

The Pathway to Coverage for the National DPP for Commercial Plans and Employers

Coverage of the National Diabetes Prevention Program (National DPP) lifestyle change program is an important step in preventive health care and population health. Providing coverage will assist with program sustainability, fostering improvements in population health by preventing type 2 diabetes and its related complications in those at greatest risk. Coverage is expanding in Medicare and Medicaid, and it is critical that commercial health plans and employers keep pace.

If this is your first time learning about the National DPP lifestyle change program, please see coveragetoolkit.org/about-national-dpp/ for information about the program.

The Path to Current Coverage

Medicare Coverage

Medicare began offering the program as a covered service for eligible beneficiaries in 2018 as the result of a Center for Medicare and Medicaid Innovation (CMMI) model expansion. There are currently hundreds of locations offering the Medicare

Diabetes Prevention Program (MDPP) in over 35 states, with new programs coming on line regularly.

Medicaid Coverage

Early Medicaid coverage was generally accomplished via demonstration projects and 1115 waivers. Now, several states have submitted Medicaid State Plan Amendments. Approval of these amendments will allow the program to continue in Medicaid long-term.

Moving Forward: Convening Key Brokers, Employers, and Health Care Payers

There are benefits to providing the National DPP lifestyle change program for employees or commercial plan members, but there are also challenges and barriers to doing so. This document takes into consideration a convening of key employers, commercial health plans, brokers, and program delivery organizations. Other national stakeholders involved in the National DPP include the Centers for Disease Control and Prevention (CDC), the National Association of Chronic Disease Directions (NACDD), and Leavitt Partners. These organizations continue to explore the experiences of organizations involved in the delivery and reimbursement of the National DPP lifestyle change program with the intent of learning and sharing information about what it takes for employers and insurers to successfully offer the program as a covered benefit.

The outcomes associated with the National DPP lifestyle change program relating to improvements in the health of participants and reduced health care costs for commercial payers (commercial plans and employer groups) is supported by significant evidence. While commercial payers are likely to be most responsive to data that are reflective of their member/employee population, the payer type—small vs large group, fully insured vs self-insured etc. – may affect the decisions made as a result of this Pathway document. This resource helps to promote

Pathway for Commercial and Employer Coverage

thoughtful planning, which will support successful implementation of the National DPP lifestyle change program.

Three Phases of Establishing Coverage

From what has been gathered in the coverage landscape thus far, the pathway to coverage of the National DPP lifestyle change program can be broken down into three major phases, as outlined below. While the phases are similar in structure and timing for both commercial health plans and employers, there can be some variation between these two payer types related to the planning, delivery, and outcomes/goals of offering the lifestyle change program as a covered benefit. For this reason, separate versions for commercial health plans and employers are available below.

In both groups, portions of these phases can be done concurrently, while others are suggested to occur in the order listed. It is possible that the time it takes to achieve full coverage as a medical benefit could take a year or longer.

Engaging Available Resources throughout the Phases

Throughout the Pathway to Coverage, there are opportunities to engage with available resources, such as those found on the following websites:

- a. [Coveragetoolkit.org](https://www.coveragetoolkit.org) – Information for building coverage and implementation of the National DPP lifestyle change program for commercial plans and employers, Medicaid and Medicare
- b. [National Diabetes Prevention Program | Diabetes | CDC](https://www.cdc.gov/diabetes/prevention/) – Information about the National DPP, the locations of CDC-recognized organizations providing the National DPP lifestyle change program, the Diabetes Prevention Recognition Program Standards, the PreventT2 curriculum, and additional resources
- c. [National DPP Customer Service Center](https://www.cdc.gov/diabetes/prevention/customer-service-center/) – Resources and technical support for CDC-recognized organizations and other stakeholders, including employers and insurers

Pathway for Commercial and Employer Coverage

These resources consolidate a substantial amount of information from numerous partner websites, and can be used to answer questions, locate information, and access examples for planning and enacting coverage.

Phases of Establishing Coverage: Commercial Health Plans

As noted above, commercial health plans provide a wide range of coverage options. Differences between plans, such as a small group, a large group, or a fully insured plan, may change the considerations listed in this document.

