



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS

Promoting Health. Preventing Disease.

From Demonstration to Coverage: Highlights from the Medicaid Demonstration Project (2016 – 2019)

NACDD Webinar

January 17, 2019

2:30 – 4 pm, ET

Welcome

National Association of Chronic Disease Directors (NACDD)



**John Robitscher, MPH
Chief Executive Officer, NACDD**

chronicdisease.org

Medicaid Coverage for the National DPP Demonstration Project



Demonstration states: Maryland and Oregon

- Operationalizing billing & coding systems
- Establishing contracting procedures
- Engaging & enrolling eligible Medicaid beneficiaries



Evaluation:

- Process
- Cost
- Enrollment, engagement, & retention strategies
- Participant outcomes
- Toolkit & technical assistance

Dissemination:

- Virtual Learning Collaborative
- Webinars, conference presentations
- National DPP Coverage Toolkit (<https://coveragetoolkit.org>)



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS

Promoting Health. Preventing Disease.

D I A B E T E S

Strategic leadership

Coordinated action

Expanding and sustaining
proven strategies



Objectives

1. Identify evaluation results and key lessons learned from the Medicaid Coverage for the National DPP Demonstration Project.
2. Identify the elements of operationalizing this benefit that will need further exploration on a state-by-state basis such as Medicaid enrolled provider status, network adequacy, and budget considerations.
3. Describe ways that Medicaid and public health can work together to promote and operationalize coverage for the National DPP lifestyle change program.

Setting the Stage



Ann Albright, PhD, RDN
Director, Division of Diabetes Translation, CDC

NACDD Team



Kelly McCracken, RD, CDE | Wendy Childers, MPH, MA | Stefanie Hansen, MA

Oregon



Lena Teplitsky, MPH
Health Systems Policy Specialist
Public Health Division
Oregon Health Authority

Medicaid Coverage for the National DPP Demonstration Project: *Highlights & Lessons Learned in Oregon*

Lena Teplitsky
Health Systems Policy Specialist
Public Health Division



Overview

- Oregon's health systems landscape
- Demonstration project overview
- Lessons learned
- Next steps

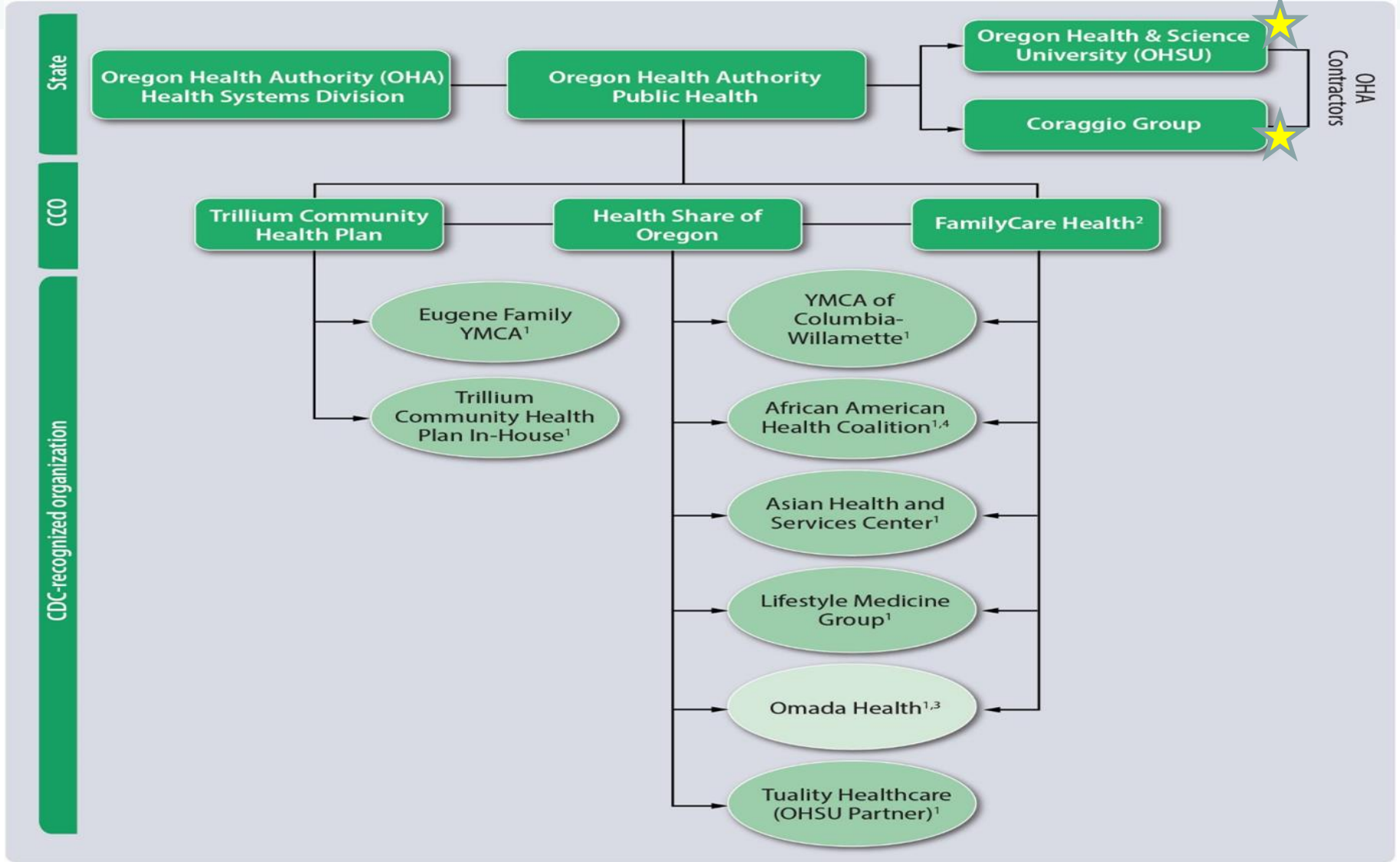


Oregon Health System Transformation

- Oregon Health Authority (OHA) structure
 - Medicaid and Public Health both housed within OHA
- Oregon Health Plan
 - Health Evidence Review Commission
- Oregon's 1115 waiver
- Coordinated Care Organizations (CCOs)



