

Step-by-Step Guide to Using the National Diabetes Prevention Program (National DPP) Coverage Toolkit for Commercial Payers and Employers:

How to get started and what payers need to know for success

The information in this document, as well as additional information about the National DPP lifestyle change program, is available from <https://coveragetoolkit.org/>

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The resources found in the steps below provide links to pages on the coveragetoolkit.org where users can find additional information about the topics listed in that specific step. Users of this guide are encouraged to explore the sections of the National DPP Coverage Toolkit (Coverage Toolkit) as they consider the topics listed. For questions about this document or the coveragetoolkit.org website, please contact: coveragetoolkit@chronicdisease.org

Step #1: Gathering Information

About the National DPP Lifestyle Change Program

<https://coveragetoolkit.org/about-national-dpp/>

Investing in efforts to slow or prevent the development of type 2 diabetes results in reduced costs and healthier populations. To address the growing problems of prediabetes and type 2 diabetes, CDC has established the **National DPP** lifestyle change program, which is an evidence-based program focused on helping at-risk participants make positive lifestyle changes such as eating healthier, reducing stress, and increasing physical activity.

1 See <https://coveragetoolkit.org/> for more information.

Key National DPP Lifestyle Change Program Facts

<https://coveragetoolkit.org/about-national-dpp/ndpp-overview/>

Below are some of the key aspects about the National DPP lifestyle change program.

- Designed for **eligible** people 18 years or older who have prediabetes or are at-risk for type 2 diabetes.
- Year-long program **delivered** in-person, online, or through a combination approach.
- Includes a minimum of 16 weekly sessions during the first six months and six monthly sessions during the second six months.
- Taught by **trained lifestyle coaches** (health professionals or non-licensed personnel).
- Includes group support (recommended group size ranges between 10 and 25 participants. Online groups may be larger).
- Organizations offering the National DPP lifestyle change program can use a **curriculum** developed by CDC, develop their own curriculum and submit it to CDC for approval, or receive permission to use another organization's curriculum.
- Thousands of **CDC-recognized organizations** deliver the National DPP lifestyle change program across the 50 states and D.C.

Evidence-Based Program

<https://coveragetoolkit.org/about-national-dpp/evidence/>

<https://coveragetoolkit.org/quality-metrics/>

The National DPP lifestyle change program is an **evidenced-based** program. People with prediabetes who take part in this structured lifestyle change program can cut their risk of developing type 2 diabetes by 58% (71% for people over 60 years old). This is the result of the program helping people lose 5% to 7% of their body weight through healthier eating and 150 minutes of physical activity a week. People who completed a type 2 diabetes prevention lifestyle change program were one-third less likely to develop type 2 diabetes after 10 years.

The National DPP lifestyle change program can also improve general health, physical function, reduce bodily pain, and improve vitality scores on a health survey after three years. Similarly, another study concluded that weight loss due to the National DPP lifestyle change program was associated with improvements in measures of health-related quality of life. Finally, a study of a work-place type 2 diabetes prevention lifestyle change program found improved metabolic and behavioral risk factors among employees with prediabetes. For more information about the evidence for the National DPP lifestyle change program, click [here](#).

Quality metrics are also important to consider. In the health care industry's drive towards value vs. volume, the importance of quality measures is increasingly vital to success. **Quality metrics** help ensure that organizational efforts at improving quality and decreasing costs are showing efficacy as determined by the measurement guidance. No prediabetes-focused quality measures exist currently; however, other metrics exist and can be used to help ensure that prediabetes screening activities drive participation into programs leading to a decrease in population type 2 diabetes prevalence.

Cost and Value

<https://coveragetoolkit.org/cost-value-elements/>

<https://coveragetoolkit.org/about-national-dpp/evidence/>

When considering coverage of the National DPP lifestyle change program, many public and private payers weigh the economic impacts of covering the program for their employees, clients, or beneficiaries. The impact of the National DPP lifestyle change program on health care costs can vary across populations and program types and can be affected by differences in how medical costs and non-medical costs are interpreted and applied, and by how the benefits of preventing or delaying type 2 diabetes are assessed.

Step #2: Make the Case

https://coveragetoolkit.org/case_commercial/

The Case for Coverage

<https://coveragetoolkit.org/commercial-plans/commercial-plans-contracting/commercial-plans-reimbursement/>

<https://coveragetoolkit.org/commercial-plans/commercial-plans-employers/>

This [Case for Coverage](#) page of the Coverage Toolkit explains how to make the case to cover the National DPP lifestyle change program for commercial plans and employers, and is broken down into five stages:

- [Stage 1: Assessing Readiness - Where is the Organization in the Process?](#)
- [Stage 2: Preparing the Case for Coverage](#)
- [Stage 3: Planning the Benefit](#)
- [Stage 4: Assessing Success and Scalability](#)
- [Stage 5: Post-Program Launch](#)
- [Resources](#)

The [Cost & Value](#) page explains more about the cost and the value of the program, taking into account that the yearlong National DPP lifestyle change program costs range depending on the delivery program and payment models. Keep in mind that additional programming costs could be derived from marketing and recruiting efforts, facility costs, and direct program delivery costs/staffing.

For the cost of the program specific to your organization, please see the [Commercial Budget Projection Template](#) on the [Reimbursement Models for Commercial Payers](#) page of the Coverage Toolkit to learn more and estimate costs specific to your institution.

The [Employers](#) page of the Coverage Toolkit has more information specific to employer groups that may want to consider adding the lifestyle change program as a component of an existing wellness program to assist in improving the health and well-being of eligible employees.

