NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS
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Medicaid Coverage of the National Diabetes Prevention Program Learning Collaborative Summary Resource

Maryland and Oregon: Journey from Pilot to Performance

June 15, 2023 *Recording available HERE*

OVERVIEW:

The Medicaid Coverage for the National Diabetes Prevention Program (National DPP) Demonstration Project (the Demonstration), funded by the Centers for Disease Control and Prevention (CDC) Division of Diabetes Translation and facilitated by the National Association of Chronic Disease Directors (NACDD), was a landmark pilot project to determine how the National DPP lifestyle change program could be provided to beneficiaries on Medicaid using collaborative partnerships among state Medicaid agencies, state health departments, managed care organizations (MCOs), and community-based organizations.

The Demonstration was carried out in Maryland and Oregon, which were selected through a competitive process and funded from July 2016 – January 2019. The ultimate goal of the Demonstration was to achieve sustainable coverage for the National DPP through Medicaid authorities, which Maryland and Oregon have achieved through section 1115 waivers.

More than four years have passed since the completion of the Demonstration project. This Learning Collaborative focused on where Maryland and Oregon are now in terms of operationalizing the National DPP lifestyle change program as a Medicaid benefit. They discussed their successes, the barriers they have encountered, how they are planning to address those barriers, and where they are headed next.

Agenda:

1. Welcome
2. Presentations from Maryland and Oregon
3. Small Group Collaboration: Breakout Rooms (1) Oregon (2) Maryland
4. Closing Remarks

Presenters & Panelists:

- **Jen Barnhart,** NACDD
- **Kelly McCracken**, NACDD
- **Sandy Kick,** Maryland Office of Health Care Financing (Maryland Medicaid)
- **Kristi Pier,** Maryland Center for Chronic Disease Prevention and Control
- **Lisa Bui,** Oregon Health Policy and Analytics Division
- **Kaitlyn Lyle,** Oregon Health Promotion and Chronic Disease Prevention
- **Lizzie Moore,** Oregon Health Promotion and Chronic Disease Prevention
- **Pat Shea,** CDC

1 • Welcome

A thank you for the progress, collaboration, and commitment to this work.

CDC, NACDD, and their partners thanked the learning collaborative participants for their progress, collaboration, and dedication to this work. Obtaining and operationalizing Medicaid coverage for the National DPP is not easy, but it is extremely important work.

While this work began to be promoted with Maryland and Oregon, there are now 23 states and Washington D.C. offering some form of Medicaid coverage (from managed care pilots to full statewide coverage)—and even more states are actively working toward achieving coverage.

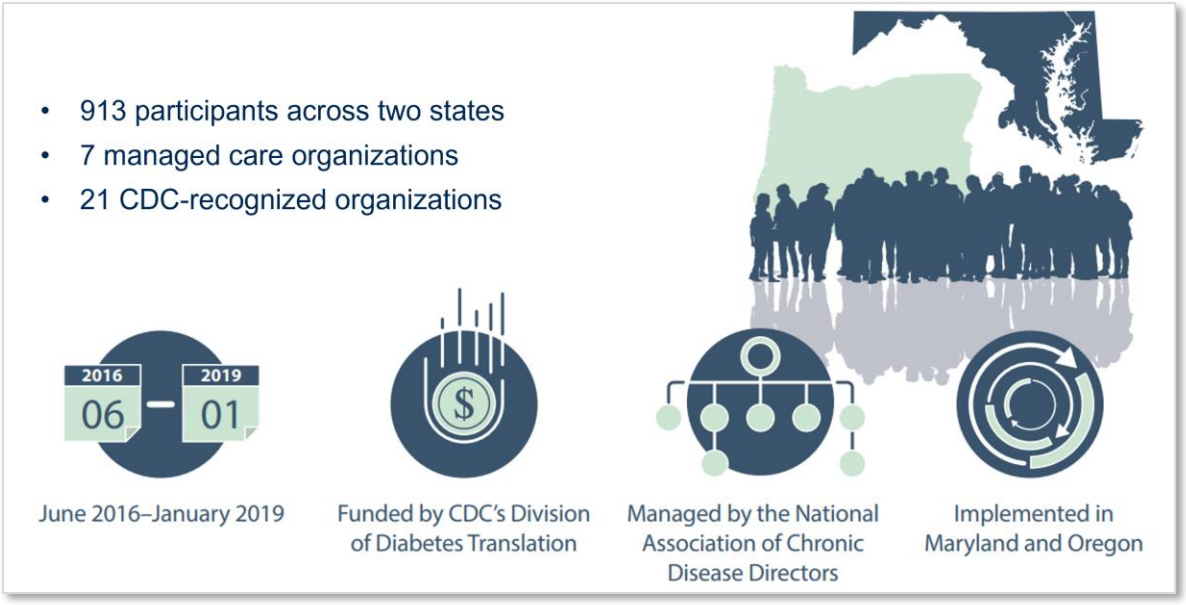
A map of states with Medicaid coverage of the National DPP lifestyle change program is available here.

