



America's Voice for Community Health Care

## **Centers for Disease Control and Prevention**

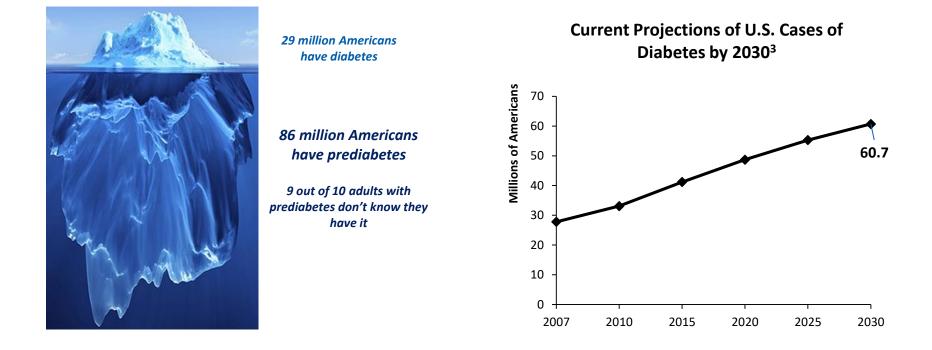


Ann Albright, PhD, RD Director, Division of Diabetes Translation





## **Our Public Health Challenge...**



1: Centers for Disease Control and Prevention. National diabetes statistics report: estimates of diabetes and its burden in the United States, 2014. Atlanta, GA; US Department of Health and Human Services, Centers for Disease Control and Prevention, 2014; 2: https://www.cdc.gov/diabetes/prevention/prediabetes-type2/index.html; 3: Zhang X, Gregg EW, Williamson DF, et al. A1C level and future risk of diabetes: a systematic review. Diabetes Care 2010;33(7):1665–73.

# **Overview of the National Diabetes Prevention Program**

The core of the National Diabetes Prevention Program (National DPP) is a CDC-recognized, year-long lifestyle change program that offers participants:



To successfully implement these lifestyle change programs, the National DPP relies upon a variety of 2 public-private partnerships including: community organizations, public and private insurers, employers, health care organizations, faith-based organizations, and government agencies. Together, these organizations work to:



reporting

through organizations nationwide

in the lifestyle change program

lifestyle change program

effectively



# **Increase the Supply of Quality Programs**

The number of CDC-recognized programs has increased substantially since the program's inception.

**CDC-Recognized Diabetes Prevention Programs Across the U.S.** 



Growth As of February 2017

# **Increase Coverage & Reimbursement for Participants**

Many public and private insurers are offering the National DPP as a covered benefit.



## **Commercial Insurers**

Over 65 commercial health plans provide some coverage for the National DPP, including:

- AmeriHealth Caritas
- Anthem BCBS California: LA
- Anthem BCBS
  Colorado
- BCBS Florida
- BCBS Louisiana
- Denver Health
  Managed Care:
  Medicaid, Medicare,
  Public Employees
- Emblem Health: NY
- GEHA

- Humana
- Kaiser: CO & GA
- LA Care: *Medicaid*
- Molina: CA, NM, WI
- MVP's Medicare Advantage
  - Priority Health: MI
  - United Health Care: *National, State, Local, Private, and Public Employees*



### State Coverage

3 million public employees/dependents in the following 11 states have the National DPP as a covered benefit:

- Colorado
- Kentucky
- Louisiana
- Maine
- Minnesota
- New Hampshire

- New York
- Rhode Island
- Washington
  - Oregon (Educators)
    - California

The following states have coverage for Medicaid beneficiaries:

Minnesota
 Montana

\$

# **Increase Referrals from Health Care Providers**

CDC is working with partners to help identify and refer at-risk individuals to CDC-recognized diabetes prevention programs. A few of these include:





American College of Preventive Medicine

#### American College of Preventive Medicine

Partnership with the ACPM to increase health care provider screening/testing/referrals through training, developing local champions, and testing and evaluating approaches in the field.



#### **American Medical Association**

Partnership with AMA to increase health care provider screening/testing/referrals by engaging and activating state medical societies.



#### **State Grantees**

Partnership with state health departments to work with local health care organizations to develop referral protocols/policies/systems.

