

# Pennsylvania Survey for CDC-Recognized Organizations Interested in Offering the National DPP Lifestyle Change Program

Q1 The purpose of this survey is to assess the degree of interest of CDC-recognized organizations in offering the National Diabetes Prevention Program (National DPP) lifestyle change program to Medicaid beneficiaries in Pennsylvania. Pennsylvania is one of three states receiving technical assistance from the National Association of Chronic Disease Directors (NACDD) and Leavitt Partners with the aim of achieving or implementing Medicaid coverage for the National DPP lifestyle change program. Your responses to this survey will help the state of Pennsylvania in this endeavor.

Thank you in advance for your thoughtful answers.

Q2 First, we have a few questions to help us understand your participation with the National DPP. What is your current CDC-recognition status?

- Pending recognition
- Preliminary recognition
- Fully recognized

Q3 Which delivery mode do you use to offer the National DPP lifestyle change program? (If you use a combination approach please select all that apply)

- In-person
- Online
- Distance learning

Q4 In what language(s) are your program materials ex., handouts, pamphlets) available?

English

Spanish

Other (please specify)

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Q5 In what language(s) are you equipped to deliver the National DPP lifestyle change program curriculum?

English

Spanish

Other (please specify)

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Q6 How many sites (locations) do you operate the National DPP lifestyle change program out of?

\_\_\_\_\_ site(s)

*Display This Question:*

*If How many sites (locations) do you operate the National DPP lifestyle change program out of? [ site(s) ] >= 1*

Q7 How many classes do you currently operate within [location]?

*How many sites (locations) do you operate the National DPP lifestyle change program out of? [ site(s) ] >= 1*

Site 1: \_\_\_\_\_

*How many sites (locations) do you operate the National DPP lifestyle change program out of? [ site(s) ] >= 2*

Site 2: \_\_\_\_\_

*How many sites (locations) do you operate the National DPP lifestyle change program out of? [ site(s) ] >= 3*

Site 3: \_\_\_\_\_

*How many sites (locations) do you operate the National DPP lifestyle change program out of? [ site(s) ] >= 4*

Site 4: \_\_\_\_\_

*How many sites (locations) do you operate the National DPP lifestyle change program out of? [ site(s) ] >= 5*

Site 5: \_\_\_\_\_

*How many sites (locations) do you operate the National DPP lifestyle change program out of? [ site(s) ] >= 6*

Site 6: \_\_\_\_\_

*How many sites (locations) do you operate the National DPP lifestyle change program out of? [ site(s) ] >= 7*

Site 7: \_\_\_\_\_

*How many sites (locations) do you operate the National DPP lifestyle change program out of? [ site(s) ] >= 8*

Site 8: \_\_\_\_\_

*How many sites (locations) do you operate the National DPP lifestyle change program out of? [ site(s) ] >= 9*

Site 9: \_\_\_\_\_

How many sites (locations) do you operate the National DPP lifestyle change program out of? [ site(s) ]  
>= 10

Site 10: \_\_\_\_\_

Q8 Now we have a set of questions related to offering the National DPP lifestyle change program to Pennsylvania Medicaid beneficiaries. Were you aware (before taking this survey) that the National DPP lifestyle change program is a Medicaid benefit in Pennsylvania managed care?

Yes

No

*Display This Question:*

*If Now we have a set of questions related to offering the National DPP lifestyle change program to P... = Yes*

Q9 How did you become aware that the National DPP lifestyle change program is a Medicaid benefit in Pennsylvania managed care? (Select all that apply)

The Pennsylvania Medicaid Assistance Bulletin issued on July 2nd, 2019

Somewhere else (Please specify)

\_\_\_\_\_

Q10 Do you currently serve Medicaid beneficiaries?

Yes

No

Q11 Which of the following Medical Assistance managed care plans do you currently have contracts with, if any? (Select all that apply)

Aetna

AmeriHealth Caritas

Gateway

Geisinger

Health Partners

Keystone First

United

UPMC

Other (please specify):

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None of the above

*Display This Question:*

*If Which of the following Medical Assistance managed care plans do you currently have contracts with... != None of the above*

Q12 Do you intend to contract with any additional MCOs?

- Yes, we intend contract with an additional MCO in the next six months
- Yes, but we do NOT intend to contract with an additional MCO in the next six months
- No, we do NOT intend to contract with any additional MCOs at any point

Q13 How likely are you to enroll in the Medical Assistance Program in order to provide National DPP lifestyle change program to beneficiaries covered under one of the Medical Assistance managed care plans (Gateway, UPMC, Geisinger, etc.)?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- Not sure

Display This Question:

If How likely are you to enroll in the Medical Assistance Program in order to provide National DPP I... = Very likely

Or How likely are you to enroll in the Medical Assistance Program in order to provide National DPP I... = Somewhat likely



Q14 What is appealing about enrolling in the Medical Assistance Program to provide the National DPP lifestyle change program to beneficiaries covered under one of the Medical Assistance managed care plans? (Select all that apply)

- We would be able to help more people avoid developing diabetes
- We would receive more revenue from the program
- We are prioritizing reimbursement from third party payers
- It would improve our compliance processes
- It would improve our long-term business model
- We want to better utilize excess capacity
- We are already a Medicare/commercial payer DPP lifestyle change program provider and want to expand our program participation
- Other (please specify):  

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- I'm not sure

Display This Question:

If How likely are you to enroll in the Medical Assistance Program in order to provide National DPP I... = Somewhat unlikely

