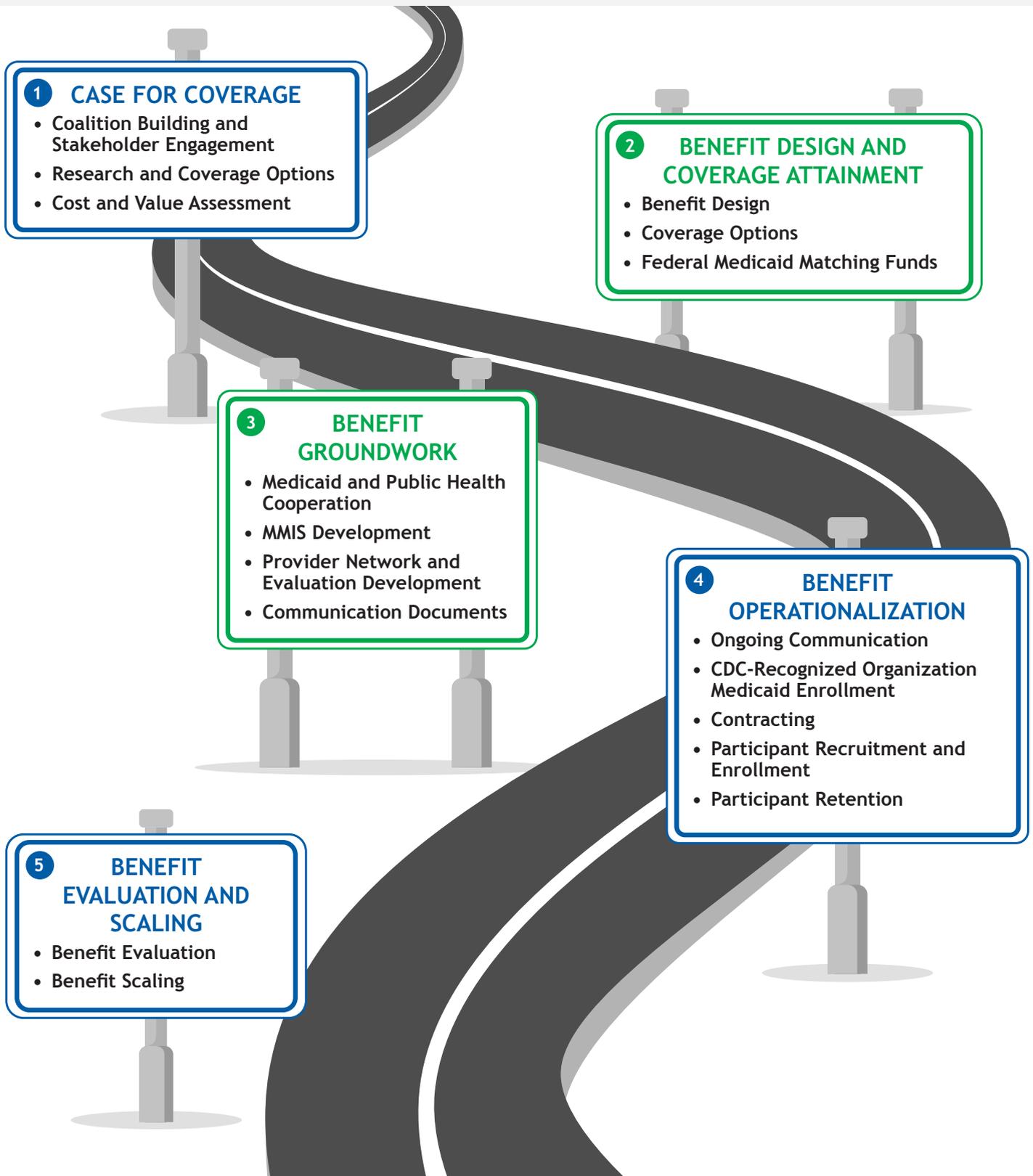


POLICY TO PAYMENT:

A Roadmap for States to Implement the National Diabetes Prevention Program (National DPP) Lifestyle Change Program as a Medicaid Benefit



CASE FOR COVERAGE

1

Coalition Building and Stakeholder Engagement: Identify state public health priorities. Build or strengthen the [relationship](#) between public health and Medicaid. Engage relevant stakeholders (e.g., MCOs, legislators, state coalitions or advisory councils, ADA, health systems, associations, CDC-recognized organizations, tribes, etc.).

