This Presentation Outline is to be used as a supplement alongside the Presentation Template for Medicaid, which can be accessed on the Medicaid Case for Coverage page of the Coverage Toolkit. This outline is organized based on the slide numbers of the presentation templates. It contains tips for presenting, and additional information, statistics, and graphics that can supplement the content in the presentation templates.

The Building Capacity for Public and Private Payer Coverage of the National DPP Lifestyle Change Program project is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $3.2 million for grant year 4 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.
Case for Coverage Medicaid Presentation Outline

Slide 1: Title Slide

To-Do

• Insert agency/organization logo, title, and presenter name

Slide 2: Outline of Presentation

Presentation Tips

• Know your audience and focus on what matters most to them (e.g., costs, health outcomes, health equity, ease of program delivery, member/employee satisfaction, etc.)
• Use data-driven information that is up-to-date and credible. If possible, include state and local data specific to the organization and information from similar types of organizations as examples of implementation.

Additional Resources

Additional topics that could be included in this presentation can be found in the Medicaid Coverage section and the Cost and Value, and Evidence pages of the Coverage Toolkit.

Slides 3-11: Set the Stage: Prediabetes, Type 2 Diabetes, and Medicaid

Presentation Tips

In the “Set the Stage” slides present the need for coverage of the National Diabetes Prevention Program (National DPP) lifestyle change program by describing the impact of prediabetes and type 2 diabetes on the state and its Medicaid beneficiaries.

Be sure to describe the issues that are relevant to the agency, including how their members may be impacted by prediabetes and type 2 diabetes (such as disease incidence rates, costs of medication, and the burden of complications).
Additional Information for Setting the Stage

National Statistics
According to CDC’s National Diabetes Statistics Report:

Diabetes

- **Total:** 38.4 million people have diabetes (11.6% of the US population)
- **Diagnosed:** 29.7 million people, including 29.4 million adults
- **Undiagnosed:** 8.7 million people (22.8% of adults are undiagnosed)

Prediabetes

- **Total:** 97.6 million people aged 18 years or older have prediabetes (38.0% of the adult US population)
- **65 years or older:** 27.2 million people aged 65 years or older (48.8%) have prediabetes

In addition:

- Diabetes was the 8th leading cause of death in the U.S. in 2020
- The number of US adults with diagnosed diabetes quadrupled from 5.5 million in 1980 to 21.9 million in 2014; it is estimated that 2 in 5 adults in the US could have diabetes by 2060.¹
- Diabetes is the costliest of the 155 most common diseases in the country, at $306.6 billion in direct medical costs and $106.3 billion in indirect costs (e.g., reduced productivity and absenteeism) in 2022.²,³

Case for Coverage Medicaid Presentation Outline

- Annual medical expenditures for people diagnosed with diabetes is $19,736 per year – **2.6 times as much as those without diabetes.**
- **Diabetes increases the risk of physical disability;** People with diabetes have a 1.8 percentage point higher rate of being out of the workforce and receiving disability payments in comparison to their peers without diabetes.  

State Specific Data
Estimated prediabetes and diabetes rates for each state, as well as the direct and indirect costs of diabetes in each state, are available [here](#). Additional state level data can be found in the [Diabetes State Burden Toolkit](#).

Top of Mind Issues for Medicaid Leaders
A shift to a prevention-mindset can address a number of top-of-mind issues for Medicaid leaders. Increasingly, leaders are looking to address rising costs, promote value over volume of services, reform managed care, address social determinants of health, and improve delivery and payment systems. The National DPP lifestyle change program can engage key partners, including public health, Medicaid, managed care organizations, and community-based organizations to address these and other health care and payer issues.

Additional Resources for Setting the Stage
To find more information about the costs associated with type 2 diabetes, visit the [Cost and Value](#) page of the Coverage Toolkit.

For more information on the current prediabetes and type 2 diabetes rates in the United States, including rates broken down by age, gender, and ethnicity, see the [National Diabetes Statistics Report](#).

