

Implementing the National DPP Lifestyle Change Program: Medicaid Agencies

How to get started, and what carriers need to know for success

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Step #1: Know the Program

About the National DPP Lifestyle Change Program

Investing in efforts to slow or prevent the development of type 2 diabetes results in reduced costs and healthier populations. To address the growing problems of prediabetes and type 2 diabetes, CDC has established the National Diabetes Prevention Program (National DPP) lifestyle change program, which is an evidence-based program focused on helping at-risk participants make positive lifestyle changes such as eating healthier, reducing stress, and increasing physical activity.

Key Facts

- 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.
- Year-long program delivered in-person, online, or through a combination approach.
- Includes a minimum of 16 weekly sessions during the first six months and at least six monthly sessions during the second six months.
- Taught by trained lifestyle coaches (health professionals or non-licensed personnel).
- Includes group support (recommended group size ranges between 10 and 25 participants. Online groups may be larger.)
- Organizations offering the National DPP Lifestyle Change Program can use a curriculum developed 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 deliver the National DPP lifestyle change program across the 50 states and D.C. To find a program near you, click [here](#).

For more information, click [here](#).

Evidence-Based Program

The National DPP lifestyle change program is an evidenced-based program. People with prediabetes who take part in this structured lifestyle change program can cut their risk of developing type 2 diabetes by 58% (71% for people over 60 years old). This is the result of the program helping people lose 5% to 7% of their body weight through healthier eating and 150 minutes of physical activity a week. People who completed a type 2 diabetes prevention lifestyle change program were one-third less likely to develop type 2 diabetes after 10 years.

Cost-Effective

The program has proven to be cost-effective and can be cost saving, depending on the mode of delivery, the target population, and other factors. With funding from a Center for Medicare & Medicaid Innovation (CMMI) Health Care Innovation Award, the YMCA of the USA (Y-USA) delivered the National DPP lifestyle change program to Medicare beneficiaries in eight states. Results showed that in the first five quarters of the program, savings amounted to \$2,636 per participant. For more information, click [here](#).

Covered by Medicaid

The National DPP lifestyle change program is a covered Medicaid benefit in Minnesota and Montana. A [Medicaid Demonstration](#) project in Maryland and Oregon is currently underway (2015–2018) to demonstrate how state Medicaid agencies can cover the program through their managed care organizations. More states are considering funding or covering the program for their Medicaid beneficiaries.

Step #2: Make the Case

Approximate Costs

Approximate [costs for administering the National DPP](#) lifestyle change program to a participant who completes all 22 sessions of the yearlong program (16 weekly sessions during the first six months and six monthly sessions during the second six months) is \$500. This does not include the cost of incentives or additional services such as program supports, child care, or healthy snacks. Activities that drive program cost include marketing and recruitment efforts, facility costs, and direct program delivery costs, including staffing.

Make the Case

Most Medicaid agencies want to know the potential cost savings of offering the program. The CDC has developed a [Diabetes Prevention Impact Toolkit](#) that enables entities to assess the likely cost-effectiveness or cost-savings of the program based on an organization's own data (if available) and best available data from relevant research, program implementation, and state and industry averages.

Consider Other Factors

The National DPP lifestyle change program can also [improve](#) general health, physical function, reduce bodily pain, and improve vitality scores on a health survey after three years. Similarly, another [study](#) concluded that weight loss because of the National DPP lifestyle change program was associated with improvements in measures of health-related quality of life. Finally, a [study](#) of a work place diabetes prevention lifestyle change program found improved metabolic and behavioral risk factors among employees with prediabetes. For more information click [here](#).

Step #3: Make National DPP Lifestyle Change Program Services Medicaid Covered Benefits

Federal Matching Funds

A major goal of the CDC and National Association of Chronic Disease Directors (NACDD) funded [Medicaid Demonstration Project](#) is to prepare the way for states to continue and expand coverage of the National DPP lifestyle change program as a Medicaid covered benefit and draw down federal Medicaid matching funds.

Federal Medicaid matching funds can be claimed for both direct service costs as well as administrative costs. Direct service costs are reimbursed by the federal government in a range from 50% to 90%, determined by the state's Federal Medical Assistance Percentage (FMAP). Administrative costs are generally shared between the federal government and the state at a rate of 50/50, or in some cases at a higher rate of 75/25.

Attain Coverage through a Medicaid State Plan

To draw down federal Medicaid matching funds, services provided by the National DPP lifestyle change program must be covered by a state's Medicaid State Plan. A State Plan is a written agreement between a state and the federal government outlining the details of the state's Medicaid program, including services, reimbursement rates, and who is eligible for coverage. If a state's current State Plan does not cover the services provided by the National DPP lifestyle change program (such as screening, intensive behavioral counseling, and preventive services) or the health professionals and non-licensed personnel who provide the services as lifestyle coaches, the state will need to seek a State Plan Amendment (SPA).

For more information and examples for National DPP lifestyle change SPA language, click [here](#).

Attain Coverage through an 1115 Waiver

A state seeking to maintain flexibility in offering the National Diabetes Prevention Program (National DPP) lifestyle change program may want to consider whether the program would align with an 1115 demonstration waiver. These waivers provide states with additional flexibility to design, demonstrate, and evaluate new approaches to delivering Medicaid. The National DPP lifestyle change program is included in the New York and Texas Delivery System Reform Incentive Payment (DSRIP) 1115 demonstration waivers. The goal of DSRIP 1115 waivers is to reform a Medicaid program's delivery and payment system to better focus on improving population health, care quality, patient experience, and reducing costs.

