

## Making a Case for Coverage: State Survey

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This survey was developed by the National Association of Chronic Disease Directors (NACDD) and Leavitt Partners to help states identify options and priorities for Medicaid coverage. The questions in this survey are intended for both public health and Medicaid and help capture information that can serve as a first step in determining which pathway to coverage might be the most viable in a given state.

For questions about this survey and its use, please contact: [coveragetoolkit@chronicdisease.org](mailto:coveragetoolkit@chronicdisease.org) or visit [coveragetoolkit.org](http://coveragetoolkit.org)

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### Setting the Stage

1. Has your state engaged in any efforts to achieve coverage of the National DPP lifestyle change program by different payer types? Choose all that apply.
  - a. Medicaid
  - b. Medicare
  - c. Private or commercial insurers
  - d. Employer groups
  - e. State employees
  - f. Other (specify):
  - g. No efforts

#### If you answered (a – f):

- 1.1 Please describe your state's efforts to achieve coverage of the National DPP lifestyle change program, including how long your state has engaged in these efforts and who has been leading them.
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2. Which coverage options or National DPP lifestyle change program topics would you most benefit from more information on? Choose all that apply.
    - a. Medicaid Coverage
      - i. State plan amendment and review
      - ii. 1115 waiver development
      - iii. Medicaid managed care coverage options
    - b. National DPP lifestyle change program delivery
      - i. Delivery options
      - ii. Screening & identification
      - iii. Recruitment & referral
      - iv. Enrollment & retention
      - v. Network management
    - c. CDC-recognized organization network adequacy

- d. Contracting
  - i. State MCO contract amendments
  - ii. Cost, reimbursement & rate setting
  - iii. Contracting with CDC-recognized organizations
- e. Coding & Billing
  - i. Claims processing
- f. Invoicing
- g. Making the case for coverage in Medicaid
  - i. Communication between public health and Medicaid
  - ii. Data and budget projection
  - iii. Informing leadership/decision makers
- h. Other (specify):

3. Do you have any upcoming meetings and/or presentations with stakeholders that you could leverage to present information on coverage for the National DPP?
- a. Yes
  - b. No

If YES:

3.1 Please describe your upcoming meeting and/or presentation and how you might prepare.

3.2 When is your upcoming meeting and/or presentation expected to take place?

### Governance/Political Climate

4. To your knowledge, have any political leaders in your state expressed sentiments regarding addressing diabetes, prediabetes, or preventive care?
- a. Yes
  - b. No
  - c. I don't know

If YES:

4.1 What was the nature of the sentiments expressed?

5. Has your state Medicaid agency shown interest in addressing preventive care?
- a. Yes
  - b. No
  - c. I don't know

6. What political factors or challenges exist in your state that could affect coverage of the National DPP lifestyle change program in Medicaid? (i.e., budget constraints, a high percentage of the population with diabetes, other pressing priorities, etc.). Please describe:

### Medicaid Coverage

*The questions in this section are targeted for Medicaid professionals, but public health representatives are also encouraged to respond.*

7. Does your state Medicaid State Plan currently cover any preventive programs, like the National DPP lifestyle change program?
  - a. Yes
  - b. No
  - c. I don't know
  
8. Which of the following services are covered by your Medicaid State Plan? Select all that apply.
  - a. Screening
  - b. Intensive behavioral counseling
  - c. Preventative services
  - d. None of the above
  - e. I don't know
  
9. According to the CDC's DPRP standards, the National DPP lifestyle change program can be administered by either health professionals or non-licensed personnel who serve as trained program "lifestyle coaches". Does your Medicaid State Plan currently allow for non-licensed personnel to provide Medicaid services?
  - a. Yes
  - b. No
  - c. I don't know
  
10. Which of the options below best describes your state's interest level in exploring a State Plan Amendment (SPA) that could be used to support the National DPP lifestyle change program in the future?
  - a. Not at all interested
  - b. Somewhat interested
  - c. Very interested
  - d. I'm not sure

11. Does your state have a 1115 Medicaid waiver that could be used to support the inclusion of the National DPP lifestyle change program? (i.e., a focus on population health, preventive health, etc.)
- Yes
  - No
  - I don't know

If NO:

- 11.1 Which of the options below best describes your state's interest level in exploring a 1115 waiver that could be used to support the National DPP lifestyle change program in the future?
- Not at all interested
  - Somewhat interested
  - Very interested
  - I'm not sure

12. Does your state have any 2703 Medicaid health homes? Note: The Medicaid Health Home State Plan Option, authorized under the Affordable Care Act (Section 2703), allows states to design health homes to provide comprehensive care coordination for Medicaid beneficiaries with chronic conditions.
- Yes
  - No
  - I don't know

If YES:

- 12.1 Is diabetes a focus of any of your state's 2703 Medicaid health homes?
- Yes
  - No

If NO:

- 12.2 Which of the options below best describes your state's interest level in exploring a 2703 Medicaid Health Home State Plan Option that could be used to support the National DPP lifestyle change program in the future?
- Not at all interested
  - Somewhat interested
  - Very interested
  - I'm not sure

### State Coding and Billing Process

*The questions in this section are targeted for Medicaid professionals, but public health representatives are encouraged to respond.*

13. If your state was to cover the National DPP lifestyle change program, do you envision covering it through managed care or on a fee-for-service basis?
  - a. Managed care
  - b. Fee-for-service
  - c. Unknown at this time
  