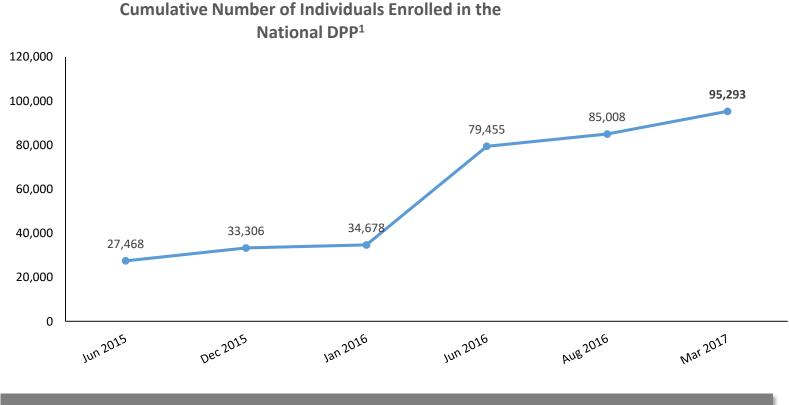


#### Y-USA

Partnership with the Y-USA to explore bidirectional e-referral models for use by health care systems and CDC-recognized diabetes prevention programs to screen and refer people at high risk for type 2 diabetes (retrospectively or at the point of contact).

## **Increase Demand for the Program Among Participants**

The number of eligible participants enrolled in CDC-recognized organizations has grown rapidly.



### 95,293 individuals have enrolled in the National DPP as of March 2017<sup>1</sup>

CDC Diabetes Prevention Recognition Program



# **Medicare Diabetes Prevention Program**

CMS has proposed coverage for eligible Medicare beneficiaries, effective January 2018.



#### **CMMI** Authorization to Evaluate Innovative Payment Techniques

- Section 115A of the Social Security Act established the Center for Medicare and Medicaid Innovation (CMMI) to test innovative payment techniques for service delivery models
- Per Section 115A, the Secretary of Health may expand models:
  - that reduce spending without reducing quality, or improve quality without increasing cost
  - where the CMS Chief Actuary certifies that the expansion will reduce net program spending



#### **Evaluation of Y-DPP Model**

- CMMI conducted a 15-month test of Medicare participants in the Y-DPP and found that participation saved \$2,650 per enrollee over the course of the test.
- CDC DPRP data and data from commercial health plan participating in the National DPP were also used for actuarial certification.



#### Status of Rule-Making Process

- First <u>final rule</u> was published in November, 2016
- Second proposed rule will tentatively be available for public comment, spring 2017

# New FOA to Scale and Sustain the National DPP for Underserved Areas (1705)

#### **Applicants Must**

- Be a national or U.S. regional organization with affiliate sites in at least three states.
- Have experience offering either the National DPP lifestyle change program or another evidence-based behavior change program offered in a group setting.
- Have the capacity to enroll at least 1000 participants from both general and priority populations in underserved areas in year 1 - with continued growth of sites and participants in years 2-5.
- Have experience either directly or through established partnerships working with priority populations including Medicare beneficiaries and at least one of the following:

#### **Priority Populations**

- Medicare beneficiaries
- Men
- African-Americans
- Asian-Americans
- Hispanics
- American Indians/Alaska Natives
- Pacific Islanders
- People with visual impairments or physical disabilities

# **1705 FOA Websites and E-mail Box**



## **Grants.gov Website**

All completed applications must be submitted through Grants.gov. https://www.grants.gov/web/grants/view-opportunity.html?oppId=290159

Find Here:

- Application instructions and forms
- Application submission
- Application due date June 12



## **CDC FOA Mailbox & Website**

All questions should be sent to this mailbox; answers will be posted weekly to the CDC FOA website

FOA Mailbox: NationalDPP1705FOA@cdc.gov

CDC FOA Website: <a href="https://www.cdc.gov/diabetes/programs/national-dpp-foa/index.html">https://www.cdc.gov/diabetes/programs/national-dpp-foa/index.html</a>

# Resources for States & Partners: Diabetes Burden Toolkit

CDC A-Z INDEX ∽

Diabetes State Burd	len Toolkit			
<u> </u>			cc	DNTACT   TECHNICAL DOCUMENTATION
	💓 Select State (USA)	藔 Health Burden	🖉 Economic Burden	💎 Mortality
Use this tool to report the health of the modules.		ABETES STA JRDEN TOOLKI in your state. To get started, select	Т	he map below and then choose one
Location		Module		
National		HEALTH	BURDEN ECONOMIC BURDER	N MORTALITY

https://nccd.cdc.gov/Toolkit/Diabetesburden

# **Resources for States & Partners: Diabetes Prevention Impact Toolkit**



Centers for Disease Control and Prevention CDC 24/7: Saving Lives, Protecting People™



# **Thank You!**



Kelly McCracken, RD, CDE Public Health Consultant

NACHC Presentation April 28, 2017



NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS

Promoting Health. Preventing Disease.

