

Step-by-Step Guide to Using the National Diabetes Prevention Program (National DPP) Coverage Toolkit for Medicaid Agencies:

How to get started to achieve Medicaid coverage

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

Table of Contents

Step #1: Gathering Information	1
Step #2: Make the Case	3
Step #3: Make National DPP Lifestyle Change Program Services Medicaid Covered Benefits	3
Step #4: Build your National DPP Lifestyle Change Program Network.....	5
Step #5: Engage Program Participants	6
Step #6: Enroll and Retain Members.....	7

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 Diabetes Prevention Program](#) (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.

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 at least six monthly sessions during the second six months.

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

- Taught by **trained lifestyle coaches** (health professionals or non-licensed personnel).
- Includes group support (recommended group size ranges between 10 and 25 participants, but 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. Medicaid-specific studies are ongoing and may surface additional information about cost-effectiveness and health outcomes as they pertain to the National DPP lifestyle change program in Medicaid.

The National DPP lifestyle change program has also been shown to **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 because of 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 diabetes prevention lifestyle change program found improved metabolic and behavioral risk factors among employees with prediabetes. For more evidence in support of 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. The American Medical Association (AMA) convened a cross-specialty, multidisciplinary technical expert panel (TEP) in 2018 to identify and define new quality measures for prediabetes. The draft measures proposed by the TEP represent the first measures in the U.S. intended to assist in the prevention of type 2 diabetes. Additionally, other metrics exist that 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/>

The program has proven to be cost-effective and can be cost saving, depending on the mode of delivery, the target population, and other factors. 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. A number of studies assessing the economic impact of the National DPP lifestyle change program can be found [here](#).

Covered by Medicaid

<https://coveragetoolkit.org/medicaid-coverage-for-the-national-dpp-demonstration-project/>

The National DPP lifestyle change program is a covered Medicaid benefit in multiple states (a list of states where the National DPP lifestyle change program is a Medicaid covered benefit can be found [here](#)). From 2015-2019, Maryland and Oregon participated in a **Medicaid Demonstration** project to demonstrate how state Medicaid agencies can cover the program through their managed care organizations. More states are considering funding or covering the program for their Medicaid beneficiaries.

Step #2: Make the Case

The Case for Coverage

<https://coveragetoolkit.org/medicaid-agencies/case-for-coverage/>

This [Case for Coverage](#) page of the Coverage Toolkit explains how to make the case to cover the National DPP lifestyle change program for Medicaid agencies. It is broken down into five steps:

- [Step 1: Build Relationships and Maintain Communication between Public Health and Medicaid](#)
- [Step 2: Gather Data and Create a Budget Projection](#)
- [Step 3: Assess Medicaid Coverage Options for the National DPP Lifestyle Change Program](#)
- [Step 4: Engage Leadership and Influence Decision Making – Importance of Communication](#)
- [Step 5: After Coverage is Achieved: Work with Medicaid to Operationalize and Sustain the Benefit](#)

Approximate Costs

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

Approximate costs for administering the National DPP lifestyle change program to a participant who completes all 22 sessions of the yearlong program (16 weekly sessions during the first six months and six monthly sessions during the second six months) is \$500. This \$500 cost may include lifestyle coach training, the lifestyle coach salary, rental of a space for delivering the sessions, marketing and advertising to recruit and enroll participants, and program materials and supplies. This does not include the cost of incentives or additional services such as program supports, childcare, or healthy snacks, which may cost up to an additional \$500 per participant. Activities that drive program cost include marketing and recruitment efforts, facility costs, and direct program delivery costs, including staffing.

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

Step #3: Make National DPP Lifestyle Change Program Services Medicaid Covered Benefits

Federal Matching Funds

https://www.chronicdisease.org/page/Medicaid_NDPP

A goal of the CDC and National Association of Chronic Disease Directors (NACDD) funded [Medicaid Demonstration Project](#) was to prepare the way for states to continue and expand coverage of the National DPP lifestyle change program as a Medicaid covered benefit and draw down federal Medicaid matching funds.

Federal Medicaid matching funds can be claimed for both direct service costs as well as administrative costs. Direct service costs are reimbursed by the federal government in a range from 50% to 90%, determined by the state's Federal Medical Assistance Percentage (FMAP). Administrative costs are generally shared between the federal government and the state at a rate of 50/50, or in some cases at a higher rate of 75/25.