Step #3: Build your National DPP Lifestyle Change Program Network

<https://coveragetoolkit.org/commercial-plans/commercial-plans-delivery/>

Building your Delivery Network

<https://coveragetoolkit.org/commercial-plans/commercial-plans-contracting/contracting-cdc/>

<https://coveragetoolkit.org/commercial-plans/commercial-plans-delivery/commercial-plans-network-management/>

Several administration options exist for commercial plans and employers. These options are not mutually exclusive and include contracting with CDC-recognized organizations that offer the program.

The CDC has certain guidelines to standardize the program. Programs that apply for, receive, and maintain these standards are called “CDC-recognized organizations.” Click [here](#) for a list of CDC-recognized organizations in your state.

The year-long program is delivered in-person, online, via distance learning, or through a combination approach. Program delivery options include:

1. **Contracting** directly with CDC-recognized organizations. Commercial plans and employers will need to establish appropriate contracts with CDC-recognized organizations to deliver the program.
2. **Contracting** with a third-party administrator (TPA) to assist with program delivery. TPAs are entities that manage networks of CDC-recognized organizations and can provide functions such as claims processing and billing. They are generally paid a percentage of claims.
3. Seeking CDC recognition. Commercial plans and employers can apply for CDC recognition if they meet CDC's Diabetes Prevention Recognition Program (DPRP) standards. By becoming CDC-recognized organizations, commercial plans and employers may simplify network development and contracting. To learn more about how to become a recognized program, click [here](#).

Establish Billing Processes

<https://coveragetoolkit.org/coding-billing-for-the-national-dpp/>

There are two main types of billing options or models:

1. Commercial plans or employers can contract with CDC-recognized organizations and establish an invoicing method. In this scenario, the CDC-recognized organizations invoice the commercial plan or employer based on the terms defined in the contract.
2. CDC-recognized organizations can submit claims either directly to the commercial plan or to a TPA that handles billing processes and/or network management.

If a claims billing method is used, a combination of ICD-10 and CPT codes will be assigned for diagnostic and claims-processing reasons, respectively. This method requires the commercial plan or TPA to be able to identify the CDC-recognized organization with either a National Provider Identifier (NPI) number or some other means to identify a non-traditional provider. Most billing methods, even those that have a flat initial fee, incorporate some type of pay-for-performance metric, such as weight loss goals, number of lessons completed, attendance rates, etc. There are some occasions when a lump sum or a per-member-per-month fee will be utilized without incorporating a performance metric. For more information click [here](#).

Establish Mechanisms for Data and Reporting

<https://coveragetoolkit.org/data-reporting/>

The following are some key process flows/data exchanges that may need to be put in place to support participation identification, to ensure an appropriate reimbursement framework is established, and to support program evaluation:

Participant Identification:

- Commercial plan submission of member lists to CDC-recognized organizations, generated based on an analysis of historical claims data, to identify enrollees for outreach efforts.
- Physician group and hospital submission of electronic health record (EHR) data to a commercial plan or CDC-recognized organization to identify enrollees for outreach efforts.

Claims and Data Collection:

- CDC-recognized organization submission of a claim or invoice and encounter data to the commercial plan, employer, or TPA for reimbursement and evaluation purposes.
- CDC-recognized organization collection, and submission to CDC, of required program evaluation data elements for purposes of receiving pending, preliminary, and full recognition. For more information **from CDC**, click [here](#).

Step #4: Engage Program Participants

Identify Program Participants <https://coveragetoolkit.org/commercial-plans/commercial-plans-delivery/commercial-plans-identification/>

Commercial plans and employers can identify prospective participants for the National DPP lifestyle change program based on participant eligibility criteria. These criteria can be found [here](#).

Commercial plans have leveraged electronic health record data and/or medical claims data to proactively identify individuals who are or may be eligible for the program.

To identify prospective participants, one [health system](#) developed a patient registry based on electronic health record data. That registry included individuals at risk for type 2 diabetes based on CDC participant eligibility criteria. The system then used that registry to conduct targeted recruitment and referral efforts. Other commercial plans have trained and supported clinic physicians, other providers, and support staff to identify patients at risk and refer them to the program. For more information, click [here](#).

Recruit Members to the Program <https://coveragetoolkit.org/recruitment-referral-for-the-national-dpp-lifestyle-change-program/>

Commercial plans and employers will need to consider appropriate and effective [recruiting](#) strategies. Some recruiting strategies may prove more time- and cost-effective than others. For example, efforts to influence a primary care provider to recommend the program to her or his eligible patients may be more cost-effective than sending direct mailings.

Some possible recruiting efforts include:

- Outreach to providers for member referrals
- Direct outreach to members identified as eligible per the CDC criteria
- Worksite screening and enrollment events

It is important to note that some in-person and online CDC-recognized organizations are willing to engage in member outreach and recruitment on behalf of the commercial plan or employer. Consider discussing this as a part of your contracting conversations with CDC-recognized organizations.

Step #5: Enroll and Retain Members

Enroll and Retain Members <https://coveragetoolkit.org/commercial-plans/commercial-plans-delivery/commercial-plans-retention/>

Enrolling, incentivizing, and retaining members who have elected to participate is an important program objective. Some organizations conduct a readiness assessment to determine an individual's commitment to the program before enrollment. Often organizations offer program supports and incentives, such as food scales, gift cards, or wearable fitness trackers, at key program milestones to retain members over time. Many organizations report that the best way to retain members is having well-trained, personable lifestyle coaches. For some examples and more information click [here](#).

Once participants are enrolled in a lifestyle change program, CDC-recognized organizations maintain attendance logs and weigh-in information. CDC-recognized organizations can aggregate these, and additional data being tracked (e.g., BMI, etc.), and provide a regular report (e.g. monthly) to the commercial plan or employer.