Demonstration Project Overview



CDC-Recognized Organization Type: In-person Online

State technical assistance contractors

Key Partnerships



Focus on equity



- Identification and **prioritization** of groups with disparities
- **Partnerships** with CBOs that serve priority populations
- **Culturally-specific** services
- Community Health Worker (**CHW**) **engagement**

Investments in infrastructure

- Two Master Trainers in Oregon
- **165+ trained** lifestyle coaches
- **28 CDC-recognized programs**
- **97 DPP cohorts** planned for 2018
- **31 of 36 counties** have trained Lifestyle Coaches
- **6,197 participants** have gone through DPP
 - 212% increase in enrollment since 2016



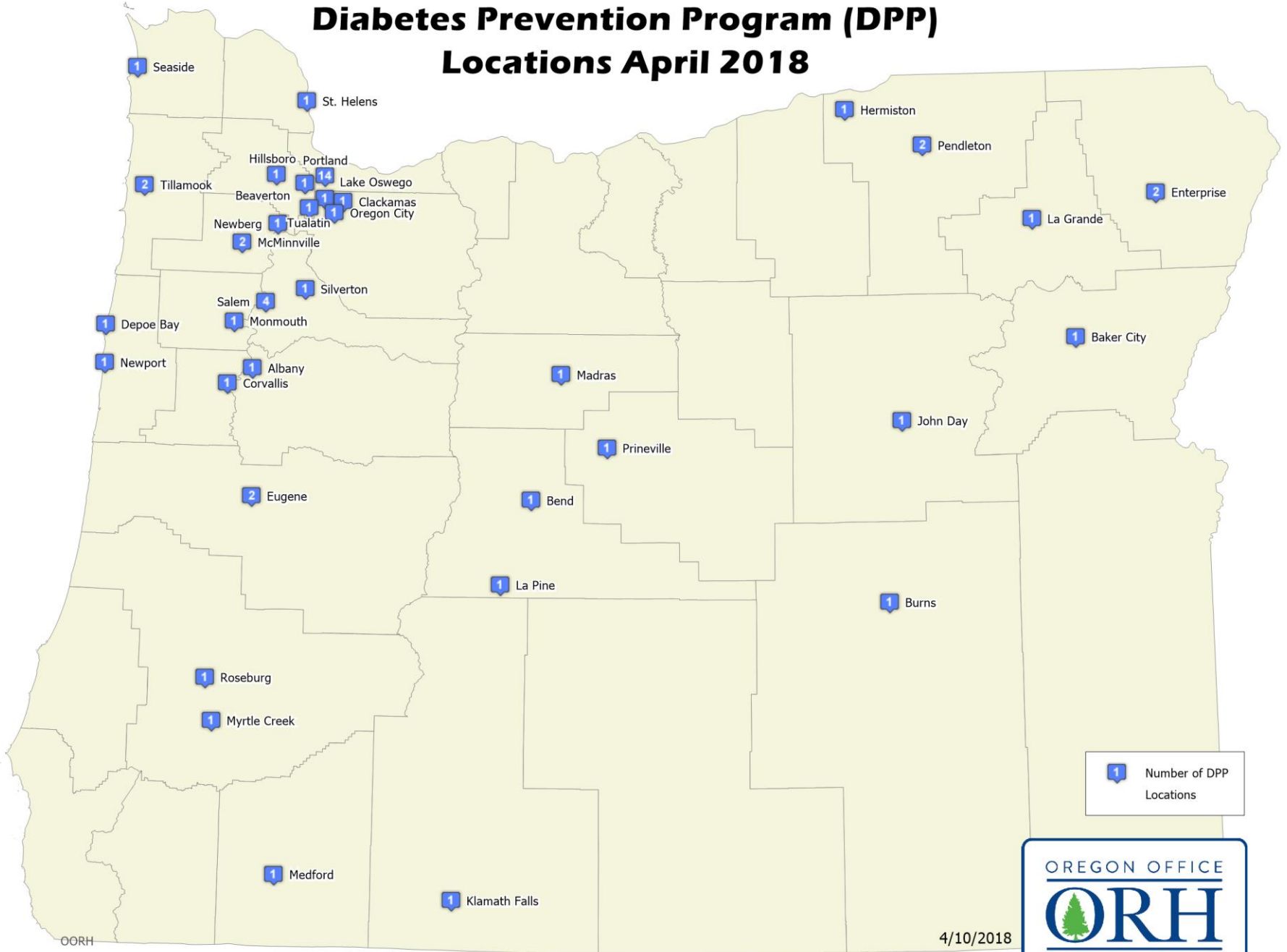
NACDD DPP Demonstration Project Highlights

Health Share, FamilyCare and Trillium completed demonstration projects for program delivery 2016-2018

- 351 participants enrolled
- Informing **Medicaid pathways**
- Leading with and for **equity**
- **Contracts** with CBOs
- **Medicaid coverage** achieved!
- Closed-loop referrals
- **Online, community-based** and **in-house** programs offered



Diabetes Prevention Program (DPP) Locations April 2018



Diabetes Prevention Program (DPP) Portland Locations April 2018



OORH

0 1 mi

4/10/2018

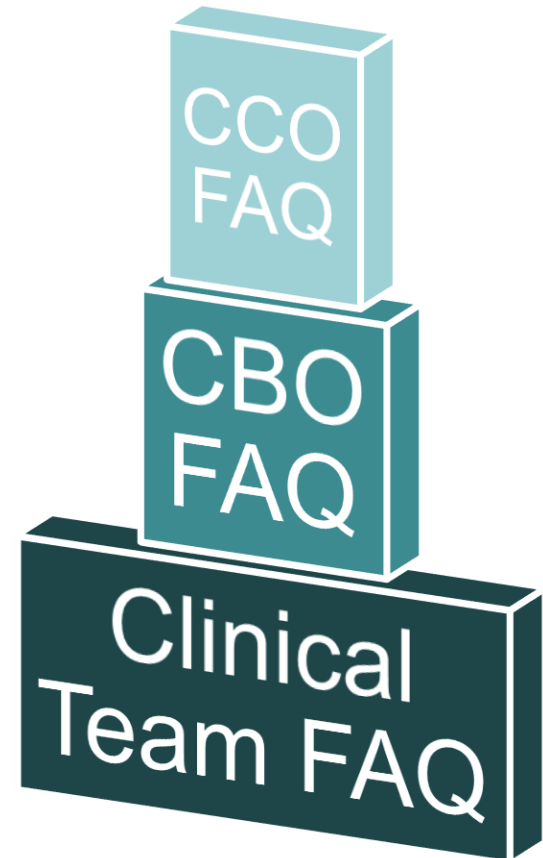


Resources for implementation & sustainability

Implementing Comprehensive
Diabetes Prevention Programs:
A Guide for CCOs



Oregon
Health
Authority



Oregon
Health
Authority

Lessons Learned

Lessons learned: *Strategies for engagement*



- Leave space for **local innovation** and control
- **Partnerships** are critical
 - Participants
 - Clinicians and clinical teams
 - Payers
 - Community-based organizations
 - ...and many more key players
- **Messaging** matters

Lessons learned:

Identification & eligibility procedures

- **Health equity** needs to be part of the benefit design
- State agencies, CCOs, clinical teams, providers, CBOs **all have a role to play**
- Inclusion of **community-based organizations** is **critical** to screening, recruitment, and enrollment of priority populations



Next Steps

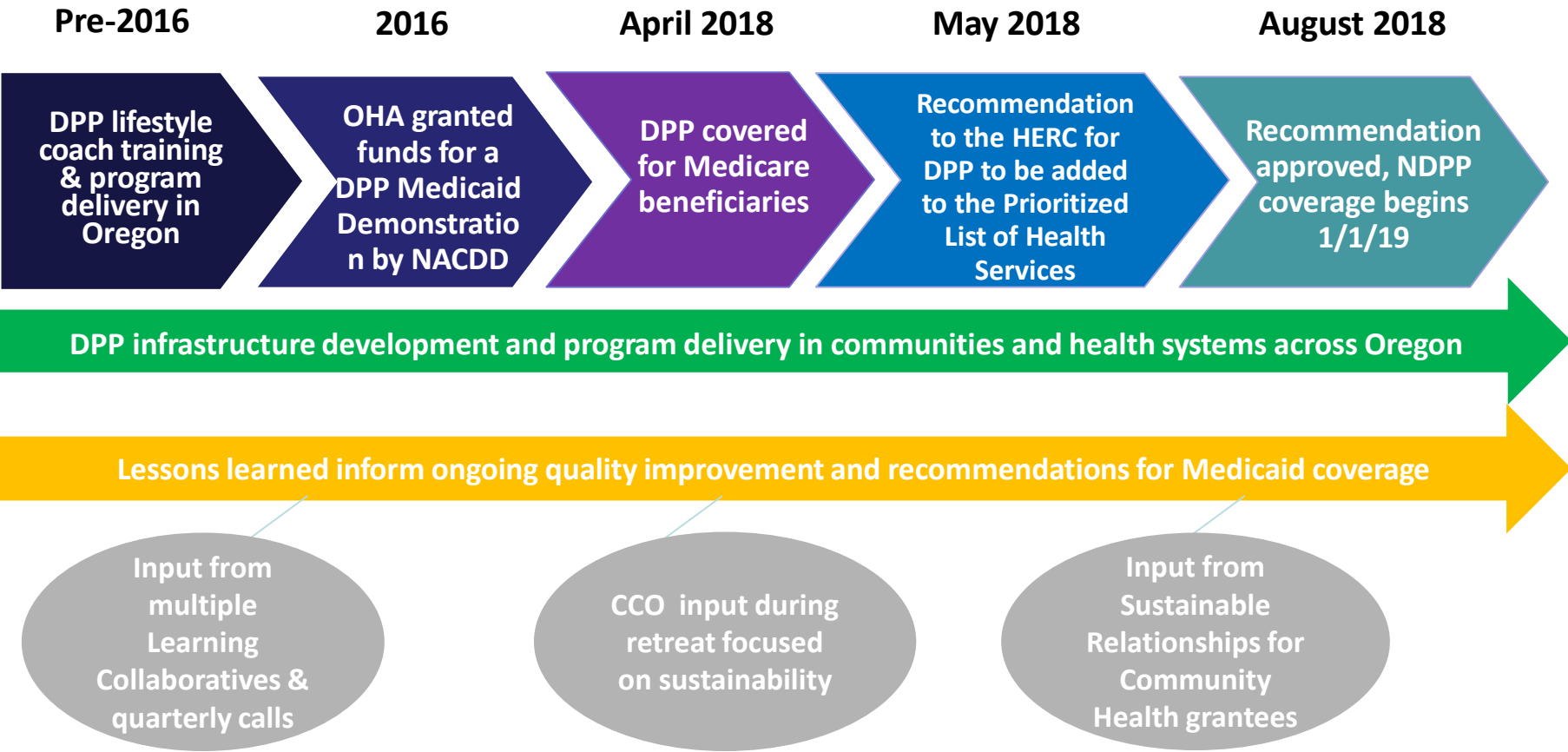
Capacity building through technical assistance

- Sharing **demonstration project evaluation results**
- **Promoting** the benefit(s), increasing point-of-care screening and referral
- Developing and supporting **network adequacy**
- Developing **community-clinical** linkages
- **Aligning** forces



Medicaid coverage

Oregon's path to coverage



Oregon Health Plan DPP Coverage

Starting January 1, 2019, the Oregon Health Authority (OHA) will reimburse for National Diabetes Prevention Program (National DPP) services for individuals with prediabetes or previous gestational diabetes when:

- Provided by a recognized Oregon [National DPP lifestyle program](#),
- Referred and billed by an [enrolled Oregon Health Plan \(OHP\) provider](#), and
- For OHP members who meet eligibility criteria as described in [Guideline Note 179](#) in the January 1, 2019 Prioritized List of Health Services.

