



# Elevator Pitch for MCO Coverage of the National DPP Lifestyle Change Program

This document is meant for organizations that are promoting coverage of the National Diabetes Prevention Program (National DPP) lifestyle change program to Medicaid managed care organization (MCO) officials. Included are overview points of the benefits of the program that may be used to create an elevator pitch for leadership and/or partners involved in the decision to enact coverage.

- The National DPP lifestyle change program, led by the CDC, is evidence-based, or scientifically proven to prevent or delay type 2 diabetes for high-risk individuals through building and maintaining healthy habits.<sup>1</sup>
- More than 1 in 3 adults are estimated to be at high risk for type 2 diabetes. This is also known as prediabetes (a condition where people are more likely to develop diabetes in the next 5 years). Both obesity and having a history of gestational diabetes are known risk factors for prediabetes and type 2 diabetes.<sup>2</sup>
- The cost to treat diabetes is high. Insulin and some other medications used to treat diabetes can cost \$1,000 dollars or more per month.<sup>3</sup>
- Low-income populations tend to have higher rates of type 2 diabetes, meaning adults with diabetes are disproportionately covered by Medicaid.<sup>4</sup> <<Could include state-specific stats regarding adult diabetes / prediabetes prevalence, broken out by Medicaid coverage or by income, if possible. Could also include regional numbers if the MCO operates in certain regions of the state.>>
- To address this growing epidemic, an increasing number of states, employers, and public and private payers, including Medicare, provide the National DPP lifestyle change program as a covered benefit.<sup>5</sup>
- Around 20 states currently offer the program to some or all their Medicaid beneficiaries, many of which use managed care to deliver the services. As such, an increasing number of managed care plans across the country are providing the benefit to their members.<sup>6</sup>
- Some of these plans are even choosing to offer the benefit to their members outside of Medicaid, as a value-added service to better engage and retain members and improve their health.<sup>7</sup>
- MCOs could also consider prediabetes as an "emerging risk" population for their NCQA population health program accreditation.<sup>8</sup>
- The program is uniquely positioned to address the implications of social determinants of health and health-related social needs by focusing on valuable life skills and having the flexibility to tailor the program to the specific needs of participants.<sup>9,10</sup>
- Managed care plans offering the benefit can structure the program in a way that best meets the needs of their members, providing a range of examples of how to establish provider networks, recruit and retain enrollees, reimburse providers, establish value-based payment models (if desired), and implement different delivery modalities (the program can be offered both online and in person).<sup>11</sup>
- Several studies demonstrate the program's cost effectiveness and potential for cost savings (for example, one study found savings amounted to about \$2,600 per participant). In addition, program participants generally lose an average of 5% of their body weight through improved nutrition and increased physical activity.<sup>12</sup>



- Health plans have found it valuable to look at the rates of prediabetes in their member population.<sup>13</sup>
  - "Without intervention, 29 percent of our members who are prediabetic today will develop type 2 diabetes in three years," said Dr. Mark Steffen, chief medical officer at Blue Cross. "Prediabetes, or an elevated level of glucose in the blood, is a treatable condition. Avoiding the onset of type 2 diabetes means significantly lowering a person's risks of heart and kidney diseases, blindness, and other significant health problems. The stakes are very high, and we don't want cost to be a barrier to the value that DPPs provide. Extending this no-cost option to our fully insured commercial groups will foster greater access for those who can benefit the most."

#### For more information:

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<sup>1</sup> [Evidence - National DPP Coverage Toolkit](#)

<sup>2</sup> [National Diabetes Prevention Program Overview - National DPP Coverage Toolkit](#)

<sup>3</sup> [The Cost of Diabetes | ADA](#)

<sup>4</sup> [CDC 2022 National Diabetes Statistics Report](#)

<sup>5</sup> [Participating Payers and Employers - National DPP Coverage Toolkit](#)

<sup>6</sup> [Participating Payers and Employers - National DPP Coverage Toolkit](#)

<sup>7</sup> [Engaging MCOs to Attain Coverage - National DPP Coverage Toolkit](#)

<sup>8</sup> [Population Health Program Accreditation - NCQA](#)

<sup>9</sup> [CDC 2022 National Diabetes Statistics Report](#)

<sup>10</sup> [Health Equity and the National DPP - National DPP Coverage Toolkit](#)

<sup>11</sup> [Medicaid MCOs - National DPP Coverage Toolkit](#)

<sup>12</sup> [Evidence - National DPP Coverage Toolkit](#)

<sup>13</sup> <https://www.prnewswire.com/news-releases/blue-cross-and-blue-shield-of-minnesota-expands-no-cost-access-to-diabetes-prevention-programs-starting-in-2024-301981288.html>



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