Attain Coverage through a Medicaid State Plan

<https://coveragetoolkit.org/medicaid-agencies/medicaid-coverage-2/medicaid-state-plan-coverage/>

To draw down federal Medicaid matching funds, services provided by the National DPP lifestyle change program must be covered under a state's Medicaid State Plan. A State Plan is a written agreement between a state and the federal government outlining the details of the state's Medicaid program, including services, reimbursement rates, and who is eligible for coverage. If a state's current State Plan does not cover the services provided by the National DPP lifestyle change program (such as screening, intensive behavioral counseling, and preventive services) or the health professionals and non-licensed personnel who provide the services as lifestyle coaches, the state will need to seek a State Plan Amendment (SPA).

For more information and examples for National DPP lifestyle change SPA language, click [here](#).

Attain Coverage through an 1115 Waiver

<https://coveragetoolkit.org/medicaid-agencies/medicaid-coverage-2/medicaid-1115-demonstration-waivers/>

A state seeking to maintain flexibility in offering the National DPP lifestyle change program may want to consider whether the program would align with an 1115 demonstration waiver. These waivers provide states with additional flexibility to design, demonstrate, and evaluate new approaches to delivering Medicaid. The National DPP lifestyle change program is included in the New York and Texas 1115 demonstration waivers. The goal of these 1115 waivers is to reform a Medicaid program's delivery and payment system to better focus on improving population health, care quality, patient experience, and reducing costs.

Attain Coverage through a 2703 Medicaid Health Home SPA

<https://coveragetoolkit.org/medicaid-agencies/medicaid-coverage-2/2703-medicaid-health-home-coverage/>

Section 2703 of the Affordable Care Act created the ability for states to establish Medicaid health homes for persons with: (1) Two or more chronic diseases; (2) One chronic condition and at risk for another; or (3) A serious and persistent mental health condition. While prediabetes is not listed as a qualifying chronic condition, at least two states have received approved 2703 SPAs that specifically target prediabetes as a chronic condition or an "at-risk" category.

A state can include the National DPP lifestyle change program in their Medicaid health home program in two ways: (1) In defining "health promotion" a state could reference "providing healthy lifestyle interventions," which could include the National DPP lifestyle change program. (2) In defining "referrals to community and social support services," a state could reference the identification of available community resources, active management of referrals, engagement with other community and social supports, and coordination of services and follow up—specifically mentioning CDC-recognized organizations and the National DPP lifestyle change program.

Step #4: Build your National DPP Lifestyle Change Program Network

<https://coveragetoolkit.org/medicaid-agencies/medicaid-agencies-delivery/>

Know Your Delivery Options

https://nccd.cdc.gov/DDT_DPRP/Registry.aspx

https://nccd.cdc.gov/ddt_dprp/Registry.aspx?STATE=OTH

Medicaid agencies covering the National DPP lifestyle change program in a fee-for-service (FFS) environment have several options for administering the National DPP lifestyle change program. These options are not mutually exclusive and include contracting with CDC-recognized organizations that offer the program:

1. In-person. Yearlong lifestyle change program delivered 100% in person for all participants by trained lifestyle coaches. In-person National DPP lifestyle change programs are offered by a variety of organizations, including but not limited to hospitals, health plans, YMCAs, diabetes self-management education and support (DSMES) programs, pharmacies, Cooperative Extension Centers, local health departments, community-based organizations, and faith-based organizations. Click [here](#) for a list of CDC-recognized organizations in your state.
2. Online. Yearlong lifestyle change program delivered 100% online for all participants. Participants interact with lifestyle coaches at various times and by various communication methods, including online classes, emails, phone calls, or texts. Click [here](#) for a list of online, or combination in-person/online CDC-recognized organizations in your state.
3. Distance Learning. Yearlong lifestyle change program delivered 100% by trained lifestyle coaches via remote classroom or telehealth (i.e., conference call or Skype) where the lifestyle coach is present in one location and participants are calling or video-conferencing in from another location.
4. Combination. Yearlong lifestyle change program delivered as a combination of any of the previously defined delivery modes (1-3) above) by trained lifestyle coaches

Become Medicaid-Enrolled Providers

<https://coveragetoolkit.org/determine-the-medicaid-enrolled-provider-type/>

For CDC-recognized organizations to be able to bill the Medicaid agency for services provided, they must be a Medicaid-enrolled provider. State Medicaid agencies must decide who will deliver the National Diabetes Prevention Program (National DPP) lifestyle change program to Medicaid beneficiaries. States have two options: they can use an existing provider type to deliver the program or they can create a new provider type. It is possible for states to pursue both options at the same time or to pursue one approach first and another approach at a later date.