## **EXPERT PANEL MEMBERS**

- Alliance of Community Health Plans
- America's Health Insurance Plans
- American Diabetes Association
- American Medical Association
- Association for Community Affiliated Plans
- Centers for Disease Control and Prevention
- Centers for Medicaid and Medicare Services
- Health Management Associates
- Health Plan Alliance
- Medicaid Health Plans of America
- National Association of Chronic Disease Directors
- National Association of Community Health Centers
- National Association of Medicaid Directors
- National Association of State Health Policy
- National Business Coalition on Health



## National Diabetes Prevention Program Medicaid Demonstration Project Year 1 : July 2015 – June 2016 Demonstration Year 2: July 2016 – June 2017 Year 3: July 2017 – June 2018





HEALTH AND MENTAL HYGIENE

# Maryland's Delivery Model

• Four Managed Care Organizations (MCO) are contracting with communitybased and virtual CDC-recognized organizations

МСО	ENROLLMENT UPDATES (as of 3.16.2017)
Amerigroup	30
Jai Medical Systems	18
MedStar Family Choice	59
Priority Partners	First class scheduled for April 26th

- Coding and Billing
  - Incorporated a Pay-for-Performance model
  - Established billing framework w/CPT codes plus modifier & ICD-10
  - Onboarded CDC-recognized organizations new to coding and billing

# **Oregon's Delivery Model:**

- Three participating Coordinated Care Organizations (CCO) are contracting
  with community-based and virtual CDC-recognized organizations
  - Health Share 25 enrolled as of 4/7/17
  - FamilyCare 25 enrolled as of 4/7/17
  - Trillium enrollment to start by the end of April 2017
- CCOs are collaborating with local public health and other community partners to identify and recruit participants
- CCOs are operationalizing:
  - Billing and reimbursement models
  - Eligibility requirements (focus on health equity)
  - Design of closed-loop referral pathways



## **EVALUATION**

- Evaluate the process for Medicaid coverage of the National DPP
- Analyze the cost of the different delivery models
- Evaluate enrollment, engagement and retention strategies and participant outcomes for Medicaid beneficiaries in the National DPP



## DISSEMINATION

## National DPP Coverage Toolkit

- Online resource
- Available June 2017

## **Quarterly Virtual Learning Collaborative**

- Started March 2017
- Includes Medicaid and Public Health representatives from 11 states



# The ultimate goal of this demonstration is to achieve sustainable coverage of the National DPP lifestyle change program for Medicaid beneficiaries under current Medicaid authorities



Online resource to support Medicaid, Medicare Advantage, and commercial health plans who are considering covering or implementing the National DPP.



## Launch: June 22, 2017 <u>http://nationaldppcoveragetoolkit.org/</u>

 Developed in partnership with the National Association of Chronic Disease Directors (NACDD) and the Centers for Disease Control and Prevention (CDC)

### **Field Interviews**

- Medicaid, Medicare Advantage, and commercial health plans
- National DPP providers, integrators, and TPAs

## Type 2 diabetes is preventable

Developed to provide information to payers and other stakeholders interested in covering the National DPP lifestyle change program.



The National DPP

Resources and information on the National DPP





**Medicaid Agencies** 

Resources and information for state Medicaid agencies





Medicaid MCOs

Resources and information for Medicaid MCOs





#### **Commercial Plans**

Resources for commercial health plans and employers

Learn More



#### Medicare Advantage

Resources and information for Medicare Advantage plans



### **The National Diabetes Prevention Program:** Resources and information on the National DPP



Timeline





**Quality Metrics** 



**Stakeholder and Community Support** 



**National DPP Overview** 



Evidence



## **Type 2 diabetes is preventable**

Developed to provide information to payers and other stakeholders interested in covering the National DPP lifestyle change program.