Phase I. Information Gathering

1. Learn about the National DPP lifestyle change program (understand the [program](#) and the [evidence](#))
 - a. How is the program structured?
 - b. What is the evidence supporting it?
 - c. What are the potential benefits for your members at high risk for type 2 diabetes?
 - i. *Understanding the potential benefits of and research surrounding the National DPP lifestyle change program is an important step in building the case for coverage.*
2. Familiarize yourself with the business case for coverage
 - a. What is necessary for decision maker buy-in?
 - i. *Answers to two important questions will help you make the case for coverage:*
 1. *Who makes the decisions regarding coverage changes within the organization?*
 2. *What information will they need to effectively decide on National DPP coverage?*
 - b. What is important to understand and measure in the market?
 - i. *There are several key business and market-related elements that will need to be understood and reported as part of effectively making the case for coverage. These include:*
 1. *ROI information in the field. A good starting place for program ROI information is the [National DPP 10-year follow-up](#) study.*
 2. *Budget projection for this program (use [Commercial Budget Projection Template](#))*
 3. *Future cost avoidance (Preventing type 2 diabetes is cheaper than treatment)*
 4. *Churn rate (Will the insurance company see the benefits?)*
 5. *Looking at other examples and case studies of other like entities that have coverage of the National DPP and how their program is structured.*

cons to each approach, given the needs of the organization and its comfort level with each provider type.

- 1. Payers who don't have an existing relationship with a CDC-recognized organization will need to explore several provider options, including understanding which group can best help them provide their members with the lifestyle change program. You can find a list of CDC-recognized organizations [here](#).*
 - 2. Additionally, commercial plans and employers can apply for [CDC recognition](#) and offer this program internally.*
- b. Where does the population reside?
- i. Rural vs. urban populations may have different access needs that may influence coverage decisions.*
 - ii. Does the population have access to technology used in online or distance learning modalities?*
- c. What are the implementation costs?
- i. There are several items that can potentially add to costs. These include:*
 - 1. Identifying CDC-recognized organizations offering the program*
 - 2. Finding or building appropriate referral networks*
 - 3. Marketing the program among key stakeholders and members*
 - 4. Planning and implementation costs*
 - 5. Providing incentives or additional benefits to accompany the program*
 - 6. Claims payment vs. invoicing – how will you expect these organizations to submit for payment?*
- For more information, see the [Cost & Value](#) page on the Coverage Toolkit.*
- d. Who and where are the eligible participants?
- i. There are several questions that will need to be answered to help you find eligible participants. Answering these questions will be critical to help target the right individuals and outreach effectively. These questions include:*
 - 1. What is the broader plan for finding and enrolling eligible participants?*
 - a. Will you query your databases to find individuals, or will you leave the patient eligibility discovery to physicians?*

2. *Will they be enrolled only through a physician or referral network, or will there be direct marketing to plan members?*
- e. Has a benefit roll-out plan been developed?
 - i. *A well-developed roll-out plan will be essential to success. There are several considerations in this plan, including:*
 1. *Phased vs. full roll-out*
 - a. *Specific market, subset, or population at higher risk?*
 2. *When working with employers in your book of business, do you focus on fully vs. self-insured employers (e.g., where do you get the biggest bang for the buck)?*
 3. *What is your plan for finding CDC-recognized organizations offering the program?*
 4. *What is your plan for contracting with the organizations you have identified? Contracting is often the most time-consuming step in the process.*
 5. *How will you address technology needs/requirements, particularly if using an online program provider (e.g., cloud security, HIPPA, etc.)?*
 6. *What is your marketing plan to raise member awareness of the program benefit?*

Phase III. Implement/Roll Out of the Benefit

The steps below are important items to consider as the benefit is rolled out to members.

