



National Diabetes Prevention Program Coverage Toolkit

Quarterly Bulletin:

Real solutions from policy to payment

Welcome to the second quarterly National Diabetes Prevention Program (National DPP) Coverage Toolkit Bulletin of 2024. This bulletin is released every three months (in February, May, August, and November), and includes a synopsis of the new content that has been published on the [National DPP Coverage Toolkit](#) (the Toolkit) as well as key highlights that demonstrate the impact on its readership. Toolkit updates are developed in alignment with our partners' technical assistance needs, focusing on the information partners need to plan for, operationalize, and sustain payer coverage for the National DPP lifestyle change program.

Here is a summary of Toolkit content updates and analytics from the past quarter, February – April 2024.

Updated Content and New Features

New Toolkit Pages

Three new pages were added to the Toolkit in this quarter:

- [Partner Networks](#): This page features detailed information about how a group of organizations and representatives of different communities can team up to advance the common goal of preventing type 2 diabetes. Sections include a description of the partner network approach, an overview of the Bright Spot Initiative (BSI), the role of state health departments in partner networks, and how partner networks can center on health equity.
- [UHA Roadmap](#): This page features the UHA Roadmap that provides an overview of activities to operationalize a UHA for the National Diabetes Prevention Program (National DPP) lifestyle change program. This resource is intended for potential umbrella hub organizations (UHOs), subsidiary organizations, state organizations, conveners, or others interested in learning about a National DPP UHA.
- [UHA Spotlights](#): The UHA Spotlights page showcases the experiences of four organizations that have undertaken UHO work, including Hawai'i Primary Care Association (HPCA), Health Promotion Council (HPC), Marshall University, and the newly developed spotlight on [Trellis](#). The Spotlights provide details about each UHO, their areas of focus, and provide specifics about their UHA development.

Main menu bar Building Partnerships → Partner Networks

Main menu bar Umbrella Hub Arrangements → Partner Networks/UHA Roadmap/UHA Spotlights

UHA Pages

The [Umbrella Hub Arrangement \(UHA\) Overview](#) and [UHA Business Model](#) pages were updated to align with new [UHA guidance](#) from the Centers of Disease Control and Prevention (CDC). Additional edits to align the PDF resources linked on the UHA pages with the new UHA guidance will be released in the coming months.

Main menu bar Umbrella Hub Arrangements → UHA Overview/UHA Business Model

Evidence

The [Evidence](#) page was updated to include three new studies under the Evaluation section:

- [Cost of Diabetes 2022](#): Diabetes has both serious health and economic consequences. These latest figures from the American Diabetes Association indicate direct and indirect estimated annual costs of \$412.9 billion as a result of diabetes, individuals with diabetes face on average 2.6 times higher health care costs than those without diabetes, and 1 in 4 health care dollars are spent treating diabetes and its complications.
- [Effectiveness of Incentives for Improving Diabetes-Related Health Indicators in Chronic Disease Lifestyle Modification Programs](#): In 2022, CDC published a research study about the use of incentives in lifestyle modification programs (like the National DPP lifestyle change program and diabetes self-management education and support services) and how they can benefit participants. The manuscript details how individuals in lifestyle modification programs who received an incentive improved their body weight, body mass index, and blood pressure more than participants who did not receive an incentive.
- [Trends in Medical Expenditures Prior to Diabetes Diagnosis](#): This analysis finds that the incremental rise in costs of diabetes are shown to begin at least 5 years before diagnosis of the disease and accelerate immediately after diagnosis. Results suggest that the newly diagnosed case subjects spent \$8941 more than control subjects not diagnosed with diabetes over the span of 5 years, with approximately \$4828 in the year of diagnosis. Results show that the rise in medical spending associated with diabetes begins well in advance of the first diabetes diagnosis and support the need to encourage physicians to implement timely identification and prevention efforts to reduce the economic burden of the disease.

Main menu bar National DPP → Evidence

MDPP Implementation Resources

The [Medicare Diabetes Prevention Program \(MDPP\) Implementation Resources](#) page was updated to include a variety of new resources:

- [Prospective Contract Components Between a Medicare Advantage \(MA\) Plan and an MDPP Supplier](#): This document shares illustrative examples of common elements that could be found in contracts between an MA plan and an MDPP supplier. Note: This document is intended to be educational in nature and does not constitute legal advice.
- [MDPP Guide for MA Plans](#): This document provides an overview and value proposition for the MDPP for an MA plan audience and could be used to introduce an MA plan to the benefits of offering the MDPP. It summarizes key aspects of the MDPP benefit such as how the program is structured, administered, delivered, and certified, and it addresses how MA plans can work and contract with MDPP suppliers to offer the program to their members.
- [Specific MA Plan MDPP Revenue Projection Tool](#): On NACDD's MDPP Business Tools (dppbusinessstools.org) website, there is a tool to estimate revenue for an MDPP supplier from a specific MA plan. An MA plan can also use this tool to estimate the costs of contracting with an MDPP supplier to provide MDPP services to their members.
- [MDPP Supplier Capacity Assessment Tool](#): The interactive, web-based MDPP Capacity Assessment Tool, developed with input from experienced MDPP suppliers, is designed to help both potential and existing MDPP suppliers identify areas where they may need to increase capacity to be a more successful and sustainable program. This tool can also be used by UHOs to support subsidiary engagement and capacity considerations.
- [Questions about MA Plans requirements related to the MDPP?](#): There are rules and requirements related to MDPP coverage that are specific to MA plans. For example, organizations are required to be approved MDPP suppliers to provide MDPP services under MA Plans. For any MA inquiries, the