Graphics for Setting the Stage
More diabetes and prediabetes infographics produced by CDC can be found [here](#).

Slides 12-16: Present the Solution

To-Do
- Indicate whether the program is offered in other languages in your state
Case for Coverage Medicaid Presentation Outline

- Insert locations in the state offering the program or virtual delivery options

Presentation Tips

Explain how the National DPP lifestyle change program helps to address the issues described in the previous slides. Including overall ROI and VOI information from the Cost & Value page and calculators included in the Coverage Toolkit would be most appropriate here.

Additional Information and Statistics for Presenting the Solution

- The National DPP lifestyle change program is built on a framework for prevention, which brings together partners from the public and private sectors to prevent or delay type 2 diabetes in the United States. This includes a foundation of an all-payer model involving Medicare, Medicaid, state health plans, commercial health plans, and employers.

- Increasing coverage and access to the National DPP lifestyle change program promotes health equity, especially when covered by Medicaid. Adult Medicaid beneficiaries are more likely to develop type 2 diabetes than their non-Medicaid counterparts, and states that have expanded Medicaid have seen their diabetes rates increase in their Medicaid populations. More information on health equity and the National DPP can be found on the Coverage Toolkit.

- About the National DPP lifestyle change program
  - Evidence-based, supported by National Institutes of Health (NIH) Diabetes Prevention Program (DPP) clinical trial
  - National effort with quality assurance through CDC’s Diabetes Prevention Recognition Program (DPRP)
  - Year-long, group-based program for adults focused on helping people lose 5% of their body weight through healthier eating and 150 minutes of physical exercise a week
  - Consists of 16 weekly sessions during the first six months and monthly sessions during the second six months
  - Designed for people 18 years or older who have prediabetes or are at-risk for type 2 diabetes, but who do not already have diabetes
  - Program delivered in-person, online, through distance learning, or through a combination approach
Case for Coverage Medicaid Presentation Outline

- Taught by trained lifestyle coaches (health professionals or non-licensed personnel)
- Includes group support (recommended group size ranges between 10 and 25 participants but online groups may be larger)
- Organizations offering the National DPP lifestyle change program can use a curriculum developed or approved by CDC, develop their own curriculum and submit it to CDC for approval, or receive permission to use another organization’s curriculum as long as it is CDC approved
- There are thousands of CDC-recognized organizations delivering the National DPP lifestyle change program across the 50 states and Washington, D.C.

Benefits of the National DPP lifestyle change program

- The National DPP is proven to reduce the risk of developing type 2 diabetes by 58% in adults (the risk of developing type 2 diabetes is reduced by 71% in adults over 60)
- A reduction in rates of type 2 diabetes correlates to reduced medical claims/health care costs
- Benefits extend beyond direct financial benefits to additional benefits such as avoided and delayed chronic illness and disability, increased satisfaction with health plan, and improved overall quality of life, etc.

- National DPP lifestyle change program participation eligibility

  - Be at least 18 years old, and
  - Be overweight (body mass index ≥25; ≥23 if Asian), and
  - Have no previous diagnosis of type 1 or type 2 diabetes, and
  - Have a blood test result in the prediabetes range within the past year:
    - Hemoglobin A1C: 5.7%–6.4%, or
    - Fasting plasma glucose: 100–125 mg/dL, or
    - Two-hour plasma glucose (after a 75 gm glucose load): 140–199 mg/dL, or
  - Be previously diagnosed with gestational diabetes, or
  - Score 5 or higher on the CDC/ADA Prediabetes Risk Test

- National DPP lifestyle change program coverage landscape
Covered nationally by Medicare; in an increasing number of states by Medicaid; and by many commercial plans, employers, and state and public employers

Additional Resources for Presenting the Solution

The Coverage Toolkit contains multiple pages that can be used to supplement slides on presenting the solution:

- The National Diabetes Prevention Program Overview page provides basic information on how the program is structured.

- The Evidence page contains multiple studies demonstrating the efficacy of the National DPP lifestyle change program, including evidence of efficacy when it is delivered online or through distance learning. This page also has studies demonstrating additional health benefits beyond the prevention of type 2 diabetes that result from the program.