1. Continue to engage and expand the network for screening and referrals
 - a. Referring providers
 - b. Referrals from the insurance company internal query
2. Engage eligible individuals to transition from referral to enrollment
 - a. Share information about prediabetes
 - b. Share information about the National DPP lifestyle change program
 - i. *E.g., Posters, coverage documents, etc.*
3. Transition member interest into enrollment
4. Track and evaluate important information
 - a. Analyze uptake of the benefit
 - b. Measure results of the benefit
 - i. *Compare the results seen in the benefit to the items/goals identified in Step 1*

5. Prepare to scale-up the program
 - a. Using the results seen in steps 3 and 4 of this stage, start to target additional populations for future inclusion in the program
 - i. *Understand what infrastructure and other needs exist prior to scale-up*
 1. *E.g., find additional CDC-recognized organizations or lifestyle coaches, expand outreach capabilities, etc.*
 - ii. *Understand what efficiencies are gained and if costs are added as a result of scale-up*
 - b. Refine the scale-up plan as results continue to come in from the current program

Phases of Establishing Coverage: Self-Funded Employers

Phase I. Information Gathering

1. Learn about the National DPP lifestyle change program (understand the [program](#) and the [evidence](#))
 - a. What is the structure of the program?
 - b. What is the evidence supporting it?
 - c. What are the potential benefits for your employees at high risk for type 2 diabetes?
 - i. *Understanding the potential benefits of and research surrounding the National DPP lifestyle change program is an important step in building the case for coverage.*
2. Understand the business case for coverage
 - a. What is necessary for decision maker buy-in?
 - i. *Answers to two important questions will help you make the case for coverage:*
 1. *Who makes the decisions regarding coverage changes within the organization?*
 2. *What information will they need to effectively decide on National DPP coverage?*
 - b. Is the need within the organization understood and measurable?
 - i. *There are several key business and market-related elements that will need to be understood and reported as part of effectively making the case for coverage. These include:*
 1. *ROI /[Cost & Value](#) analysis*
 2. *Budget projection for this program (use [Commercial Budget Projection Template](#))*
 3. *Future cost avoidance (prevention is cheaper than treatment.)*
 4. *Efficacy and productivity (prevent absenteeism)*
 5. *Churn rate (Will the company see the long-term benefits touted?)*
 6. *Looking at other examples and case studies of other like entities that have coverage of the National DPP and how their program is structured.*
 - c. Who is the target audience/employee?
 - i. *Understanding who the target employees ([eligible participants](#)) are will be important to know how many individuals may qualify for the program within your organization. It is also*

important to consider if dependents and/or retirees will be eligible, or if the program will be limited to employees only.

- d. What are the barriers to and opportunities for offering the program to your population?
 - i. *Has evidence for the efficacy of the program been shared to leadership to make the benefits more understandable?*
 1. Use the [Case for Coverage Power Point Template](#) as an example.
- e. What are the available resources for implementation (within the company)?
 - i. *Know the decision-making and leadership buy-in process, including:*
 1. *Who is the ultimate approver?*
 2. *Who will manage the vendor and lead the implementation?*
 3. *Who will measure results and hold the vendor accountable?*
 4. *Who will ultimately be responsible for employee engagement?*
 - ii. *Previous experience internally with lifestyle change programs (wellness or covered benefit)*
 - iii. *Employee health program or other offerings*
 - iv. *Who can internally champion this work?*
 - v. *Are there additional health promotion activities ongoing (e.g., health screenings, campaigns and events, etc.)?*

For more information, see the [Cost & Value](#) page on the Coverage Toolkit.

Phase II. Plan/Design the Benefit

1. Define the approach to coverage (this may affect how the coverage is paid for and who is eligible for the program)
 - a. Which approach will be taken for coverage?
 - i. *Medical benefit (more sustainable)*
 - ii. *Wellness benefit (possibly faster uptake, but the intent should be to eventually move to medical benefit)*

Wellness Programs vs. Covered Benefits	
<p><u>Wellness Programs:</u></p> <ul style="list-style-type: none"> ▪ Used to promote health and fitness ▪ Often offered through a workplace, not the participant's health insurance, at low or no cost to the participant ▪ Often tied to a reward for the employee, such as health insurance premium discounts, cash rewards, or other incentives ▪ Programs or options may be added or removed at any time ▪ Examples of wellness programs include: <ul style="list-style-type: none"> ▪ Smoking cessation ▪ Weight loss ▪ Preventive health screenings 	<p><u>Covered Health Insurance Benefits:</u></p> <ul style="list-style-type: none"> ▪ Health care items or services covered under a health insurance plan ▪ Costs to the participant are associated with the health insurance (e.g., premiums, deductibles, co-payments, etc.) ▪ Used to treat sickness or injury generally, but may also have programs to improve health in the absence of acute sickness or injury <ul style="list-style-type: none"> ▪ E.g., can have benefits for preventive care and/or population health ▪ Benefit options are generally stable (won't change more frequently than yearly)