Research and Coverage Options: Study the prevalence of prediabetes and the [impact](#) of type 2 diabetes in the state and in Medicaid. Catalogue existing diabetes prevention and management efforts. Gather evidence on the National DPP lifestyle change program. Explore coverage options (e.g., [state plan amendment](#), [1115 waiver](#), [MCO pilot](#), etc.).

Cost and Value Assessment: Create a [budget projection](#) to assess the costs of covering the National DPP lifestyle change program. Consider the return on investment (ROI) associated with the prevention of type 2 diabetes, as well as the overall [value of investment](#) (VOI).

BENEFIT DESIGN & COVERAGE ATTAINMENT

2

Benefit Design: States have flexibility with how to implement the program as a Medicaid benefit and must determine the details of the benefit design, including:

- Will the benefit be offered to both [fee-for-service](#) and managed care beneficiaries?
- Will a new [provider type](#) be created?
- Will the [delivery method](#) be in-person, online, distance learning, or a combination?
- What will the Medicaid [reimbursement](#) rate be for the program?
- Will a physician referral be required?

Coverage Options: Obtain [state coverage](#) of the program in Medicaid through [legislation](#), rulemaking, or another mechanism, such as a [statewide MCO pilot](#).

Federal Medicaid Matching Funds: Seek authorization for federal Medicaid matching funds through the [Medicaid State Plan](#), an [1115 waiver](#), or [another mechanism](#).

BENEFIT GROUNDWORK

3

Medicaid and Public Health Collaboration: Create a [shared work plan](#) between Medicaid and public health to establish roles for benefit implementation and determine [data and reporting](#) mechanisms.

MMIS Development: If creating a [new provider type](#) for the program, add the new provider type to the MMIS or MES and make all other necessary modifications to the fee-for-service and managed care information system components to include the new benefit.

Provider Network Evaluation and Development: Assess (e.g., [survey](#)) CDC-recognized organizations, MCOs, and other stakeholders in the state to determine network adequacy, technical assistance, and resource needs.

Communication Documents: Create guidance documents, such as [bulletins](#), policy transmittals, [provider manuals](#), and [FAQs](#) for stakeholders.

BENEFIT OPERATIONALIZ- ATION

4

Ongoing Communication: Formalize communication channels with stakeholders, including MCOs and CDC-recognized organizations. Develop a provider awareness campaign.

CDC-Recognized Organization Medicaid Enrollment: If a new provider type was created, enroll CDC-recognized organizations or other qualified program providers in Medicaid.

Contracting: If covering the program in managed care, establish [contracts](#) between Medicaid and MCOs. States may also assist the establishment of contracts between MCOs and CDC-recognized organizations, as appropriate.

Participant Recruitment and Enrollment: Engage healthcare providers for [referrals](#), and support stakeholder efforts to [identify](#) and [outreach](#) to participants.

Participant Retention: Encourage stakeholders to implement effective [retention strategies](#), including program supports to overcome socially determined barriers to participation (e.g., support for transportation, childcare, and healthy foods).

BENEFIT EVALUATION & SCALING

5

Benefit Evaluation: [Evaluate](#) program utilization, participant retention, network adequacy, and outcomes.

Benefit Scaling: Consider ways to scale the benefit and improve utilization, including increasing access to the program by aligning [delivery methods](#) with beneficiary preferences, establishing or expanding [referral systems](#), increasing health care provider or Medicaid beneficiary outreach, and engaging new stakeholders.