Centers for Medicare & Medicaid Services (CMS) requests that questions are sent to the Division of Policy, Analysis, and Planning (DPAP) Medicare Part C Policy mailbox and write “MDPP” in the subject line.

- [Updated MDPP Billing Workshop FAQ](#): Developed from a 2-part webinar series focused on increasing general knowledge about the MDPP billing and claims processes on September 22nd, 2021, and November 10th, 2021, this resource was updated April 2024 to reflect current billing requirements.
- [Medicare 101 & MDPP](#): Medicare is a government-sponsored health insurance plan for people aged 65 or older. Medicare has various parts, and this document outlines the distinct parts of Medicare, what services they cover, the associated member cost sharing, and where the MDPP fits in.
- [MDPP: A Business Case for Prospective Suppliers](#): This CMS resource covers items such as:
 - What Is the MDPP and Why Participate as a Supplier?
 - Is My Organization Ready to Be an MDPP Supplier?
 - How Does My Organization Become an MDPP Supplier?
 - What Are the Key Differences between the MDPP and the National DPP?

Main menu bar Medicare → MDPP Implementation Resources

Who Covers the National DPP? Pages

The three Toolkit pages that describe which payers are covering the program, the [Medicaid Coverage Map](#), [Commercial Payer List](#), and [Employer Coverage Map](#), were updated to reflect current knowledge of payer and employer coverage for the National DPP lifestyle change program. Case studies of commercial payers and employers offering the program, that were previously available elsewhere on the Toolkit, were also added to these pages.

Main menu bar Medicaid → Medicaid Coverage Map

Main menu bar Commercial Payers → Commercial Payer List/Employer Coverage Map

Commercial Case for Coverage

The Commercial Case for Coverage page has been reorganized and streamlined. The page includes new and updated resources. The updated resources include the [Presentation Template for Commercial Plans](#), [Presentation Template for Employers](#), and the [Case for Coverage: Commercial Presentation Outline](#) which feature new cost data.

Main menu bar Commercial Payers → Case for Coverage

State Story Pages

The [Michigan State Story](#) was updated to reflect that the state now has coverage through a state plan amendment (SPA) as a result of data gathered through their state-supported MCO pilot.

Main menu bar Medicaid → Medicaid State Stories → Michigan

Health Equity Pages

New information and resources were added to two of the Health Equity pages:

- [Addressing Health-Related Social Needs \(HRSN\) Through the National DPP](#): The “Using Program Supports to Enhance the National DPP Lifestyle Change Program Webinar” was added to the page.
- [The Role of Medicaid in Addressing HRSN](#): Information regarding program supports, and New York and Oregon’s 1115 waivers were added to the page.

Main menu bar Health Equity → Health Equity and the National DPP → The National DPP and HRSN/Medicaid and HRSN

Engaging Federally Qualified Health Centers (FQHCs)

The [Engaging FQHCs](#) page now includes a highlight and link to the [HPCA Spotlight](#), describing how the Hawaii Primary Care Association or HPCA utilized partnerships with FQHCs to establish a UHA. HPCA successfully submitted their MDPP supplier application on February 9, 2022, and was approved as an MDPP supplier. By achieving MDPP supplier status, HPCA can now submit claims on behalf of each participating subsidiary organization within the UHA, including the FQHCs that are subsidiary organizations.

Main menu bar Building Partnerships → FQHCs

Correctional Facilities

The [Correctional Facilities](#) page now features CorrectCare’s [“Preventing Type 2 Diabetes: An Evidence-Based Approach”](#) article.