- The Cost and Value page contains information on the return on investment (ROI) and VOI of the program, as well as multiple budget and project impact tools and calculators.

- The Who Covers the National DPP Lifestyle Change Program? page provides a list of payers who are currently covering the National DPP lifestyle change program, including commercial health plans, employers, state-public employee coverage, state Medicaid coverage, and Medicare coverage. The page contains multiple visuals and maps that can be copied into a presentation.
Additional Graphics for Presenting the Solution

The State Medicaid Coverage Map below is accurate as of May 11, 2024. For the most up-to-date version of this map and other payer maps, visit the Medicaid Coverage Landscape page of the Coverage Toolkit.

Medicaid Coverage Definition Key:
- No Coverage
- Medicaid State Plan (Existing)
- State Plan Amendment (SPA) (New)
- 1115 Waiver
- State Medicaid Agency Decision
- State-Supported MCO/Value-Based Care Pilot
- State Legislative Decision
- Required Statewide MCO Coverage
- Voluntary MCO Offering
Case for Coverage Medicaid Presentation Outline

Hispanic and Asian subgroups are at higher risk for diabetes

<table>
<thead>
<tr>
<th>Hispanics AND NON-HISPANIC ASIANS</th>
<th>SUBGROUPS WITH DIABETES</th>
<th>KNOW YOUR RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collectively account for 23% of the US population</td>
<td>Hispanics</td>
<td>If your BMI IS 25 OR MORE or if you are of ASIAN HERITAGE with a BMI OF 23 OR MORE, ask your health professional if you should be tested for type 2 diabetes.</td>
</tr>
<tr>
<td>Are at a higher risk for prediabetes and type 2 diabetes</td>
<td>Mexicans 25%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Puerto Ricans 22%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cuban/Dominicans 21%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Central Americans 19%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>South Americans 12%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-Hispanic Asians</td>
<td></td>
</tr>
<tr>
<td></td>
<td>South Asians 23%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Southeast Asians 22%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>East Asians 14%</td>
<td></td>
</tr>
</tbody>
</table>

Source: CDC Diabetes Infographics

The National DPP lifestyle change program allows payers to avoid the high cost of type 2 diabetes through delaying or preventing the onset of type 2 diabetes among covered individuals. The program provides direct financial benefits in the form of lower health care costs by preventing diabetes, and indirect financial benefits such as increased productivity and satisfaction among employees. One study of commercially insured adults found:

$8,015
Increase in Medical Expenditures over a 3-year period for individuals with prediabetes who developed diabetes compared to individuals with prediabetes who did not
(Year 1: $2,469; Year 2: $3,193; Year 3: $2,353)

VS.
$500
Cost of the National DPP lifestyle change program per participant, per year

Note: Even without any lifestyle changes, not all individuals with prediabetes will progress to type 2 diabetes.

Source: Cost and Value, Coverage Toolkit
ROI: National DPP

<table>
<thead>
<tr>
<th>Source</th>
<th>Cost and Value, Coverage Toolkit</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>CMS Office of the Actuary (OACT)</strong></th>
<th>A model based on Medicare beneficiaries found the National DPP lifestyle change program would reduce (or not increase) net Medicare spending</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Commercially Insured Population ROI</strong></td>
<td>In a group of commercially insured adults, estimated an $8,015 increase in medical expenditures of over a 3-year period for individuals with prediabetes who develop diabetes compared to individuals with prediabetes who do not develop diabetes</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>CPSTF Report</strong></td>
<td>Estimated median ICER of combined diet and physical activity promotion programs to be $13,761 per quality-adjusted life year (IQR: $3,067 to $21,899); economic review, 16 studies</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Institute for Clinical and Economic Review (ICER)</strong></td>
<td>Estimated savings of $1,146 per participant for in-person individual programs; $618 for online with human coaching (5-year horizon)</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Medicare FFS Claims Analysis</strong></td>
<td>Estimated savings of $278 per member per quarter (3-year horizon)</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Online Delivery of the National DPP ROI</strong></td>
<td>Estimated per quarter decrease of 9 inpatient stays and 9 emergency department visits per 1,000 members (5-year horizon)</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Online Delivery of the National DPP ROI</strong></td>
<td>2,371 individuals with prediabetes</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Online Delivery of the National DPP ROI</strong></td>
<td>Simulated 3-year ROI break-even point</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Online Delivery of the National DPP ROI</strong></td>
<td>Simulated 5-year ROI of $1,565</td>
</tr>
</tbody>
</table>