OHP DPP eligibility criteria

To be eligible for referral to a CDC-recognized lifestyle change program, patients must meet the following requirements:

- 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
- Not have end-stage renal disease 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

Fee for Service (FFS) implementation

Total number of OHP-covered sessions	
Year One Months 1-6	16 core sessions (per CDC curriculum)
Months 6-12	12 maintenance sessions (up to 2 per month)
Year Two Months 1-12	24 maintenance sessions (up to 2 per month)
Program Total	52 sessions

Fee for Service (FFS) implementation

National DPP lifestyle program service (limit 1 unit per day)	Code
In-person program	0403T
Online program* <i>*DPP provider must provide Medicaid client:</i> 1) FDA-approved Bluetooth-enabled weight scale 2) Web-based fitness tracker	0488T

Medical CPT Coding

- ▶ Traditional medical billing model. Similar to FFS model for OHP
- ▶ 87% of Oregon's current CDC recognized programs were within organizations that are currently Medicaid enrolled

Health Related Services (HRS)

- ▶ For community-based organizations (CBOs) that don't have billing infrastructure or provider relationship, CCOs can consider using HRS funds. Example of non-Medicaid enrolled DPP provider: YMCA

CCO DPP Coverage Options

Administrative Funds

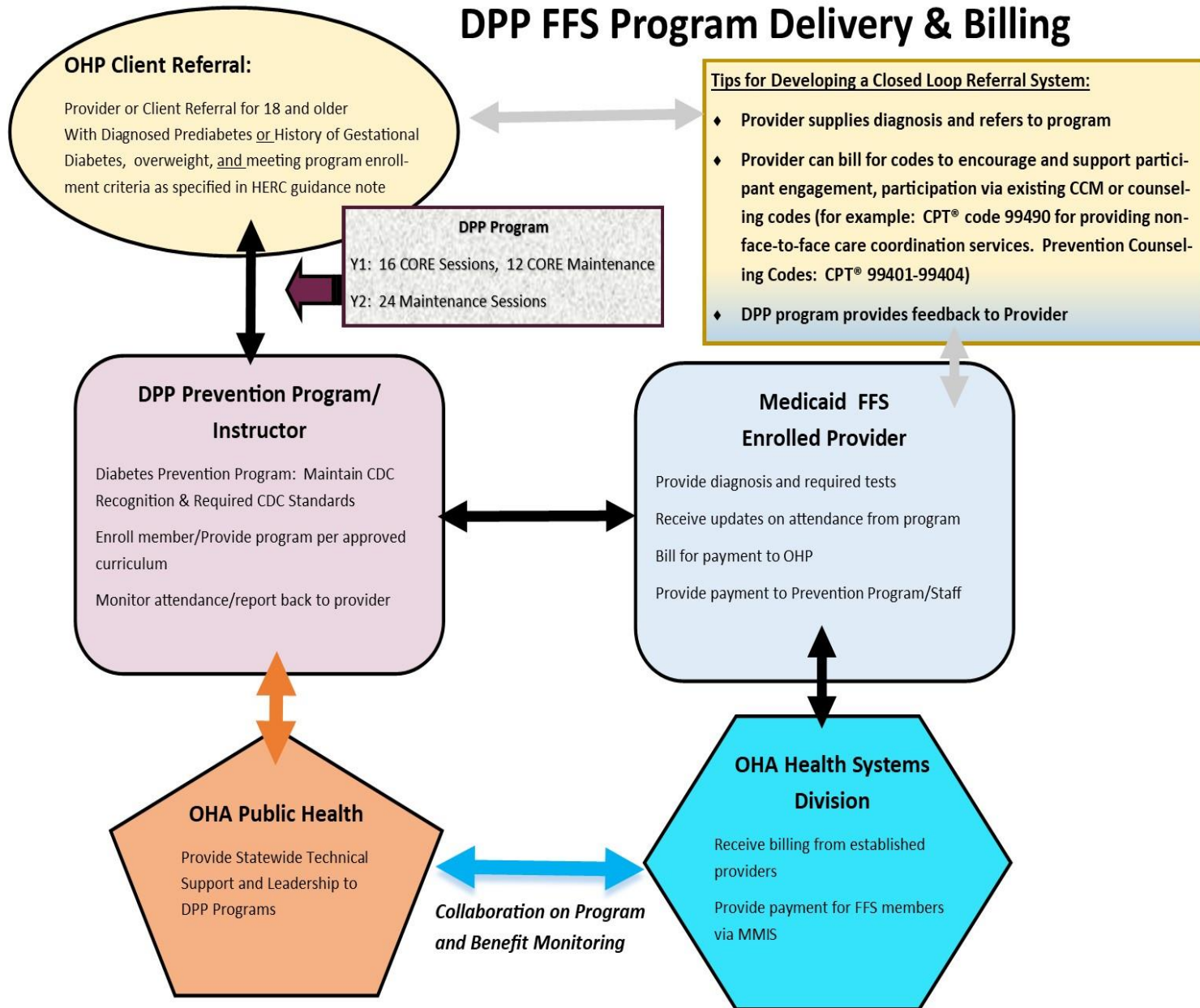
- ▶ CCOs may choose to deliver the DPP with in-house community health workers or lifestyle coaches. This should be accounted for within the admin budget under "case management" per Actuarial Services

Create APM model*

- ▶ CCO to DPP Organization
- ▶ CCOs may find alternative payment models (APM) useful or may already have an APM provider contract that could be modified to include DPP

**APM model option serves as enhancement to other three options*

DPP FFS Program Delivery & Billing



Coverage Next Steps

OHA/CCOs held three workgroup meetings to discuss benefit coverage implementation questions, upcoming CCO learning collaborative

CCOs set their own rates

CCOs select their DPP contracted providers

OHA provides technical assistance to tribal partners, CBOs, clinical teams, clinicians, and payers

Thank you!