For more information and examples of DSRIP 1115 waiver language, click [here](#).

Step #4: Build your National DPP Lifestyle Change Program Network

Know Your Delivery Options

Medicaid agencies covering the National DPP lifestyle change program in a fee-for-service (FFS) environment have several options for administering the National DPP lifestyle change program. These options are not mutually exclusive and include contracting with CDC-recognized organizations that offer the program:

1. In-person. Yearlong lifestyle change program delivered 100% in person for all participants by trained lifestyle coaches. In-person National DPP lifestyle change programs are offered by a variety of organizations, including but not limited to hospitals, health plans, YMCAs, diabetes self-management education and support (DSMES) programs, pharmacies, Cooperative Extension Centers, local health departments, community-based organizations, and faith-based organizations. Click [here](#) for a list of CDC-recognized organizations in your state.
2. Online. Yearlong lifestyle change program delivered 100% online for all participants. Participants interact with lifestyle coaches at various times and by various communication methods, including online classes, emails, phone calls, or texts. Click [here](#) for a list of online, or combination in-person/online CDC-recognized organizations in your state.
3. Distance Learning. Yearlong lifestyle change program delivered 100% by trained lifestyle coaches via remote classroom or telehealth (i.e., conference call or Skype) where the lifestyle coach is present in one location and participants are calling or video-conferencing in from another location.

Become Medicaid-Enrolled Providers

For CDC-recognized organizations to be able to bill the Medicaid agency for services provided, they must be a Medicaid-enrolled provider. While the National DPP lifestyle change program relies on the use of both health professionals and non-licensed personnel to serve as lifestyle coaches, non-licensed personnel typically fall outside of a state's clinical licensure system. In these cases, state Medicaid agency will need to seek a SPA.

As Medicaid-enrolled providers, CDC-recognized organizations will need to comply with Medicaid program integrity rules such as confidentiality, screening, and disclosure standards. The process and requirements for enrolling a Medicaid provider varies by state.

Establish Reimbursement Processes

The Medicaid Agency will need to establish a fee schedule for reimbursing services provided by the National DPP lifestyle change program. State examples are provided below:

Montana:

\$21.88 per weekly class in first six months (\$350 total for completion of all 16 weekly classes)

\$25 per monthly class in last six months (\$150 total for completion of all 6 monthly classes)

Minnesota:

\$13.62/class (core and maintenance) (\$300 for 22 classes)

Maryland demonstration:

Sets a reimbursement cap of \$750. For fee schedule break down, click [here](#).

Code Claims

In a Medicaid FFS environment, state Medicaid agencies almost always use a claims process for reimbursing the National DPP lifestyle change program. A combination of ICD-10 and CPT codes will be assigned for diagnostic and claims-processing reasons, respectively. The new National DPP-specific CPT code (0403T) is intended to be used by CDC-recognized organizations that provide nonclinical National DPP lifestyle change program services. For an example a National DPP lifestyle change program claim, click [here](#).

Establish Mechanisms for Data and Reporting

State Medicaid agencies and CDC-recognized organizations will need to establish procedures to exchange the following data:

- Medicaid eligibility information
- Program enrollee contact information
- CDC-recognized organization encounter data
- Claims data
- Cost data

State Medicaid agencies will want to ensure that CDC-recognized organizations with which they work have the capacity to meet all statutory and regulatory requirements pertaining to privacy and data security.

Step #5: Engage Program Participants

Identify Eligible Members

Medicaid agencies can identify prospective participants for the National DPP lifestyle change program based on participant eligibility criteria. These criteria can be found on the [CDC National Diabetes Prevention Program website](#).

Medicaid agencies can leverage electronic health record data and/or medical claims data to proactively identify individuals who are or may be eligible for the program. For example, Maryland uses ICD-10 codes from claims data to identify individuals who fit the eligibility criteria. The codes are able to flag individuals who:

- Are overweight or obese (e.g., E66.9 or O99.210),
- Have elevated glucose levels (e.g., R73.03), or
- Have a history of gestational diabetes (e.g., Z86.32 or O24.410).

Recruit Members to the Program

Medicaid agencies will need to consider appropriate and effective recruiting strategies. Some recruiting strategies may prove more time- and cost-effective than others. For example, efforts to influence a primary care provider to recommend the program to her or his eligible patients may be more cost-effective than sending direct mailings.

Some possible recruiting efforts include:

- Direct mailings / phone calls
- Brochures in clinics or community centers
- Advertisement through local media outlets (posters, radio, community newsletters)
- Community health fairs and wellness events
- Physician referrals

It is important to note that some in-person and online CDC-recognized organizations are willing to engage in member outreach and recruitment on behalf of the Medicaid agency.

Step #6: Enroll and Retain Members

Enroll and Retain Members

An individual is generally considered enrolled when she or he participates in one or more sessions. Other entities have defined a person as enrolled when she or he agrees (in writing and/or verbally) to participate in the program.

Retaining members who have elected to participate is an important program objective. Some organizations conduct a readiness assessment to determine an individual's commitment to the program before enrollment. Other organizations offer program supports and incentives, such as food scales, gift cards, or wearable fitness trackers, at key program milestones to retain members over time (note: these types of supports and incentives are generally not eligible for federal matching funds). Some organizations indicated that the best way to retain members is having well-trained, personable lifestyle coaches.

In-person and online CDC-recognized organizations maintain attendance logs and weigh-in information. CDC-recognized organizations can aggregate these and additional data being tracked (e.g., BMI, etc.) and provide a regular report (e.g. monthly) to the Medicaid agency.