Source: Cost and Value, Coverage Toolkit
Slides 17-18: Examples and Testimonials

**To-Do**

- Insert examples of like organizations and/or testimonials from like organizations/participants

**Additional Resources for Examples and Testimonials**

As your state CDC-recognized organizations if they have testimonials from participants, especially from lower socioeconomic or racial/ethnic groups that are represented within your state’s Medicaid program.

[Written and video testimonials](#) from former program participants can be found on the CDC National DPP website.

Slides 19-21: What Can You Do?

**Additional Information and Statistics for “What Can You Do?”**

- The pathway to Medicaid coverage for the National DPP lifestyle change program can be organized into five stages: case for coverage, benefit design and coverage attainment, benefit groundwork, benefit operationalization, and benefit evaluation and scaling. Medicaid-public health collaboration is key, with both agencies bringing important expertise to the table.

- The [Policy to Payment Roadmap](#) on the Coverage Toolkit is an interactive resource that contains links to additional information and resources on each of the five stages.

- Consider next steps, such as:
  - How can an agency initiate planning or expand efforts for establishing coverage of the program?
  - Who will be the point person for this work?
  - What additional information is needed and who needs it to make the ultimate “go or no go” decision to roll out coverage?
  - What is a reasonable timeline for rolling out coverage?
  - What other resources are available?
Additional Resources for “What Can You Do?”

Visit the [Case for Coverage](#) page to review the steps to make the case for coverage in Medicaid.

Visit the [Cost and Value](#) page of the Coverage Toolkit for more tools and resources related to calculating the ROI and VOI and budgeting the program.

The [Who Covers the National DPP Lifestyle Change Program?](#) page of the Coverage Toolkit provides a list of payers who are currently covering the National DPP lifestyle change program, including commercial health plans, employers, state-
Case for Coverage Medicaid Presentation Outline

public employee coverage, state Medicaid coverage, and Medicare coverage. The page contains multiple visuals and maps that can be copied into a presentation.

Case studies and other examples can also be a helpful way to convey the path to coverage of the National DPP lifestyle change program to decision-makers and generate interest in the program. For example, the State Stories of Medicaid Coverage page describes the approaches many states took to achieve coverage and can help other states think through how they could cover the National DPP lifestyle change program for Medicaid. Additionally, the Medicaid Coverage for the National DPP Demonstration Project page describes a multi-year project that was carried out in two states, Maryland and Oregon, to work through and develop solutions for the real-world challenges of Medicaid coverage for the National DPP lifestyle change program.

CDC has created the following marketing and recruitment materials to make it quick and easy to outreach to eligible participants about the National DPP lifestyle change program.

Additional promotional materials for recruiting program participants created by CDC can be found here, and the “Do I Have Prediabetes?” ad campaign can be found here.

The Recruitment and Referral page of the Coverage Toolkit contains examples of how organizations have outreached to members or employees.

Slides 22-25: For More Information, Questions, and Sources Cited

To-Do

- Insert contact information

Presentation Tips

This is a great opportunity to answer any questions and reaffirm next steps.
Additional Resources

CDC’s National DPP Customer Service Center includes many resources for marketing and recruitment for the National DPP lifestyle change program, including adaptable promotional materials (in English and Spanish), videos, testimonials, and marketing strategies.

Additional resources and infographics are available on CDC’s diabetes media page.

Please contact us with any questions about the content on the Coverage Toolkit at coveragetoolkit@chronicdisease.org.