

# Michigan Diabetes Prevention Program Pre-Enrollment Form

If you have questions, please contact the Michigan Department of Health and Human Services (MDHHS) Diabetes and Kidney Unit (DKU) at [MDHHS-Medicaid-DPP@Michigan.gov](mailto:MDHHS-Medicaid-DPP@Michigan.gov).

All providers are required to use the Community Health Automated Medicaid Processing System (CHAMPS) which is the MDHHS web-based, rules-driven, real-time adjudication Medicaid Management System.

In order to be approved to enroll in CHAMPS, please fill out the information below and send to [MDHHS-Medicaid-DPP@Michigan.gov](mailto:MDHHS-Medicaid-DPP@Michigan.gov) when completed, along with supporting documents. MDHHS DKU will review and approve, or follow up if additional information is needed. Once approved by MDHHS DKU, organizations can proceed to Michigan Diabetes Prevention Program (MiDPP) provider enrollment in CHAMPS.

Name of Organization (must match CDC DPRP records): \_\_\_\_\_

Organization NPI for MiDPP: \_\_\_\_\_

Administration Address: \_\_\_\_\_

DPP Point of Contact Name and Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Attestation of the Centers for Disease Control and Prevention Diabetes Prevention Recognition Program Certification. Check all that apply.

\_\_\_ The organization attests that it has obtained recognition through the Centers for Disease Control and Prevention (CDC) Diabetes Prevention Recognition Program (DPRP).

\_\_\_ The organization maintains and has attached documentation from the CDC indicating its status (for each delivery mode) and will notify MDHHS DKU of any change in recognition status within 30 days.

## CDC approved delivery mode(s). Check all that apply and list org code for each.

\_\_\_ In-person

Org Code \_\_\_\_\_ Recognition status \_\_\_\_\_ Expiration date \_\_\_\_\_

\_\_\_ Online

Org Code \_\_\_\_\_ Recognition status \_\_\_\_\_ Expiration date \_\_\_\_\_

Distance Learning

Org Code \_\_\_\_\_ Recognition status \_\_\_\_\_ Expiration date \_\_\_\_\_

Combination

Org Code \_\_\_\_\_ Recognition status \_\_\_\_\_ Expiration date \_\_\_\_\_

### **Attached documentation of DPRP status. Choose one.**

Yes.

No. Please attach explanation.

### **Attestation of the following. Check all that apply.**

All of these do not need to be submitted to DKU at the time of application. However, please be prepared for provider enrollment to request applicable documents.

Employer/Taxpayer Identification Number (EIN/TIN).

Articles of incorporation/organization.

Tax identification letter.

Non-Profit Organization 501(c) tax letter, if applicable.

Organizational NPI for MiDPP.

Ownership details for all individuals with 5% or more ownership. Fingerprinting/background check will be required for those with 5% or more ownership.

### **Attestation of lifestyle coach qualifications. Check all that apply.**

The organization attests that all lifestyle coaches have successfully completed a CDC-approved lifestyle coach training course and have exhibited the competencies necessary to deliver the National Diabetes Prevention Program Lifestyle Change Program curriculum as stipulated by the CDC through the most current DPRP standards.

The organization maintains a typed roster of all lifestyle coaches who are in good standing, which includes each coach's full name, NPI, birth date, home address and Social Security number; with proof of their qualifications as described above, and will be able to provide supporting documentation if requested by the MDHHS DKU.

### **Attached roster of lifestyle coaches. Include only names and NPI numbers for each.**

Yes.

No. Please attach explanation.

## Attached documentation of lifestyle coach training certificates. Choose one.

Yes.

No. Please attach explanation.

## Attestation of CDC-recognized organization recordkeeping.

The organization's records will include an attestation from the CDC-recognized organization, as applicable, that the Medicaid participant for whom it is submitting a claim, has met the eligibility criteria, attendance, and weight loss measures described in the MiDPP eligibility criteria and reimbursement methodology. This includes documentation of recommendation from licensed health care provider.

## Attestation of fingerprint-based criminal background check completion.

The organization understands that all owners with 5% or more direct or indirect ownership interest will be required to complete a fingerprint-based criminal background check (FCBC) as required by the Centers for Medicare and Medicaid Services (CMS).

## Attestation of enrollment in SIGMA as a vendor.

The organization has completed [enrollment in SIGMA as a vendor](#). If you have questions, please contact the State of Michigan (SIGMA VSS) Support Center at SIGMA-Vendor@Michigan.gov or by calling 517-284-0550. The State of Michigan SIGMA VSS Support Center office hours are 7:00 AM until 5:00 PM EST, Monday through Friday.

## Attestation of an enrollment site visit conducted.

The organization understands that a site visit will be conducted for all organizations that are newly enrolled in Medicaid and are not currently enrolled in Medicare.

## Provider enrollment training.

Note: It is recommended that if new to Medicaid, the organization reviews the [provider enrollment training](#).

Michigan.gov/Diabetes

