­**Regional Partnership Catalyst Program**

**Diabetes Funding Stream**

**CY 2022 Narrative Report**

The Health Services Cost Review Commission (HSCRC) requires the following narrative for CY 2022 Regional Partnership Catalyst Program participants. The narrative report and budget spreadsheet will be used to measure your Regional Partnership’s progress under the Regional Partnership Catalyst Program.

This report is due March 1, 2023. Please submit to hscrc.grants@maryland.gov.

**Regional Partnership Information**

|  |  |
| --- | --- |
| **Regional Partnership (RP) Name** |  |
| **RP Hospitals** |  |
| **RP Point of Contact (Name, Email)** |  |
| **Total Budget in CY 2022** | CY 2022 Award:CY 2022 Actual Expenditures (from budget template): |
| **Number of Program Partners in CY 2022** |  |

**Appendices to include with report**

1. A Gantt chart demonstrating progress against initial implementation plan. *(Mandatory)*
2. Community Partner Collaboration
	1. A list of all community-based organizations or provider groups, contractors, and/or foundations that have been program partners in CY 2022. Please include the organization type with each name (e.g., faith-based organization, non-profit, academic institution, etc.) *(Mandatory – Template provided)*
	2. An organization or decision flow charts that illustrates community partners’ role in the Regional Partnership. *(Optional)*

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# **1.0 Overall Summary of Regional Partnership Activities in CY 2022**

## Diabetes Prevention Program (DPP) Activities

Please provide a high-level summary of your Regional Partnership’s activities, specific to implementing DPP.

*Narrative Response: 3-4 Paragraphs*

## Diabetes Self-Management Training (DSMT) Activities

Please provide a high-level summary of your Regional Partnership’s activities, specific to implementing DSMT.

*Narrative Response: 3-4 Paragraphs*

# **2.0 Implementation Plan Progress**

Please describe your Regional Partnership’s progress towards the implementation plan submitted in your proposal. Attach a Gantt chart demonstrating progress as an appendix to this report.

*Narrative Response: 2-3 paragraphs*

# **3.0 Diabetes Prevention Program Activity**

## **3.1 Scale Target Performance**

Did your Regional Partnership meet your revised 2022 scale target? Please select: Yes/No

Please share information on successes and challenges that helped you meet or prevented you from meeting your 2022 scale target.

*Narrative Response: 1-3 paragraphs*

## **3.2 DPP Referrals Strategy**

Please describe your Regional Partnership’s approach to driving DPP referrals. What strategies and partnerships have been the most effective at increasing referral volume? What barriers have you encountered and how have you mitigated those barriers?

*Narrative Response: 1-3 paragraphs*

## **3.3 DPP Enrollment & Retention Strategy**

### 3.3.1 Enrollment Activities

What strategies did your Regional Partnership use to enroll referred patients into DPP?

*Narrative Response: 1-3 paragraphs*

### 3.3.2 DPP Cohorts

|  |  |
| --- | --- |
|  | **Delivery Method** |
| ***Cohort Count*** | ***Online*** | ***Distance-Learning*** | ***In-Person*** | ***Combined*** |
| **New 2022 Cohorts** |  |  |  |  |
| **Ending 2021 Cohorts** |  |  |  |  |
| **TOTAL** |  |  |  |  |

### 3.3.3 Retention Strategies

How is your Regional Partnership retaining patients in your program? Please list the retention strategies used. Note: HSCRC measures retention using Medicare and Medicaid claims indicating 9 core sessions or Milestone 3 (G9875).

*Narrative Response: 2-3 paragraphs*

## **3.4 Physician and Provider Engagement**

### 3.4.1 Engagement Strategies

How has your Regional Partnership engaged physician practices and other providers to drive DPP referrals and enrollment?

*Narrative Response: 1-2 paragraphs*

### 3.4.2 Practice Type

How have strategies differed between hospital-owned and community-based practices? Which have been the most effective?