2. Find/expand the network
 - a. Identify CDC-recognized organizations and their availability and capabilities.
 - i. It is important to understand how you will offer this program to your employees. There are several delivery options, depending on employer size and geography, including:*
 1. *In-person, on-site at workplace*
 2. *In-person, off-site*
 3. *Online*
 4. *In-person, online*
 - b. What are the implementation costs?
 - i. There are several items that can potentially add unexpected costs. These include:*
 1. *Finding CDC-recognized organizations that can offer the program*
 2. *Finding or building appropriate referral networks for interested employees to find a program*
 3. *Marketing the program among key eligible employees*
 4. *Planning and implementation costs*
 5. *Providing incentives or additional benefits to accompany the program*
 6. *Measurement and continued employee engagement*
 - c. Who and where are the eligible participants?
 - i. There are several questions that will need to be answered to help you find eligible participants. These include:*
 1. *What is the overall plan for finding and enrolling eligible participants (if offered as a wellness benefit)?*
 2. *Will you simply promote the program and ask your insurance carrier or wellness plan provider to outreach directly to qualified individuals?*
 - a. This could potentially be done utilizing medical claims data, or via a wellness platform*
 3. *How will you maintain employee privacy protections (e.g., data aggregated for reporting purposes, HIPAA requirements, etc.)?*
 - d. Has an implementation/roll-out plan been developed?
 - i. A well-developed roll-out plan will be essential to success. There are several considerations in this plan, including:*
 1. *Phased vs. full roll-out*
 - a. Specific employee group, subset, or population at higher risk?*

2. *What is your marketing plan to:*
 - a. *Raise employee awareness of prediabetes?*
 - b. *Raise employee awareness of the National DPP lifestyle change program?*
 - c. *Increase participation and retention in the program*
3. *Have an evaluation plan in place to measure success*
3. Engage with available implementation resources
 - a. Payers/or wellness plan administrators
 - b. Wellness councils/Business coalitions
 - c. State Health Departments
 - d. National Partners (NACDD, CDC, American Medical Association, etc.) through their publicly available resources as well as technical assistance programs
 - e. CDC-recognized organizations offering the program
 - f. Host facilities (i.e., could host the program for employees)
 - i. *Hospitals, community centers, etc.*
 - g. Existing vendors (brokers/benefit consultants and disease management providers)

Phase III. Implementation/Roll-Out of the Benefit

The steps below are important items to consider as the benefit is rolled out to employees.

1. Continue to engage and expand the network for screening and referrals
 - a. Referring providers
 - b. Referrals from the insurance company internal query
2. Engage eligible individuals to transition from referral to enrollment
 - a. Share information about prediabetes
 - b. Share information about the National DPP lifestyle change program
 - i. *E.g., Posters, coverage documents, etc.*
3. Transition employee interest into enrollment
4. Track and evaluate important information
 - a. Analyze uptake of the benefit
 - b. Measure results of the benefit
 - i. *Compare the results seen in the benefit to the items/goals identified in Step 1*
5. Prepare to scale up the program
 - a. Using the results seen in steps 3 and 4 of this stage, start to target additional populations for future inclusion in the program

Pathway for Commercial and Employer Coverage

- i. Understand what infrastructure and other needs exist prior to scale up*
 - 1. E.g., find additional CDC-recognized organizations or lifestyle coaches, expand outreach capabilities, etc.*
 - 2. Understand what efficiencies are gained and if costs are added as a result of scale-up*
- b. Refine the scale-up plan as results continue to come in from the current program*

For more information regarding the National DPP and specific coverage examples, please visit the [National DPP Coverage Toolkit](https://coveragetoolkit.org) (coveragetoolkit.org).

For specific questions, please email: coveragetoolkit@chronicdisease.org

If you are a commercial payer (a commercial health plan or employer) that has decided to cover the National DPP lifestyle change program for your members or employees, please visit our [Participating Payers](#) page and “Add a Payer” to be listed on the Coverage Toolkit website.