14. Has your state Medicaid agency established a fee schedule for reimbursing services that are similar to those provided by the National DPP lifestyle program? (i.e., screening, intensive behavioral counseling, preventive services, etc.)
  - a. Yes
  - b. No
  - c. I don't know
  
15. Has or is your state Medicaid agency willing to engage in conversations around coding and billing for the National DPP lifestyle change program?
  - a. Yes
  - b. No
  - c. Explain:
  
16. Would your state, or any Medicaid managed care organizations (MCOs) in your state, be interested in considering a value-based payment model (i.e., one in which payments are made with respect to participants meeting program milestones such as attendance and/or weight loss goals)?
  - a. Yes
  - b. No
  - c. Explain:

## Medicaid Managed Care

*The questions in this section are targeted for Medicaid professionals, but public health representatives are encouraged to respond.*

17. Does your state have Medicaid managed care organizations (MCOs)?
- Yes
  - No

If YES:

- 17.1 Is your agency or has your agency ever been in communication with any of the Medicaid MCOs operating in your state regarding coverage of the National DPP lifestyle change program or other preventive care or disease management programs?
- Yes
  - No
- 17.2 What topics are the Medicaid MCOs in your state focusing on for their Performance Improvement Projects?

18. Do the Medicaid MCOs in your state provide value-added services?
- Yes
  - No

If YES:

- 18.1 Does your state mandate that Medicaid MCOs provide value-added services?
- Yes
  - No
- 18.2 Does your state mandate that Medicaid MCOs provide either of the following? Select all that apply.
- Diabetes management programs
  - Disease management programs (other than diabetes)
  - None of the above
- 18.3 Do the MCOs in your state offer incentives or program supports (such as transportation or assistance with childcare) for participating in disease management or other managed care programs?
- Yes
  - No
  - I don't know

### Program Delivery Options

19. Which of the following delivery options for the National DPP lifestyle change program do you think would work well in your state? Select all that apply.
  - a. In-person: the program is delivered where participants are physically present in a classroom-like setting.
  - b. Online or virtual: the program is delivered 100% online, with participants accessing course resources and a coach via a computer, laptop, tablet, smart phone, or other device with Internet access.
  - c. Distance learning or telehealth: the program is delivered remotely, where the lifestyle coach is present in one location and participants are calling or video-conferencing in from another location (live).
  - d. Combination approach: the program is delivered as a combination of any of the previously defined delivery modes (a – c above).
  
20. Does your state Medicaid program allow for the remote provision of services? (e.g., telehealth or other virtual modality)
  - a. Yes
  - b. No
  - c. I don't know
  
21. Are any of the program delivery networks described in Question #19 currently established in your state?

### CDC-Recognized Organization Landscape

*The questions in this section are targeted for public health professionals, but Medicaid representatives are encouraged to respond.*

22. What types of organizations currently offer the National DPP lifestyle change program in your state? Select all that apply.
- a. MCOs become CDC-recognized and offer the program themselves.
  - b. Diabetes Self-Management Education and Support programs (DSMES)
  - c. Community organizations
  - d. Faith-based organizations
  - e. Local health departments
  - f. Health care facilities
  - g. Virtual providers
  - h. Other, specify:
23. Which of the following organization types do you think would work well in your state for the National DPP lifestyle change program? Select all that apply.
- i. MCOs become CDC-recognized and offer the program themselves.
  - j. Diabetes Self-Management Education and Support programs (DSMES)
  - k. Community organizations
  - l. Faith-based organizations
  - m. Local health departments
  - n. Health care facilities
  - o. Virtual providers
  - p. Other, specify:
24. How do you currently convene or communicate with the CDC-recognized organizations in your state?
25. Have you done an assessment of where CDC-recognized organizations are located in your state?
- a. Yes
  - b. No

If YES:

- 25.1 In a few sentences, please explain the results of your assessment. For example, do you have multiple CDC-recognized organizations operating throughout the state? Do you have a few large organizations that can extend their reach into rural areas?



26. Do you have a plan for ensuring there are sufficient CDC-recognized organizations in rural or frontier areas?
- a. Yes
  - b. No

If YES:

- 26.1 How do you plan to ensure there are sufficient CDC-recognized organizations in rural or frontier areas?

27. Are any of the CDC-recognized organizations in your state currently Medicaid-enrolled providers?
- a. Yes
  - b. No
  - c. Don't know/not sure

28. Are any of the health professionals or non-licensed personnel who serve as trained "lifestyle coaches" in your state currently Medicaid-enrolled providers?
- d. Yes
  - e. No
  - f. Don't know/not sure

29. Please use the scale below to rate how well the CDC-recognized organizations in your state can meet the following with respect to state Medicaid rules and regulations.

<b>CDC-Recognized Organizations</b>	<b>Most do not have the ability to exchange this data</b>	<b>About half have ability to exchange this data</b>	<b>Most are fully capable of exchanging this data</b>	<b>Unknown</b>
Exchange Medicaid <b>eligibility information</b> with the Medicaid agency or Medicaid MCOs				
Exchange <b>encounter data</b> with the Medicaid agency or Medicaid MCOs				
Exchange <b>claims or cost data</b> with the Medicaid agency or Medicaid MCOs				
Comply with Medicaid <b>privacy and data security standards</b> (e.g., HIPAA)				
<b>Collect, track, and exchange data</b> with CDC in order to achieve CDC-recognition				

30. Additional comments on the ratings above: