

Self-Reflection and Capacity Discussion Questions

The questions below are organized by organization type: (1) organizations delivering the National DPP lifestyle change program, (2) Medicaid managed care organizations (MCOs), (3) organizations who refer individuals to the National DPP lifestyle change program, and (4) organizations that are planning to deliver the National DPP lifestyle change program.

Directions:

For the self-reflection activity, please identify the questions below that pertain to your type of organization. Please spend 15 minutes reflecting on your responses to the questions. Your self-reflection will help inform the capacity discussion.

For the capacity discussion, please identify individuals at organizations that are different than yours (e.g., if you are an organization delivering the National DPP lifestyle change program, please identify an individual from an MCO) and use this worksheet to facilitate a discussion with that individual. Please rotate through several different individuals over the course of ~30 minutes.

Questions

Questions for an organization delivering the National DPP lifestyle change program	
1	Organization name
2	POC name/phone number/email
3	What is your CDC Diabetes Prevention Recognition Program (DPRP) status? (pending, preliminary, or full)
4	Where is your organization located and what population do you serve?
5	What languages do you offer the National DPP lifestyle change program in?
6	How long have you been offering the National DPP lifestyle change program and approximately how many participants do you serve each year?
7	What are your strategies for enrolling and retaining beneficiaries in the year-long program?

8	Have you already enrolled in Medicaid as a provider? If not, what is your timeline for enrolling in Medicaid as a provider?	
9	Have you contracted with an MCO or other health care organization before?	
10	Who at your organization will work on contracting for the National DPP lifestyle change program?	
11	What is your capacity to submit claims or invoices to a payer?	
12	Are you familiar with HIPAA and storing and transmitting data securely?	

Questions for a payer (MCO)		
1	Organization name	
2	POC name/phone number/email	
3	Which regions do you serve?	
4	How many Medicaid beneficiaries do you serve?	
5	What are your strategies for enrolling and retaining beneficiaries in the year-long program?	
6	Do you have experience contracting with community-based organizations and/or local health departments?	
7	Who at your organization will work on contracting for the National DPP lifestyle change program?	

Questions for a referral organization		
1	Organization name	
2	POC name/phone number/email	
3	<p>What portion of the population you serve are Medicaid beneficiaries/managed care members? Population is defined as existing patient panel.</p> <ul style="list-style-type: none"> Which MCOs do you currently work with? 	
4	Are you interested in collaborating with a CDC-recognized organization?	

5	Do you currently collaborate with any community-based organizations that offer evidence-based disease prevention and control programs? If so, which ones?	
6	What is your plan to refer eligible Medicaid beneficiaries into the program?	

Questions for an organization <i>planning</i> to deliver the National DPP lifestyle change program		
1	Organization name	
2	POC name/phone number/email	
3	What is your timeline for applying to the CDC DPRP?	
4	What is your timeline for enrolling in Medicaid as a provider?	
5	What other type of health and wellness programs do you currently offer?	