*Narrative Response: 1-2 paragraphs*

### 3.4.3 Maryland Primary Care Program (MDPCP) Practice Engagement

Please specify any activities specific to engaging MDPCP practices and Care Transformation Organizations (CTOs).

*Narrative Response: 1-2 paragraphs*

## **3.5. Managed Care Organization (MCO) Engagement**

How has your Regional Partnership leveraged its relationship with area MCOs to engage the Medicaid patient population? Please list out partner MCOs.

*Narrative Response: 1 paragraph, bullet MCOs*

## **3.6 DPP Wraparound Services**

### 3.6.1 Wraparound Services Offered

Please list and describe the wraparound services your Regional Partnership is offering to DPP participants (e.g. food access, transportation, exercise programs).

*Narrative Response: Bullets and 1 paragraph for each*

### 3.6.2 Screening & Referral Process

Describe your screening and referral process for wraparound services (if any) to identify and enroll eligible participants.

*Narrative Response: 1 paragraph*

## **3.7 DPP Providers and Billing**

### 3.7.1 Billing Progress

Please provide an update on your billing timeline. When did your Regional Partnership begin billing (specify by payer, including individual MCOs). If your Regional Partnership has not started billing, please provide an estimated start date.

Additionally, please complete the table below showing billing status as of December 31, 2022.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DPP Provider** | **Total Count** | **# of Providers Billing Medicare FFS** | **# Providers Billing Medicaid** | **# Providers Billing Commercial** | **# Providers NOT Billing** |
| Hospital-Based DPP |  |  |  |  |  |
| Community Providers |  |  |  |  |  |
| **Total Number of DPP Provider Partners** |  |  |  |  |  |

### 3.7.2 Revenue and Funding

*If available,* please share the amount of revenue generated from *billing* by DPP providers working with your Regional Partnership. \_\_\_\_\_\_\_\_\_\_\_\_

Please share amounts and breakdown of funding sources supporting DPP providers working with your Regional Partnership.

|  |  |  |
| --- | --- | --- |
| **Funding Source/Payer** | **Amount** | **% of Total Funding** |
| Medicare Billing |  |  |
| Medicaid Billing |  |  |
| Commercial Billing |  |  |
| Other (Describe) |  |  |
| Grant Funding (excluding Regional Partnership Catalyst Program funding) |  |  |
| **TOTAL FUNDING** |  | **100%** |

### 3.7.3 Umbrella Hub Arrangements

If applicable, please list any umbrella hub arrangements your Regional Partnership has established or is actively working to establish.

*Narrative Response: 2-3 paragraphs*

## **3.8 Goals and Milestones**

In addition to HSCRC scale targets, please share any goals and milestones that your Regional Partnership is using to track progress or impact.

*Narrative Response: 2-3 paragraphs*

# **4.0 Diabetes Self-Management Training Activity**

## **4.1 Scale Target Performance**

Although HSCRC only monitored DSMT performance in 2022, please share information on how your Regional Partnership intends to meet its 2023 DSMT goals.

*Narrative Response: 2-3 paragraphs*

## **4.2 DSMT Expansion Strategy**

### 4.2.1 Class Model

Is your Regional Partnership supporting group-based on one-on-one classes? Why has your Regional Partnership chosen this model?

*Narrative Response: 1-2 paragraphs*

### 4.2.2 Successful Strategies

What strategies and partnerships have been the most effective at expanding patient access and participation in DSMT?

*Narrative Response: 2-3 paragraphs*

### 4.2.3 Non-Medicare DSMT

While HSCRC is measuring DSMT performance using Medicare claims data, please describe DSMT activities with the non-Medicare population.

*Narrative Response: 1 paragraph*

## **4.3 DSMT Billing**

### 4.3.1 Billing Progress

Will all of your preferred DSMT providers begin billing Medicare for DSMT in 2023 if they have not yet started?

*Narrative Response: 1 paragraph*

### 4.3.2 Commercial Billing

Do your RP and preferred DSMT providers bill commercial payers for DSMT?