States using an existing provider type can allow licensed professionals (e.g., registered dietitians, certified diabetes educators, nurses, and pharmacists), unlicensed professionals (e.g., community health workers), and facilities (e.g., clinics and hospitals) to deliver and/or be reimbursed for the program. Among states that have pursued the option to create a new provider type, the CDC-recognized organization is enrolled as the new provider type (not the individual lifestyle coach). States creating a new provider type will likely need a State Plan Amendment (SPA) to do so. Creating a new provider type gives states the advantage of having a group of providers who may be experienced and specifically focused on delivering the National DPP lifestyle change program and it could better allow states to track and evaluate the benefit.

Establish Reimbursement Processes

<https://coveragetoolkit.org/medicaid-mco-reimbursement/>

The Medicaid Agency will need to choose a reimbursement model (fee-for-service, attendance milestone, performance-based, or a combination approach) and establish a fee schedule for reimbursing services provided by the National DPP lifestyle change program. Examples of reimbursement models used in other states can be found on the [Reimbursement Models for Medicaid Agencies and MCOs](#) page of the Coverage Toolkit, as well as a description of some of the costs associated with administering the National DPP lifestyle change program.

Code Claims

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

In a Medicaid FFS environment, state Medicaid agencies almost always use a claims process for reimbursing the National DPP lifestyle change program. A combination of ICD-10 and CPT codes will be assigned for diagnostic and claims-processing reasons, respectively. The new National DPP-specific CPT code (0403T) is intended to be used by CDC-recognized organizations that provide nonclinical National DPP lifestyle change program services.

Establish Mechanisms for Data and Reporting

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

State Medicaid agencies and CDC-recognized organizations will need to establish procedures to exchange the following data:

- Medicaid eligibility information
- Program enrollee contact information
- CDC-recognized organization encounter data
- Claims data
- Cost data

State Medicaid agencies will want to ensure that CDC-recognized organizations with which they work have the capacity to meet all statutory and regulatory requirements pertaining to privacy and data security.

Step #5: Engage Program Participants

Identify Eligible Members

<https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf>

<https://coveragetoolkit.org/medicaid-agencies/medicaid-agencies-delivery/medicaid-agencies-identification/>

Medicaid agencies can identify prospective participants for the National DPP lifestyle change program based on participant eligibility criteria. These criteria can be found in this [CDC Guide for Working with Medicaid Beneficiaries](#).

Medicaid agencies can leverage electronic health record data and/or medical claims data to proactively identify individuals who are or may be eligible for the program. For example, a state could use ICD-10 codes from claims data to identify individuals who fit the eligibility criteria. The codes can flag individuals who:

- Are overweight or obese (e.g., E66.9 or O99.210),
- Have elevated glucose levels (e.g., R73.03), or
- Have a history of gestational diabetes (e.g., Z86.32 or O24.410).

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

Medicaid agencies 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:

- Direct mailings / phone calls
- Brochures in clinics or community centers
- Advertisement through local media outlets (posters, radio, community newsletters)
- Community health fairs and wellness events
- Physician referrals

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 Medicaid agency.

Step #6: Enroll and Retain Members

Enroll and Retain Members <https://coveragetoolkit.org/medicaid-agencies/medicaid-agencies-delivery/medicaid-agencies-retention/>

An individual is generally considered enrolled in the lifestyle change program when she or he participates in one or more sessions. Other entities have defined a person as enrolled when she or he agrees (in writing and/or verbally) to participate in the program.

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. Other 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 (note: these types of supports and incentives are generally not eligible for federal matching funds). Some organizations indicated that the best way to retain members is having well-trained, personable lifestyle coaches.

In-person and online 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 Medicaid agency.