2 • Presentations from Maryland and Oregon

Overview of the Medicaid Demonstration Project

Kelly McCracken provided an overview of the Medicaid Demonstration Project, a multi-year project designed to develop solutions for the real-world challenges of Medicaid coverage for the National DPP lifestyle change program.

The Demonstration advanced understanding of the processes and systems-building needed to achieve sustainable coverage of the National DPP lifestyle change program for Medicaid beneficiaries.



Important Resources related to the Medicaid Demonstration Project	
Overview	State Stories of Medicaid Coverage
Demonstration Recruitment Brief	Maryland Medicaid Demonstration Project
Demonstration Retention Brief	Maryland 1115 Waiver
Evaluation	Oregon Medicaid Demonstration Project
Additional Resources	Oregon 1115 Waiver

Sandy Kick, Maryland Office of Health Care Financing (Medicaid), and Kristi Pier, Maryland Center for Chronic Disease Prevention and Control, provided an update on Maryland's transition from pilot to coverage.

Hear about Maryland's updates here (minute 9 through 30 in the recording).

Lisa Bui, Oregon Health Policy and Analytics Division, Kaitlyn Lyle, Oregon Health Promotion and Chronic Disease Prevention, and Lizzie Moore, Oregon Health Promotion and Chronic Disease Prevention, provided an update on Oregon's Medicaid National DPP lifestyle change program coverage.

Hear about Oregon's updates here (minute 30 through 51 in the recording).

3 • Small Group Collaboration: Break Out Rooms

Breakout Room 1: Oregon
Network Adequacy, Contracting, and Reimbursement

Establishing the Benefit

- Medicaid coverage for Oregon's National DPP lifestyle change program is through an 1115 waiver.
- Oregon is a unique state that innovatively adapted the benefit to meet the state's needs.
- **The benefit construction enables multiple pathways for participant access (obesity, gestational diabetes, and prediabetes). Oregon Health Plan guidelines for National DPP eligibility is available here.**
- Including the obesity diagnosis was helpful for creating program buy-in and increasing program participation. Participants that only have an obesity diagnosis are not included in the data submission for CDC recognition.
- Health equity is paramount for Oregon and equity is the center of Oregon's National DPP lifestyle change program benefit design. Oregon's National DPP website is here.

Managed Care Partnerships and Buy-In

- Developing partnerships with Coordinated Care Organizations (CCOs, Oregon's Medicaid managed care plans) and CDC-recognized organizations must happen before participant outreach and awareness. For example, Oregon connected with each CCOs' medical director as part of building buy in.
- **The state has monthly meetings with the CCOs. This structure builds trust and allows Medicaid to discuss operational details and respond to the specific needs of individual CCOs**. It's important to be prepared to respond to these needs during these meetings or provide follow-up resources.
- Oregon provides CCOs with maximum flexibility in administering the benefit so they can tailor it to meet the needs of the populations they serve, but the plans must adhere to network adequacy standards. Providing flexibility is good but creates a lot of administrative options for the state to track.
- CCOs use the state's established program reimbursement rates (they can set their own rates but cannot set a rate below the state's established rates).