Main menu bar Building Partnerships → Correctional Facilities

Medicaid Retention

The [Medicaid Retention](#) page was updated to include program support information:

- Updated the “Using Incentives” section to be the “Using Incentives and Programs Supports” section:
 - Added information about program supports and links to CDC incentives and program supports resources
- Updated the “Incentives in Practice” section to be the “Incentives and Program Supports in Practice” section:
 - Added a new research study about using incentives/program supports in lifestyle modification programs
 - Added link to 2023 report by North Carolina on the Minority Diabetes Prevention Program

Main menu bar Medicaid → Implementation → Retention

Various Pages

Additional edits that were applied across multiple pages of the Toolkit are:

- The [Building Network Capacity](#), [Commercial Case for Coverage](#), [Coding & Billing](#), [Medicaid](#) and [Commercial Delivery Options](#), and [Commercial Contracting](#) pages were updated to align third-party organization (TPO)/third-party administrators (TPA) and UHA information.
- The [Existing Provider Type](#) and [Building Network Capacity](#) pages were updated to include a link to a [map](#) of states with coverage of community health worker (CHW) services.
- The [Medicaid Identification](#) and [Leveraging State and National Health Equity Initiatives](#) pages were updated to include the [Participant Identification and Engagement Workflow Template](#).

For feedback or questions related to the National DPP Coverage Toolkit, please email coveragetoolkit@chronicdisease.org or visit <https://coveragetoolkit.org/contact-us/>

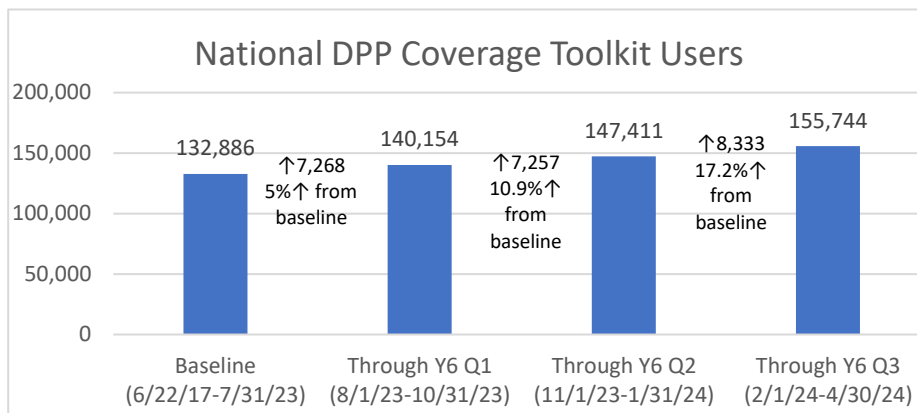
The Building Capacity for Public and Private Payer Coverage of the National DPP Lifestyle Change Program project is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4.3 million for grant year 5 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.

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If you require this document in an alternative format, such as large print or a colored background, contact the Communications and Member Services Department at publications@chronicdisease.org. Alternate formats can be made available within two weeks of a request.

National DPP Coverage Toolkit Website Analytics

155,744 Total Users Since Launch (6/22/17-4/30/24)



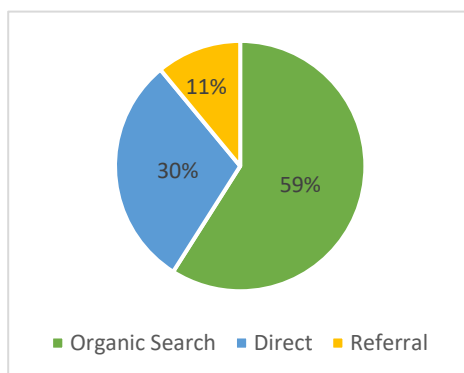
Pageviews- 23,923 views (2/1/24-4/30/24)

Most Viewed Pages/Sections	#	%
Homepage	4,033	48.4%
National DPP/ Overview	1,287	15.4%
MDPP Basics	1,171	14.1%
Coding and Billing for the National DPP	928	11.1%
National DPP/ Curriculum	823	9.9%

File Downloads – 1,940 files (2/1/24-4/30/24)

Most Downloaded Files	#	%
Learnings from the Umbrella Hub Demonstration	70	3.6%
CMS Calendar Year MDPP Payment Rates	63	3.2%
Umbrella Hub Arrangements One-Pager	56	2.9%
Checklist to Help Organizations Establish a UHO	37	1.9%
MDPP: Preparing to Enroll as an MDPP Supplier	32	1.6%

How Users Access the Toolkit (2/1/24-4/30/24)



Referral users click on a link to coveragetoolkit.org from external sources:

Referral Source Website	#
CDC.gov	299
nationaldppcsc.cdc.gov	270
chronicdisease.org	60
Links from presentations and documents	57
amapreventdiabetes.org	48

Impact and Use

“The Toolkit is always the first line of defense for questions.”

“The Toolkit resources have been helpful by providing us with additional resources to direct the MCO and the DPP provider to for further information.”

“In recent weeks, we have checked the information on the State Stories. We have also looked at the information regarding strategies for engaging MCO’s. The information the toolkit provides has been very helpful as we were able to learn how other states handle (these issues).”

“We use the Coverage Toolkit to help with our contracting and reimbursement goals with Medicaid MCOs.”

“We check the National DPP Coverage Toolkit about 1x per month minimum. It is helpful for review of basics about MDPP and National DPP.”