The National DPP

Resources and information on the National DPP





**Medicaid Agencies** 

Resources and information for state Medicaid agencies





Medicaid MCOs

Resources and information for Medicaid MCOs





#### **Commercial Plans**

Resources for commercial health plans and employers

Learn More



#### Medicare Advantage

Resources and information for Medicare Advantage plans





Contracting





Coding & Billing



**Data & Reporting** 

- Contract Amendments
- Cost, Reimbursement and Rate Setting Information
- Statistics on Adoption
- Delivery Options
- Identification, Recruitment, Screening & Referral
- Enrollment and Retention
- Network Management
- Coding
- Billing
- Eligibility Requirements, Registration, and Tracking Participation
- Data
- Reporting
- Compliance Issues and Standards

#### Medicaid Agencies

Medicaid MCOs

**Commercial Plans** 

**Medicare Advantage** 

		- 1		- <b>h</b>
	_	_		
- 1		-	_	1
- 1			_	

Contracting



_				
2			_	
L				
L		ш		
	-			

Coding & Billing



**Data & Reporting** 

- Contract Amendments
- Cost, Reimbursement and Rate Setting Information
- Statistics on Adoption
- Delivery Options
- Identification, Recruitment, Screening & Referral
- Enrollment and Retention
- Network Management
- Coding
- Billing
- Eligibility Requirements, Registration, and Tracking Participation
- Data
- Reporting
- Compliance Issues and Standards

 $\rightarrow$  **Delivery** 



National DPP Lifestyle Change Program Delivery Options







**Enrollment & Retention** 



## $\rightarrow$ Delivery $\rightarrow$ Becoming a CDC-Recognized Organization

#### Standards for CDC recognition include:

- Use of a CDC-approved curriculum.
- Ability to begin offering the lifestyle program within 6 months of receiving approval from CDC.
- Capacity and commitment to deliver the program over at least 1 year, including at least 16 sessions during the first 6 months and at least 6 sessions during the last 6 months.
- Ability to submit data on participants' progress—including attendance, weight loss, and physical activity—every 12 months.
- Using trained lifestyle coaches who can help build participants' skills and confidence to make lasting lifestyle changes.
- Having a designated individual(s) to serve as the diabetes prevention program coordinator.



Becoming a CDC Recognized Organization

### Medicaid Agencies Medicaid MCOs Commercial Plans Medicare Advantage



Contracting



**Delivery Options** 



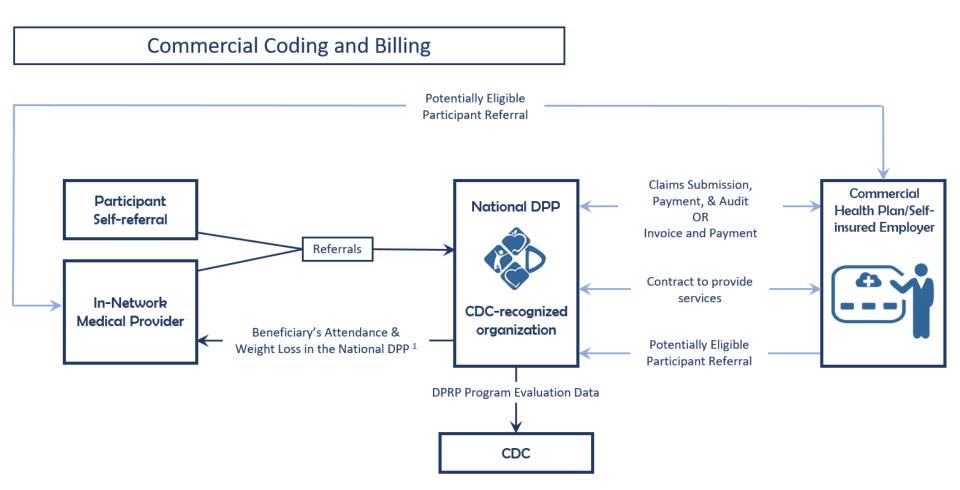
#### Coding & Billing



**Data & Reporting** 

- Contract Amendments
- Cost, Reimbursement and Rate Setting Information
- Statistics on Adoption
- Delivery Options
- Identification, Recruitment, Screening & Referral
- Enrollment and Retention
- Network Management
- Coding
- Billing
- Eligibility Requirements, Registration, and Tracking Participation
- Data
- Reporting
- Compliance Issues and Standards

## → Coding and Billing



1. Experience has shown that provider referrals and sharing National DPP lifestyle change program results with a participant's primary care provider can increase program enrollment and retention.

## **Contact Us**

Please contact the National Association of Chronic Disease Directors (NACDD) with any questions or suggestions about this site or its content. Do you have a success story related to delivery of the National DPP lifestyle change program? Please share your experience below.

We greatly appreciate your feedback. Feedback will be received and evaluated by a Public Health Consultant with the National Association of Chronic Disease Directors. coveragetoolkit@chronicdisease.org

First Name	Last Name	
Email	Phone	
Comments		

#### Submit



Contact information: Luke Ertle, MPH Program Associate NACHC lertle@nachc.org