



The Current State of the National Diabetes Prevention Program Oregon Health Plan Benefit

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The Problem/Goal

Diabetes and pre-diabetes are disproportionately higher among low-income and racial and ethnic minority populations, as well as people with disabilities. An estimated 38,000 (19%) Oregon Health Plan (OHP) members were diagnosed with diabetes and more than \$106 million was paid by the OHP in direct claims costs due to diabetes and diabetes-related complications in 2015.¹ Furthermore, there is currently an estimated 1,097,000 people in Oregon with prediabetes, accounting for 33.5% of the adult population.² Within the next three to five years, about 25% of these people will develop full-blown diabetes.³

To help address these alarming facts, the United States Congress authorized the Centers for Disease Control and Prevention (CDC) to establish the National Diabetes Prevention Program (National DPP). The National DPP is an evidence-based lifestyle change intervention to support people with prediabetes to prevent or delay the onset of type 2 diabetes. Through this program, people can lower their risk of developing type 2 diabetes by as much as 58%.⁴

The Oregon Health Authority (OHA) became a National DPP trailblazer by offering this lifestyle change program as a Medicaid / OHP benefit on January 1, 2019. Despite OHA's commitment and commendable work, there has been limited utilization of this OHP benefit and many community-based CDC recognized organizations offering the National DPP and Coordinated Care Organizations (CCOs) have experienced significant challenges.⁵ For example:

- Many key partners are unaware of the Medicaid / OHP DPP benefit
- There is limited access to data on the implementation of the benefit
- Contracting and billing requirements vary significantly across and within CCOs / health plans.
- There are inconsistent code / claim processing requirements, e.g., pre-authorization phone call requirement for each referral, CMS 1500 claim form for reimbursement, CMS 1450 form UB-04 (facility claim)
- Within a CCO, often communication is lacking between the contracting unit and the unit responsible for contract implementation
- Community-based CDC recognized organizations, e.g., Area Agencies on Aging, food banks, WIC clinics, struggle with implementing contracts due no provider type and billing codes
- Some community-based CDC recognized organizations are forced to handwrite claims given the myriad, complexity, and variation of billing requirements
- Fee-for-service rates for the benefit are below costs

In order to address such implementation challenges, as well as help to ensure the National DPP is available to support people with prediabetes and/or at risk for type 2 diabetes throughout our state, Oregon's Diabetes Prevention and Alignment Group (DPAWg) offers to work in partnership with you.

¹ Oregon Health Authority, [Oregon Diabetes Report](#), 2015

² American Diabetes Association, [The Burden of Diabetes in Oregon](#), 2022

³ Harvard Medical School, [Many miss prediabetes wake-up call](#), 2013

⁴ Centers for Disease Control and Prevention, [Prediabetes – Your Chance to Prevent Type 2 Diabetes](#)

⁵ Oregon Health Authority and Rede Group, Oregon Diabetes Prevention Program Evaluation: Findings and Recommendation, 2021



The Solution

The State of Oregon has a long and strong history of engaging both the implementers and recipients of public policies in order to make sure people get the right care, at the right time, in the right place. DPAWg commends and shares the State's commitment to engage partners impacted by public policy. Given the important role community-based CDC recognized organizations play in delivering the National DPP, and the difficulties of contracting between CCOs and these community-based organizations, we recommend:

- OHA, in collaboration with DPAWg, convenes CCOs, community-based CDC recognized organizations, and other partners to improve the implementation of the benefit
- All partners gain a shared understanding of implementation challenges
- All partners commit to the improvement of the benefit implementation
- Partners co-create and document a simplified and standardized implementation plan
- All partners use data to test and improve benefit implementation
- OHA conducts an on-going evaluation of benefit utilization and expenditures
- OHA publicly reports benefit utilization and expenditures
- OHA tracks and publicly reports the program's impact on the prevalence and burden of pre-diabetes and Type 2 diabetes in Oregon

⁶ DPAWg members include Comagine Health, Oregon Health & Science University, Oregon Medical Association, Oregon Primary Care Association, Oregon Wellness Network, Oregon Public Health Division's Health Promotion and Chronic Disease Prevention section, and Coraggio Group.

The Results

By convening CCOs, community-based CDC recognized organizations, and others, OHA can facilitate partners in the co-design of an implementation plan to help ensure the National DPP is available throughout Oregon. Together, partners can:

- Improve contracting between CCOs and community-based CDC recognized organizations
- Help retain or attract National DPP providers by reducing the administrative burden
- Increase access and utilization of the National DPP in Oregon
- Lower the prevalence and burden of pre-diabetes and Type 2 diabetes in Oregon, especially for populations who are disproportionately impacted



Conclusion

Since 2017, DPAWg has been leveraging, aligning, and coordinating strategies and resources to increase engagement in the National DPP and to improve health for adults at risk for Type 2 diabetes in Oregon.

DPAWg welcomes the opportunity to partner with OHA to convene CCOs, community-based CDC recognized organizations, and other partners to design pathways that improve the implementation of the National DPP OHP benefit. By working together, partners can improve contractual agreements between organizations offering the National DPP and payors and improve access to this evidence-based program throughout Oregon.