

Prospective Contract Components

Between a Medicaid Payer and a CDC-Recognized Organization

This document is intended to be educational in nature, providing elements to consider when contracting between a Medicaid payer (Payer) and a CDC-recognized organization (Organization). Entities should consult with an attorney or contract specialist when establishing such an agreement. The following elements may be considered:

Section I. Certification	2
Section II. Program Description	
Section III. Definitions	
Section IV. Eligibility and Frequency Limits	
Section V. Scope of Services	
Section VI. Enrollment, Promotion, and Delivery	
Section VII. Coding and Billing	3
Section VIII. Payment Schedule	4
Section IX. Reporting and Data Sharing	4
Section X. Health Insurance Portability and Accountability Act (HIPAA)	4
Section XI. Fraud and Abuse	4
Section XII. Termination	4

coveragetoolkit.org

Section I. Certification

Organization affirms that it currently holds pending, preliminary, or full recognition from the Centers for Disease Control and Prevention (CDC) Diabetes Prevention Recognition Program (DPRP) to furnish National Diabetes Prevention Program (National DPP) lifestyle change program services. Organization also affirms that it is a Medicaid-enrolled provider.

Section II. Program Description

The CDC-recognized National DPP lifestyle change program is a one-year, evidence-based program for individuals with prediabetes and/or at high risk for type 2 diabetes. Through involvement in this program, eligible participants can delay or prevent progression to type 2 diabetes through five (5) to seven (7) percent weight loss and achievement of 150 minutes of exercise each week.

Section III. Definitions

- a. ADA Type 2 Diabetes Risk Test. A seven-question test developed by the American Diabetes Association to determine an individual's risk for type 2 diabetes. The test can be accessed at: http://main.diabetes.org/dorg/PDFs/risk-test-paper-version.pdf
- b. CDC Prediabetes Risk Test. A seven-question test developed by the CDC to determine an individual's risk for prediabetes. The test can be accessed at: https://www.cdc.gov/diabetes/prevention/pdf/prediabetestest.pdf
- c. CDC-recognized organization. An organization that offers the National DPP lifestyle change program and has received pending, preliminary, or full recognition from the Diabetes Prevention Recognition Program.
- d. Diabetes Prevention Recognition Program (DPRP). A CDC-established program to ensure high quality implementation of the National DPP lifestyle change program. It sets standards by which organizations obtain CDC recognition.
- e. National DPP lifestyle change program. A CDC-recognized, evidence-based program designed to delay or prevent a participant's progression to type 2 diabetes.
- f. Core sessions. Weekly sessions in which individuals participate during the first six (6) months of the program (16 sessions total). The sessions are focused on teaching participants healthy lifestyle choices and assisting them in losing weight.
- g. Core maintenance sessions. Monthly sessions in which individuals participate during the second six (6) months of the program (six (6) sessions total). These sessions are focused on maintaining healthy lifestyle choices and weight loss.

Section IV. Eligibility and Frequency Limits

Eligibility determination for the program will be the responsibility of the Organization. Eligibility criteria, as outlined by CDC, is as follows:

Participants:

- a. must be at least 18 years old, and
- b. must be overweight (body mass index ≥ 25 ; ≥ 23 if Asian), and
- c. have had no previous diagnosis of type 1 or type 2 diabetes, and
- d. have a blood test result in the prediabetes range within the past year:
 - Hemoglobin A1C: 5.7%–6.4%, or i.

coveragetoolkit.org

- Fasting plasma glucose: 100–125 mg/dL, or
- Two-hour plasma glucose (after a 75 gm glucose load): 140–199 mg/dL, or iii.
- e. Be previously diagnosed with gestational diabetes, or
- f. Score 9 or higher on the CDC Prediabetes Risk Test, or
- g. Score 5 or higher on the ADA Type 2 Diabetes Risk Test.

A physician referral shall not be required for program eligibility. The program may be covered up to XX times per beneficiary per lifetime.

Section V. Scope of Services

Organization shall furnish items and services to persons with prediabetes and/or at high risk for type 2 diabetes under a National DPP lifestyle change program that has full, pending or preliminary recognition from the CDC DPRP. Such services include, but are not limited to:

- a. Sixteen (16) weekly sessions during the first six (6) months (core sessions)
- b. Six (6) monthly sessions during the second six (6) months (core maintenance sessions)
- c. Incentives may be provided to participants, but Organization must provide the funding for such
- d. A lifestyle coach, meeting CDC DPRP standards, to run each session
- e. Facility to host the sessions (unless an online or virtual delivery format)
- f. National DPP lifestyle change program curriculum, as approved by CDC
- g. Other items or services as required by the DPRP

Section VI. Enrollment, Promotion, and Delivery

Payer shall work with Organization to identify potentially eligible beneficiaries for the program. Organization will be responsible for administering enrollment campaigns through phone, email, or any other communication channels to which Payer and Organization agree, using beneficiary contact information provided by Payer.

Organization will partner with the Payer to, at a minimum:

- a. Promote the National DPP lifestyle change program to eligible beneficiaries.
- b. Enroll XX of the Payer's beneficiaries into the program.
- c. Provide reports on promotional activities at least biannually.
- d. Partner with health care providers to promote the program and refer patients

Organization may deliver the National DPP lifestyle change program through an online, virtual, or inperson format. In-person sessions may be delivered at health or community centers.

Section VII. Coding and Billing

Two CPT Category III codes may be used to submit claims:

a. 0403T - Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day. Used for programs provided in person.

coveragetoolkit.org

b. 0488T - Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day. Used for programs provided online or via electronic technology but may still contain some in-person components.

Section VIII. Payment Schedule

Organization will be reimbursed by Payer for all services provided under this agreement as set forth in schedule XX. Fees will be billed as a claim monthly, unless otherwise agreed upon by the parties.

Section IX. Reporting and Data Sharing

Organization shall provide [monthly, bi-monthly, quarterly] participant status reports to Payer which will contain data on beneficiaries related to enrollment, engagement, retention, and weight-loss progress.

The Organization shall release to Payer, upon request, any additional information necessary for the Payer to perform any of its contractual and regulatory obligations, including, but not limited to, its records, reporting, and quality assurance duties. The Organization's facilities and records shall be open to inspection by the Payer, and the Organization is subject to all audits and inspections to the same extent that audits and inspections may be required of the Payer under law or under its contract. Copies of Organization's medical records pertaining to the Payer's enrollees, if any, shall be furnished to the Payer upon request for transfer to a subsequent provider in the event of a termination of this agreement.

Section X. Health Insurance Portability and Accountability Act (HIPAA)

All parties must protect the confidentiality of patient protected health information and will use and disclose patient data in accordance with HIPAA and other applicable privacy laws and regulations.

Section XI. Fraud and Abuse

Organization must report any possible instances of Medicaid fraud to the Payer immediately upon receipt of information.

Section XII. Termination

Either party may terminate this agreement at any time for any reason, upon ninety (90) days' prior written notice to the other party. This Agreement will automatically terminate upon the termination or expiration of the Agreement.