Or How likely are you to enroll in the Medical Assistance Program in order to provide National DPP I... = Very unlikely

Or How likely are you to enroll in the Medical Assistance Program in order to provide National DPP I... = Not sure



Q15 Why aren't you interested in enrolling in the Medical Assistance Program to provide the National DPP lifestyle change program to beneficiaries covered under one of the Medical Assistance managed care plans? (Select all that apply)

We do not have the resources to handle the additional volume of participants

The added revenue we would receive wouldn't be worth our effort to enroll

The Medicaid reimbursement is too low

We cannot wait as long as it takes to become recognized without getting reimbursed

We do not want to learn a new fee schedule

We don't want to deal with the Medicaid program rules and processes

We think Medicaid beneficiaries are less likely to complete the program

Other (please specify):

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I'm not sure





Q16 If you were to decide to enroll in the Medical Assistance Program to provide the National DPP lifestyle change program to Medicaid beneficiaries covered under one of the Medical Assistance managed care plans, what type(s) of assistance would be helpful to you? (Select all that apply)

- Assistance with billing and coding
- Assistance with data and reporting
- Assistance recruiting and enrolling Medicaid beneficiaries into the program
- Assistance retaining Medicaid beneficiaries in the program
- Assistance conducting a cost analysis of the program
- Assistance learning a new fee schedule
- Other (please describe):

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- I wouldn't need any assistance

Q17 What type(s) of communication or information would be helpful to have for enrolling in the National DPP lifestyle change program under Medicaid? (Select all that apply)

- Time expected to enroll in Medicaid
- Compliance steps required to enroll in Medicaid
- Information on how to interact with the MCOs
- Expectations for tracking and reporting
- Tailored educational program materials for beneficiaries
- Other (please describe):  

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- I wouldn't need any communication or information

Q18 Now we'll be moving onto some questions about the Medicare National DPP benefit or MDPP. Are you an enrolled MDPP supplier with Medicare or in the process of applying?

- Yes
- No

*Display This Question:*

*If Now we'll be moving onto some questions about the Medicare National DPP benefit or MDPP. Are yo... = Yes*

Q19 How has your experience been with the process of enrolling as an MDPP supplier?

- Very easy
- Somewhat easy
- Not very easy
- Not easy at all

Display This Question:

If Now we'll be moving onto some questions about the Medicare National DPP benefit or MDPP. Are yo... = No



Q20 Why haven't you decided to enroll as an MDPP supplier with Medicare? (Select all that apply)

- We do not have the resources to handle the additional volume of participants
- The added revenue we would receive wouldn't be worth our effort to enroll
- We cannot wait as long as it takes to become recognized without getting reimbursed
- We do not want to learn a new fee schedule
- We think Medicare beneficiaries are less likely to complete the program
- We don't want to deal with the Medicare program rules and processes
- Other (please specify):  

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- I'm not sure

Q21 Next, we'd like to gather some information on how you've been working with commercial insurers and employers to offer the National DPP lifestyle change program. Do you have contracts with any commercial insurers to offer the National DPP lifestyle change program to their beneficiaries?

- Yes
  - No
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Display This Question:

If Next, we'd like to gather some information on how you've been working with commercial insurers an... = Yes

Q22 Which of the following commercial insurers do you have contracts with to offer the National DPP lifestyle change program to their beneficiaries? (Select all that apply)

- Capital Advantage Assurance CO
- First Priority Health
- Geisinger Health Plan
- Highmark Inc
- Independence BCBS
- Keystone Health Plans East Inc
- UPMC Health Options Inc
- Other (Please specify):  

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*Display This Question:*

*If Next, we'd like to gather some information on how you've been working with commercial insurers an... = No*

Q23 How likely are you to contract with commercial insurers to offer the National DPP lifestyle change program to their beneficiaries in the future?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely
- Not sure

Q24 Do you have contracts with any employers to offer the National DPP lifestyle change program to employees?

- Yes
- No

*Display This Question:*

*If Do you have contracts with any employers to offer the National DPP lifestyle change program to em... = Yes*

Q25 Please list the employer(s) with which you have contracts to offer the National DPP lifestyle change program to employees.

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*Display This Question:*

*If Do you have contracts with any employers to offer the National DPP lifestyle change program to em... = No*

Q26 How likely are you to contract with employers to offer the National DPP lifestyle change program to employees in the future?

- Very likely
- Somewhat likely
- Somewhat unlikely
- Not interested at all
- Not sure

Q27 And finally, we have a couple questions related to costs analyses for the National DPP lifestyle change program. Have you done any sort of cost analysis for your program?

- Yes
- No

*Display This Question:*

*If And finally, we have a couple questions related to costs analyses for the National DPP lifestyle... = Yes*

Q28 Please describe the process used to conduct a cost analysis for the National DPP lifestyle change program.

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Display This Question:

If And finally, we have a couple questions related to costs analyses for the National DPP lifestyle... =  
No

Q29 Do you intend to pursue a cost analysis of the National DPP lifestyle change program for your organization?

- Yes, we intend to pursue a cost analysis in the next six months
- Yes, but we do NOT intend to pursue a cost analysis in the next six months
- No, we don't intend to pursue a cost analysis at any point

Q30 What else do you think the Pennsylvania Department of Human Services should know related to the topics covered on this survey?

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Q31 Please enter the name of your organization and your email address.

- Organization Name: \_\_\_\_\_
- Email Address: \_\_\_\_\_

Q32 Thank you for your time today. We appreciate your careful consideration of and thoughtful answers.