**Oregon Health Plan (FFS/
CCO), coverage details,
HERC, alignment
strategies**

Lisa Bui

Oregon Health Authority

Lisa.t.bui@state.or.us

971-673-3397

**Community based
organizations, training
supports, sustainability
planning**

Lena Teplitsky

Oregon Health Authority

[lena.a.teplitsky@state.or.us](mailto:lana.a.teplitsky@state.or.us)

971-673-1117

Maryland



Sandra Kick, MSPH
Senior Manager
Planning Administration
Office of Health Care Financing
Maryland Department of Health

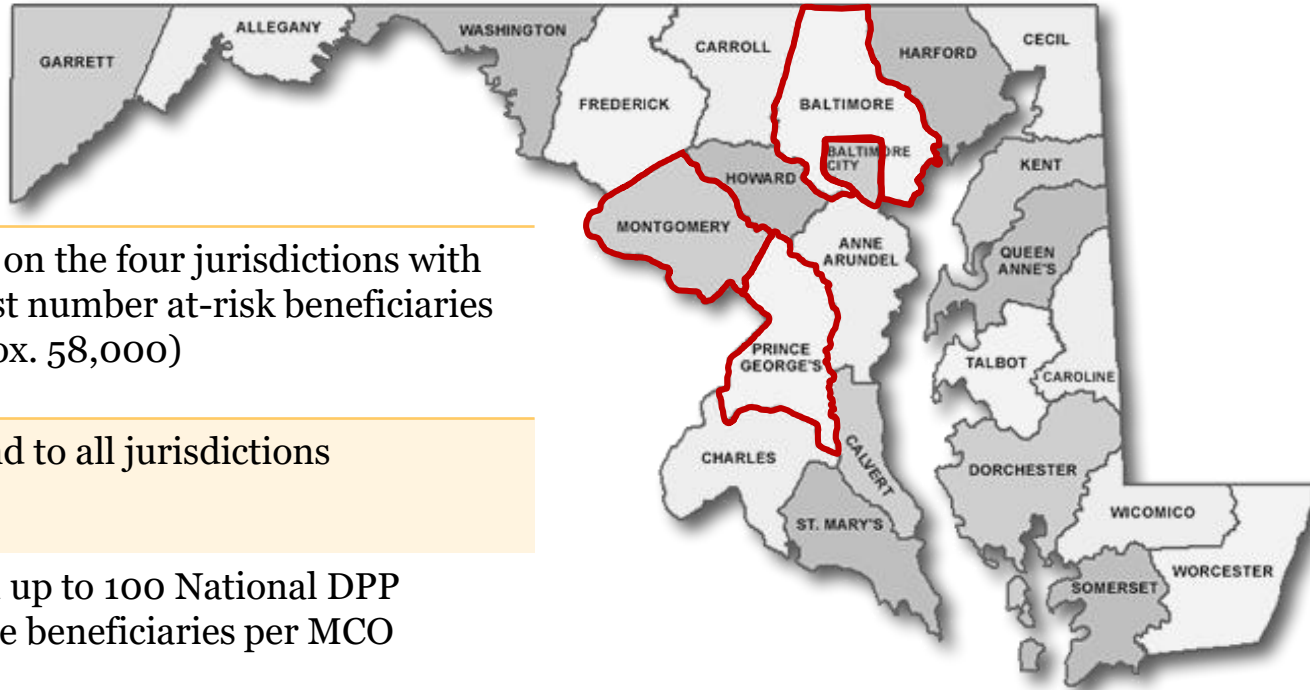


MARYLAND DEPARTMENT OF HEALTH

From Demonstration to Coverage: Highlights from the Medicaid and National DPP Demonstration

January 17, 2019

Medicaid DPP Demonstration Reach



Year 1 Target Population

Focus on the four jurisdictions with highest number at-risk beneficiaries (approx. 58,000)

Year 2 Target Population

Expand to all jurisdictions

Year 1 Enrollment Goal

Enroll up to 100 National DPP eligible beneficiaries per MCO

Year 2 Enrollment Goal

Enroll at least 50 National DPP eligible beneficiaries per MCO

Overall Goal

Enroll 600 beneficiaries across the participating HealthChoice MCOs

Delivery Network: Phased Approach

Year 1

7/16-6/17

MCOs partnered with virtual and/or in-person CDC-recognized organizations:

- Built access to local National DPP lifestyle change programs
- Assisted MCOs in navigating relationships with CDC-recognized organizations
- MCOs had the opportunity to become a CDC-recognized change organization; with guidance, training and technical assistance from the Center

