disclosure Form for their provider type at any time thereafter whenever the Organization recertifies their Medicaid enrollment, or anytime a new Lifestyle Coach is added to the Organization. Failure to provide the requested information will result in the application being deemed incomplete and returned to the provider unprocessed; or if the Organization already has been enrolled as an NDPP service provider, its claims for NDPP services may not be reimbursed, and/or the Organization’s enrollment in the Medicaid Program may be terminated.

- The Organization attests that it fully accepts the foregoing duties and responsibilities outlined hereinabove, including verification that the NDPP Lifestyle Coaches’ training and eligibility requirements set forth hereinabove have been met prior to rendering any NDPP services to Medicaid members.

If an NDPP Organization is found to be utilizing a Lifestyle Coach who does not meet the standards set forth by either the DPRP or DOH, the Organization’s NDPP provider enrollment in the Medicaid Program may be terminated.

This attestation form must be completed by the Organization applying for enrollment in the NYS Medicaid Program as an NDPP provider.

I, \_\_\_\_\_, hereby attest that \_\_\_\_\_  
(Print Name of the Provider, Authorized Agent or Managing Employee) (Print name of CDC-recognized organization)

has achieved CDC-DPRP (Pending/Preliminary/Full) recognition and is therefore eligible to enroll in the NYS Medicaid program as an NDPP service provider. Organizations are required to update their DPRP recognition with the NYS DOH Bureau of Provider Enrollment whenever a new DPRP recognition standard has been achieved. Medicaid NDPP enrollment is contingent upon a current, valid CDC-DPRP recognition. CDC-NDPP recognized organizations are required to obtain and maintain their CDC-DPRP recognition at all times in order to maintain their Medicaid NDPP provider enrollment. If the organization fails to maintain a current CDC-DPRP recognition, it will be terminated from Medicaid NDPP provider enrollment, and pursuant to Section 5005(b)(2) of the 21<sup>st</sup> Century Cures Act and Section 1932(d) of the Social Security Act, will also be removed from all Medicaid Managed Care (MMC) networks in which it participates.

Current CDC recognition level awarded (Pending/Preliminary/Full): \_\_\_\_\_

Date CDC recognition awarded: \_\_\_\_\_

Date CDC recognition Valid through date: \_\_\_\_\_

I certify that all statements made herein are true, accurate and complete to the best of my knowledge.

WHOEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION ON THIS ATTESTATION MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS. IN ADDITION, KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OF A REQUEST TO PARTICIPATE OR WHERE THE ENTITY ALREADY PARTICIPATES, A TERMINATION OF ITS AGREEMENT OR CONTRACT WITH THE STATE AGENCY OR SECRETARY, AS APPROPRIATE.

\_\_\_\_\_  
Print Name Authorized Agent

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
NPI of Enrolling Organization

\_\_\_\_\_  
Enrolling Organization Type  
(i.e., CBO, Article 28, Practitioner)

**Mailing Instructions:**

Please submit this completed, signed, and dated attestation form along with copies of the Organization’s Pending recognition e-mail, or the Preliminary/Full recognition correspondence letter that the Organization received from the CDC when it achieved NDPP recognition. Any Organizations which received Full recognition should also include a copy of the NDPP Certificate of Recognition. Please submit these documents along with your completed New York State Medicaid provider enrollment application or maintenance forms to:

<b>Newly Enrolling NDPP Provider Applications</b>	<b>Existing NDPP Providers/ Maintenance Transactions</b>
eMedNY P.O. Box 4603 Rensselaer, NY 12144-4603	eMedNY P.O. Box 4610 Rensselaer, NY 12144-4610