CDC-recognized Organization Partnerships and Buy-In

- The state's CDC-recognized organizations have been ready to contract since 2019.
- Oregon had to create processes, policies, and structures to help support CDC-recognized organizations build contractual relationships with the CCOs. For example, the state created spaces for CDC-recognized organizations to meet with CCOs and is continuing to evaluate how to best foster these relationships.
- Having an underlying infrastructure has also helped (such as an e-referral network, quarterly Lifestyle Coach calls, Master National DPP trainers, etc.).
- **Coordination is key. "You don't want to build any side too fast because all parts are needed for success."**

Rates and Rate Setting

- Oregon's fee-for-service reimbursement rates are available here.
- **Oregon learned from the Demonstration to frontload the reimbursement rate to better support CDC-recognized organizations with payment in the first year.**
- There are different rates for in-person and online programs.

Breakout Room 2: Maryland
Beneficiary and Provider Enrollment

Coverage Mechanism

- Medicaid coverage for Maryland's National DPP lifestyle change program is through an 1115 waiver.
- This allows the state to provide the benefit to the managed care population (most Medicaid beneficiaries in MD are in managed care) and not the Medicaid FFS population. Establishing coverage through an 1115 waiver is also considered a "demonstration" activity, which provides the state with flexibility to evaluate its effectiveness and make changes over time.

Data Collection and Tracking

- **The state collects data through MCO claims submission, which indicates how many sessions participants complete.** Most participants complete up to four sessions, but only a few participants finish the entire 12-month program. No other data is collected by the state.
- MCOs may collect additional data from their contracted providers.

Provider Enrollment and Contracting

- **While over 20 CDC-recognized organizations have enrolled into Maryland Medicaid as National DPP providers, Maryland provided thoughts on why more CDC-recognized organizations are not enrolling in Medicaid and contracting with MCOs.**
- One thought is that most of these organizations work with grant funding and are not familiar with contracting with MCOs. Maryland has hosted educational webinars and provided training in response. The state also held collaborative calls between CDC-recognized organizations and MCOs.
- Another thought is many CDC-recognized organizations do not have the infrastructure to bill Medicaid (figuring out how to submit claims is a complicated process).
- A third thought is the reimbursement rate. The level of work required to enroll in, and bill Medicaid may not be offset by the reimbursement amount. *Note: MCOs can set their own rates, but they cannot be below the state's established rates.*

Important Resources related to the Medicaid Demonstration Project
More information on "Reimbursement Models for Medicaid Agencies and MCOs" can be found here. The webpage provides example of Medicaid reimbursement models from Maryland, Oregon, and other states.

- Finding ways to increase CDC-recognized organization enrollment into Medicaid is a high priority for the state and they continue to connect CDC-recognized organizations with MCOs.
- **MCOs also have the option to become a CDC-recognized organization and may offer the program "in house" in addition to contracting with CDC-recognized organizations.**

Managed Care Partnerships and Buy-In

- Having MCOs participate in the Demonstration was helpful for generating buy-in and shared learnings.
- The state also holds monthly MCO liaison meetings. These meetings provide an avenue for valuable back-and-forth discussions on the development, implementation, and operation of the benefit. It allowed for collective problem solving.
- Having a champion who can communicate the value of the program to their peers is critical.

4 • Closing Remarks

CHAT WATERFALL: NACDD asked participants to share one key learning or action step they plan to incorporate in their work:

Key Learning/Action Step
Include overweight and obesity in program eligibility.
This is a long journey.
There are many moving parts that go into these types of initiatives.
Creativity and perseverance for the win.
Connect with MCOs.
Get creative.
This is hard but worth it!
Active relationship building.
Don’t build it all too fast - don’t push for volume before you have the structure.
There is opportunity to expand eligibility without ‘contaminating’ the DPRP data.
Have good engagement resources.
One size does not fit all.
Patience.
Identify a physician spokesperson.
Journey.
Build trust.
Connections.
Keep chugging along.

Key Learning/Action Step
As a health plan, we could add more events with providers to help them ask questions to operationalize.
Have a strong infrastructure in place with CCOs/MCOs.

Pat Shea, CDC, and Jen Barnhart, NACDD, provided closing remarks.

They reminded participants that success is a journey and not a destination and to celebrate each milestone and win. Medicaid coverage for the National DPP lifestyle change program will continue to be a priority for CDC and NACDD, and we are here to support states with their technical assistance needs.

Policy to Payment Roadmap

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