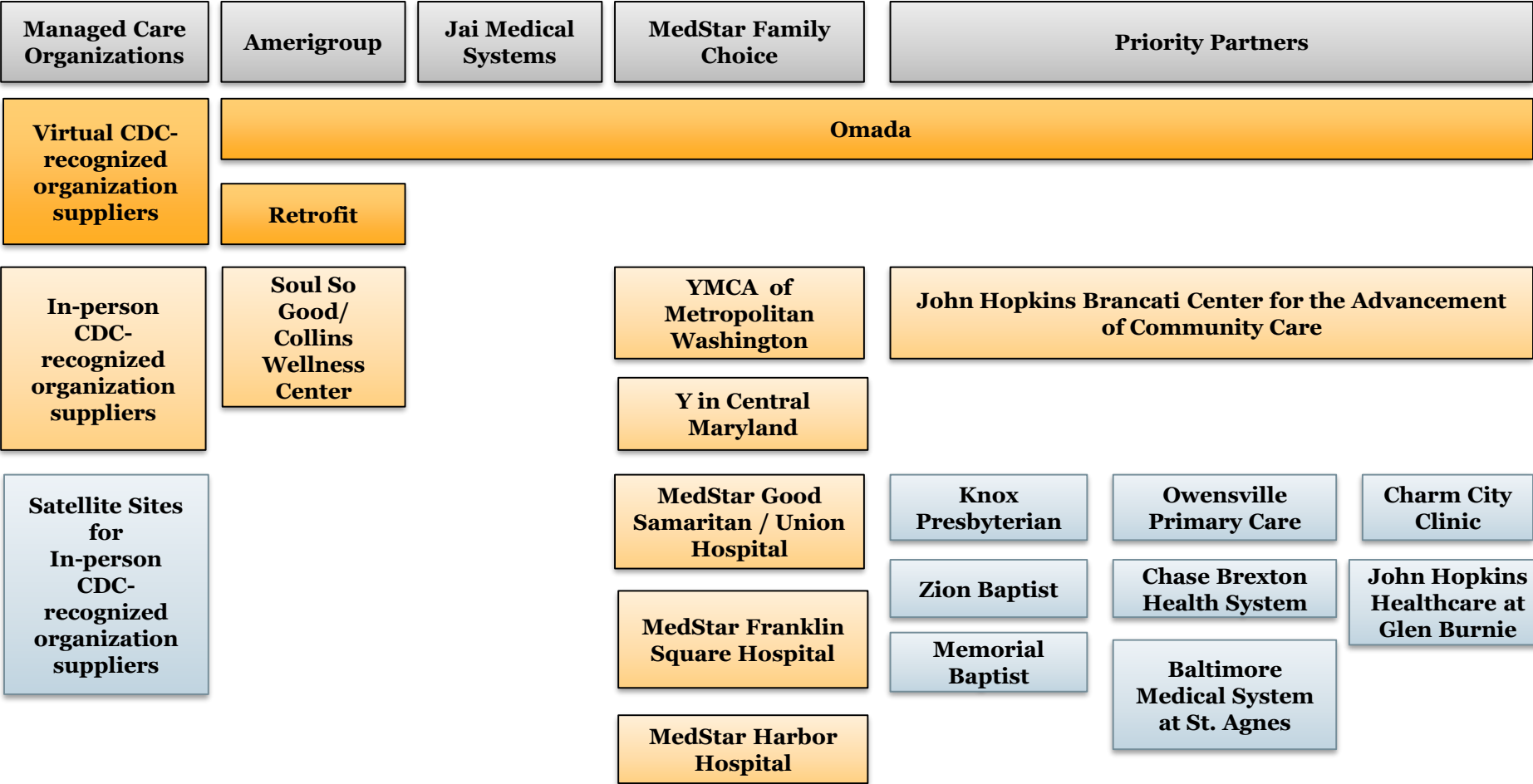
Year 2

7/17-6/18

MCOs continued to navigate relationships with both virtual and in-person CDC-recognized organizations :

- MCOs continued the work with their current CDC-recognized organizations and had the opportunity to add additional suppliers
- MCOs could expand their participant reach to additional MD counties
- MCOs and CDC-recognized organizations explore options for sustainability

Maryland Demonstration Partners

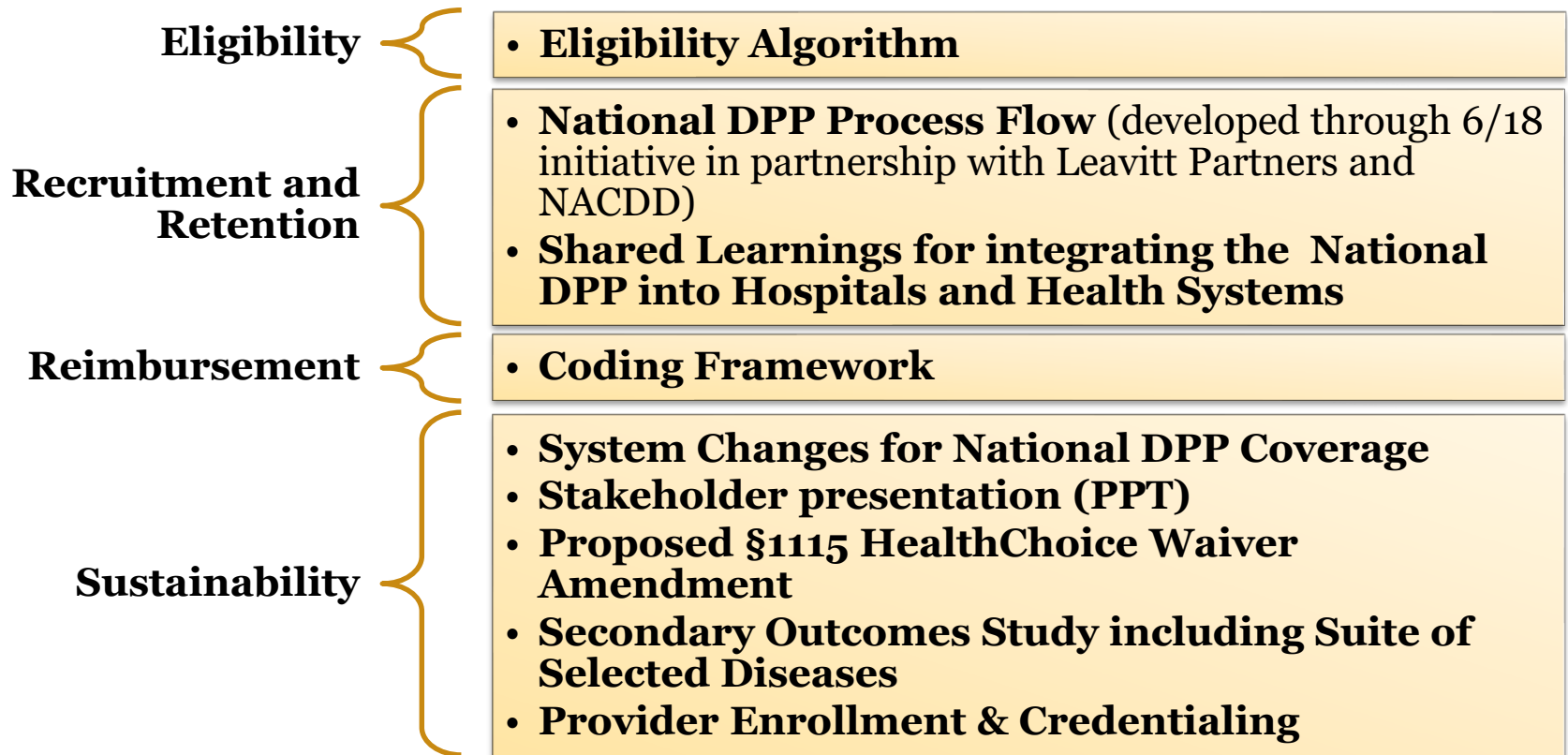


Demonstration Enrollment (as of January 31, 2018)

Managed Care Organizations	Number of Beneficiaries Enrolled in National DPP Class¹
Amerigroup	226
Jai Medical Systems	152
MedStar Family Choice	150
Priority Partners	109
Total	637

¹Members signed an informed consent and have attended at least one session, not including a session zero.

Demonstration Resources



Eligibility Algorithm

Original Logic

Abnormal Glucose

OR

Overweight & Obesity

OR

Gestational Diabetes

AND

Never diagnosed with Diabetes

Updated Logic

Abnormal Glucose

OR

History of Gestational Diabetes

AND

Overweight & Obesity or BMI (≥ 24 kg/m² or ≥ 22 kg/m², if Asian)

AND

Never diagnosed with Diabetes

Not currently pregnant

Sustainability: Data mining claims for eligibility criteria is a potential recruitment strategy.

