

Deciding Whether to Create a New Provider Type

State Medicaid agencies must determine what provider types can deliver the National Diabetes Prevention Program (National DPP) lifestyle change program. The [Determining the Medicaid Enrolled Provider Type](#) page of the National DPP Coverage Toolkit (Coverage Toolkit) offers details on this determination. This document includes key considerations for states as they decide whether to use an existing provider type or create a new provider type for delivery of the National DPP lifestyle change program.

Use an existing provider type

For additional details, please see the [Use an Existing Provider Type that Becomes or Affiliates with a CDC-Recognized Organization](#) page of the Coverage Toolkit at coveragetoolkit.org.

Pros	Cons
<ul style="list-style-type: none"> ✓ Faster process than creating a new provider type for CDC-recognized organizations. Typically does not require a state plan amendment. 	<ul style="list-style-type: none"> ✓ Can limit uptake of the program by restricting which types of providers are eligible to deliver the program.
<ul style="list-style-type: none"> ✓ Existing provider types may include nurses, registered dietitians, community health workers, mid-level practitioners, community health centers, and others who are already integrated into the care delivery system. This can make physician referrals easier. 	<ul style="list-style-type: none"> ✓ National DPP providers must meet CDC's Diabetes Provider Recognition Program (DPRP) standards and existing Medicaid enrolled provider-types may not have bandwidth or interest to deliver the program.
<ul style="list-style-type: none"> ✓ Billing and reimbursement processes and procedures are already established. 	<ul style="list-style-type: none"> ✓ Educating existing Medicaid enrolled providers about the National DPP and the program's requirements requires upfront effort from the state and may include outreach, creating webinars/resources, and providing technical assistance.
	<ul style="list-style-type: none"> ✓ Reimbursement amounts and payment schedules for existing Medicaid enrolled-provider types may not be appropriate/sufficient for National DPP lifestyle change program services. Rates may be too high/low and not allow payments for weekly/monthly sessions.

Create a new provider type

For additional details, please see the [Create a New Provider Type for CDC-Recognized Organizations](#) page of the Coverage Toolkit at coveragetoolkit.org.

Pros	Cons
✓ Gives states the advantage of enrolling a group of providers who have experience with and are specifically focused on delivering the National DPP lifestyle change program.	✓ It can take 6–12 months or more for a state Medicaid agency to create a new provider type and implement necessary program and system changes, including billing and reimbursement processes and procedures.
✓ Can facilitate greater uptake and enrollment in the National DPP lifestyle change program by expanding the network of eligible providers.	✓ Communicating to CDC-recognized organizations how to enroll in Medicaid requires upfront effort from the state and may include creating webinars and enrollment resource documents and providing TA.
✓ Enables states to better track and evaluate use of the benefit.	