*Narrative Response: 1 paragraph*

### 4.3.3 MNT Billing

Do your RP and preferred DSMT providers offer MNT to complement DSMT services? If so, do you bill for MNT?

*Narrative Response: 1 paragraph*

## **4.4 DSMT Wraparound Services & Medical Nutrition Therapy (MNT)**

### 4.4.1 Wraparound Services Offered

Please list and describe the wraparound services (including MNT) your Regional Partnership is offering to DSMT patients (e.g. food access, transportation, exercise programs).

*Narrative Response: Bullets and 1 paragraph for each*

### 4.4.2 Screening & Referral Process

Describe your screening and referral process for wraparound services (if any) to identify and enroll eligible participants.

*Narrative Response: 1 paragraph*

## **4.5 Goals & Milestones**

In addition to HSCRC scale targets, please share any goals and milestones that your Regional Partnership is using to track progress or impact.

*Narrative Response: 2-3 paragraphs*

# **5.0 Community Partner Collaboration**

*To include as appendices:*

1. *A list of all community-based organizations or provider groups, contractors, and/or foundations that have been program partners in CY 2022. Please include the organization type with each name (e.g. faith-based organization, non-profit, academic institution.)*
2. *If available, an organization or decision flow charts that illustrates community partners’ role in the Regional Partnership.*

## **5.1 Summary**

What is your total number of community partners? \_\_\_\_\_\_\_\_\_\_\_\_

Please share information on collaborative activities with community partners.

*Narrative Response: 2-3 paragraphs*

## **5.2 Financial Support and Resource Sharing**

Please share information on financial support and resource sharing arrangements that exist with community partners.

**Direct Financial Support**

How many community partners received direct financial support from your Regional Partnership? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the total value of the direct financial support? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What services were funded through this support?

*Narrative Response: 1 paragraph*

**In-Kind Financial Support**

How many community partners received in-kind financial support from your Regional Partnership? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the total value of the in-kind financial support? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What services were funded through this support?

*Narrative Response: 1 paragraph*

**Resource Sharing**

How many community partners participated in resource sharing with your Regional Partnership?

What kinds of resources were shared through this partnership?

*Narrative Response: 1 paragraph*

# **6.0 Budget Narrative**

Please complete the Excel budget template provided and show approved budget and actual expenditures, as well as any revenue from billing, if available. **All financials must be aggregated into a single table that shows combined Regional Partnership spending activities**. Depending on your Regional Partnership’s approach to managing financials, Regional Partnerships may include a separate spreadsheet for each hospital, *in addition to the combined budget report*. These reports will be used for HSCRC staff audit purposes.

## **6.1 Financial Management Arrangement**

Briefly describe your Regional Partnership’s approach to managing funds (i.e., did each partner hospital manage separate budgets or was funding pooled and managed by a single entity).

*Narrative response: 1 paragraph*

## **6.2 Expenditure Narrative**

Please provide any additional information on expenditures for each category.

*Narrative response: 1 paragraph each*

### 6.2.1 Workforce/Type of Staff

### 6.2.2 IT/Technologies

### 6.2.3 Wrap-Around Services

### 6.2.4 Other Implementation Activities

### 6.2.5 Indirect Costs

## **6.3 Revenue Narrative**

Please provide any information, if available, on revenue generated from billing for DPP and DSMT.

*Narrative response, 1-3 paragraphs.*

# **7.0 Health Equity**

Please share how your Regional Partnership has worked to address health equity in your activities.

*Narrative response, 1-3 paragraphs.*

# **8.0 Social Needs Screening**

Please share how your Regional Partnership has incorporated social needs screening into program activities. What have been some of the main social needs identified in potential DPP and DSMT participants?

# **9.0 Lessons Learned - (Optional)**

Please include a brief summary of the obstacles encountered during the year and best practices that have emerged out of program implementation.

*Narrative Response, 1-3 paragraphs.*

# **10.0 Other - (Optional)**

Please share any additional information that you believe would help the HSCRC enhance program administration activities.