Provider Enrollment

CDC-recognized organization obtains a NPI number

CDC-recognized organization enrolls with Maryland Medicaid

NO rendering providers designated

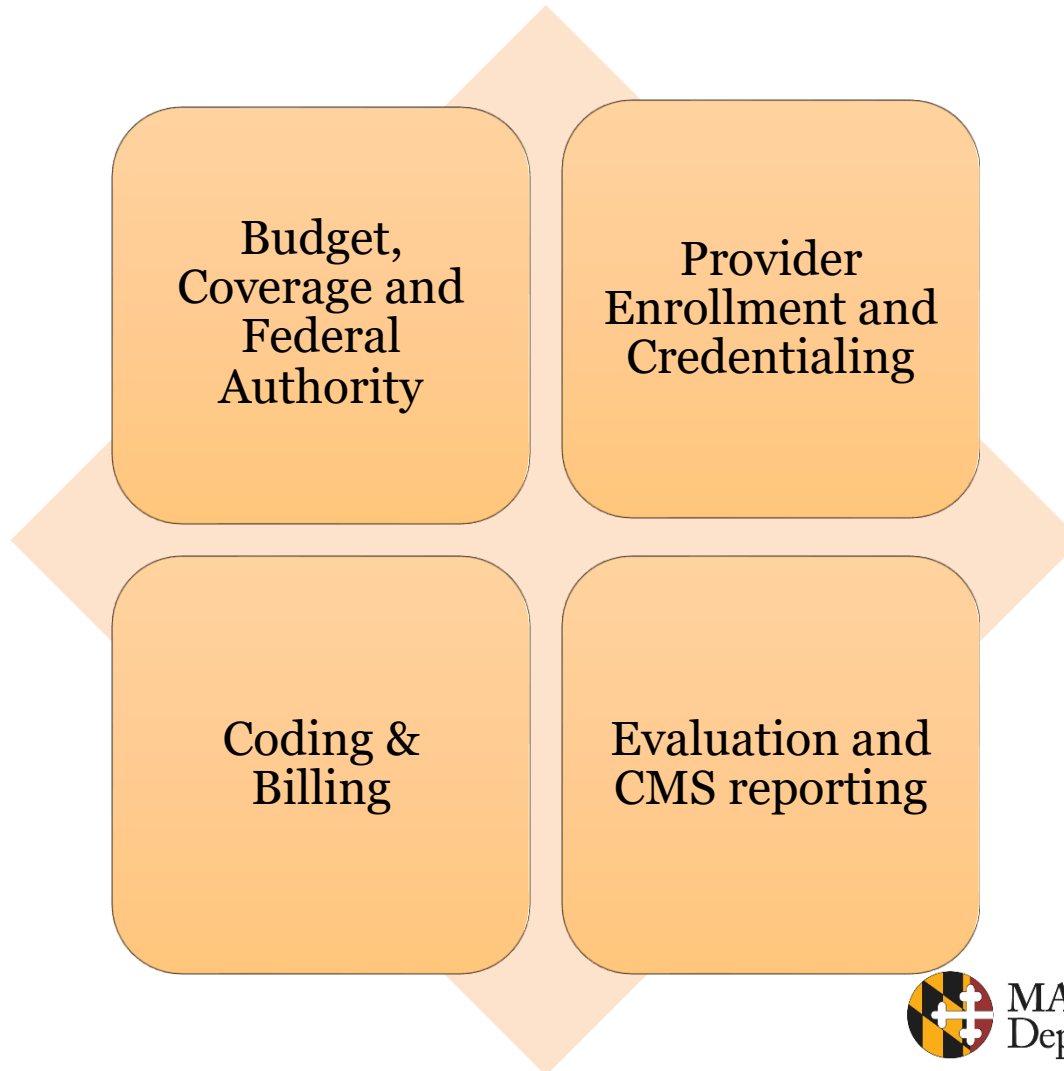
Lifestyle coaches are not enrolled as rendering providers

CDC-recognized organization applies to one or more individual MCOs to become a network supplier

Lifestyle coaches are not enrolled as rendering providers

CDC-recognized organization goes through that MCO's credentialing process

Medicaid System Changes for National DPP Coverage - Considerations for Implementation



Secondary Outcomes Study

Purpose

- Determine cost savings associated with National DPP participation

Sample

- Beneficiaries participating in National DPP demo

Comparison Sample

- Beneficiaries who may be eligible for National DPP but did not participate

Timeline

- 24 months prior to National DPP participation
- Duration of National DPP
- 12 months after National DPP
- Follow-ups at 24, 36, 48 and 60 months

Outcomes

- Emergency Room Utilization
- Hospital Admissions
- Medications
- Cost of Care
- Incidence of Diabetes

Comparison Categories

- Number of sessions attended
- Percent weight loss

Institutional Review Board

- Approved

Lessons Learned - Demonstration Reimbursement Model

Accounting for Attendance - Virtual Engagement and Make-Up Sessions

Manual Overrides for Duplicate Claims

Paying for the Same Unit of Weight Loss Multiple Times

Deviating from CPT Code Definition – Number of Units

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.	0	22. RESUBMISSION CODE			
A.	R73.XX					B.		C.		D.		23. PRIOR AUTHORIZATION NUI			
E.						F.		G.		H.					
I.						J.		K.		L.					
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C.	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS			
From To				EMG	CPT/HCPCS MODIFIER										
MM	DD	YY	MM	DD	YY										
01	11	17	01	11	17	99		0403T	TS	GT		A	18	00	2

Successes & Challenges

Successes

- Project management
- MDH support and responsiveness
- Utilizing existing internal processes and staff
- Working towards the mission/purpose of MCOs
- Creation of an Advisory Board
- Achieved CDC outcomes with a Medicaid population
- Program awareness
- Meeting Social Determinants of Health
- Early ROI Results
- Relationships! 😊

Challenges

- Contracting
- Provider reach
- System changes
- Outreach/enrollment process
- Leadership turnover
- Limited delivery mode
- Socioeconomic barriers
- False Starts

One Thing to Change about the Demonstration

Better focus on retention

No mailers or email blasts (for some MCOs)

Aggressive timeline

- Focus on member/service vs. enrollment numbers

Synchronize the MCO recruitment process with National DPP readiness

Advice for Other MCOs / CDC-Recognized Organizations


- 
- Form an advisory group or steering committee

- 
- Evaluate any current organizational change initiatives that may impact implementation


- 
- Take advantage of the demonstration learnings to plan/build capacity/capability

- 
- 3-6 months is needed to build capacity/start a new partnership with a CDC-recognized organization

Advice for Other MCOs / CDC-Recognized Organizations Continued...

