



Medicare Outpatient Observation Notice (MOON)

The MOON is mandated by the Federal Notice of Observation Treatment and Implication for Care Eligibility Act (NOTICE Act), passed on August 6, 2015. This law amended Section 18669(a)(1) of the Social Security Act by adding new subparagraph (Y) that requires hospitals and critical access hospital (CAHs) to provide written notification and oral explanation of such notification to individuals receiving observation services as outpatients for more than 24 hours at the hospital or CAHS.

- The MOON is a form that must be delivered before the member receives 24 hours of observation as an outpatient.
- If the member is transferred, discharged or admitted, the MOON still must be delivered no later than 36 hours following initiation of observation services.
- The start time of observation services is measured as the clock time observation services are initiated in accordance with a physician's order.
- The MOON notice is required to be delivered to psychiatric hospital.

Further information about the MOON can be found in CMS site:

<https://www.cms.gov/Medicare/Medicare-General-Information/BNI/MOON.html>

Instructions on how to complete the MOON can be found at:

<https://www.cms.gov/Medicare/Medicare-General-Information/BNI/Downloads/CR9935-MOON-Instructions.pdf>

MEDICARE DIABETES PREVENTION PROGRAM (MDPP)

The MDPP is an expansion of CMS's Diabetes Prevention Program under the authority of Section 11154(b) of the Social Security Act.

The MDPP aims to prevent the onset of type 2 diabetes among eligible Medicare members with an indication of pre-diabetes. The goal of the intervention is lowering the progression to type two (2) diabetes, measured using a proxy of at least 5% average weight loss. The program includes 16 core group-based, classroom-style sessions over a period of 6 months, which provide training in dietary changes, physical activity and weight control. After the core sessions, monthly follow up meetings are available to members in order to maintain healthy behavior.



The Program begins April 1, 2018, and there's no cost for eligible members. Eligible members may participate in the core sessions as a one-time benefit. If the members do not meet the program goals, they are not eligible to take part in the follow-up meetings and can't start over, even if they change insurance carriers.

Providers wanting to offer the MDPP services must be reviewed and certified by the Centers of Medicare & Medicaid Services (CMS). This network of providers is still being developed and some areas may not have a certified provider.

For more information, visit CMS's [Medicare Diabetes Prevention Program \(MDPP\) Expanded Model](#) page.

Looking for a MDPP Supplier? Access the [MDPP Supplier Map](#) or view a list of [Current MDPP Suppliers](#).

Have additional Questions about the program? Access the CMS [Frequently Asked Questions](#) page.