- 
- Project Coordinator up and running from the start

- 
- Manual of policies and procedures at hand

- 
- Enroll members who are truly ready for the program

- 
- Utilize current promotional materials to gain buy-in

Sustainability in Maryland Medicaid

FACTORS INFLUENCING SUSTAINABILITY

- **Evaluation from RTI (Received November 2018)**
- Changes in Federal regulations and guidelines
- Return on Investment Evaluation
- Medicare and Commercial Payers
- Diabetes prevention capacity and network within Maryland
- State Budget

POTENTIAL PATHWAYS TO COVERED BENEFIT

- **1115 HealthChoice Waiver Amendment**
 - Budget initiative / neutrality
 - Public process
- State Plan Amendment
 - Budget initiative
 - Rate Setting
- Value Add Service from MCO

§1115 Waiver Amendment Elements

National DPP Pilot

Continuation of National DPP services at the conclusion of the National Association of Chronic Disease Directors (NACDD) funded demonstration

CDC Diabetes Prevention Recognition Program (DPRP) eligibility criteria:

- 18 years or older; AND have a BMI of $\geq 25\text{kg}/\text{m}^2$ ($\geq 23\text{kg}/\text{m}^2$, if Asian);
- AND EITHER Elevated blood glucose level OR History of gestational diabetes;
- AND NEITHER Diagnosed with type I or type II diabetes, NOR Pregnant

Will serve a limited number of HealthChoice participants

Will align components with the Medicare DPP (MDPP) Expanded Model

Will include both in-person and online CDC-recognized organizations

Final MDH-approval contingent upon the demonstration evaluation and DBM approval

Effective Date: February 1, 2019 (anticipated)

Current CDC-Recognized Organization Capacity In Maryland

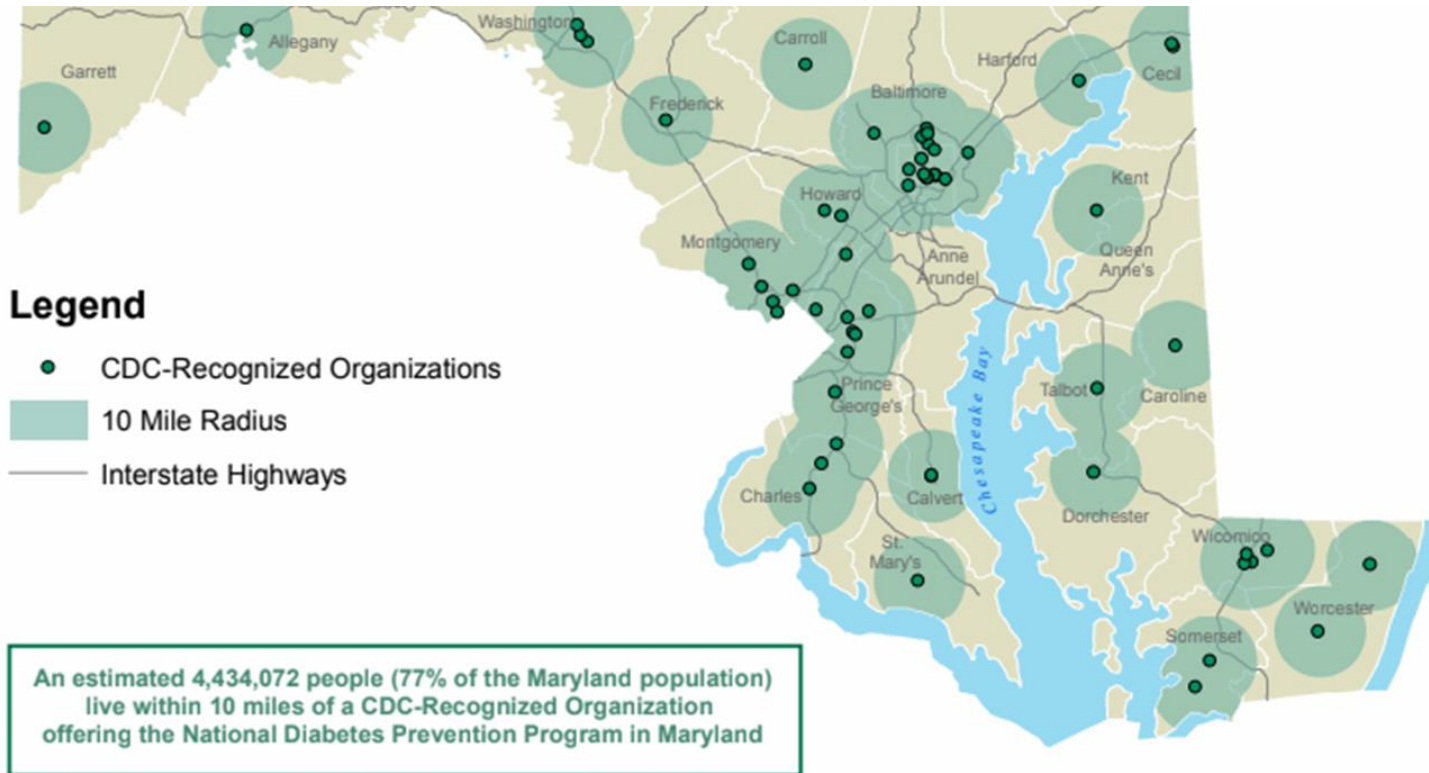
Community-Based/In-Person

- 61 in-person lifestyle change programs offering the National DPP
- In all but one Maryland jurisdiction
- Most are hospital based or other wellness type organization including pharmacies
- Local health departments
- Community based and YMCA
- Two Medicare DPP applications completed

Virtual/Online

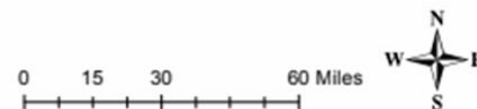
- Two virtual program operating in Maryland

CDC-Recognized Organizations Offering the National Diabetes Prevention Program in Maryland

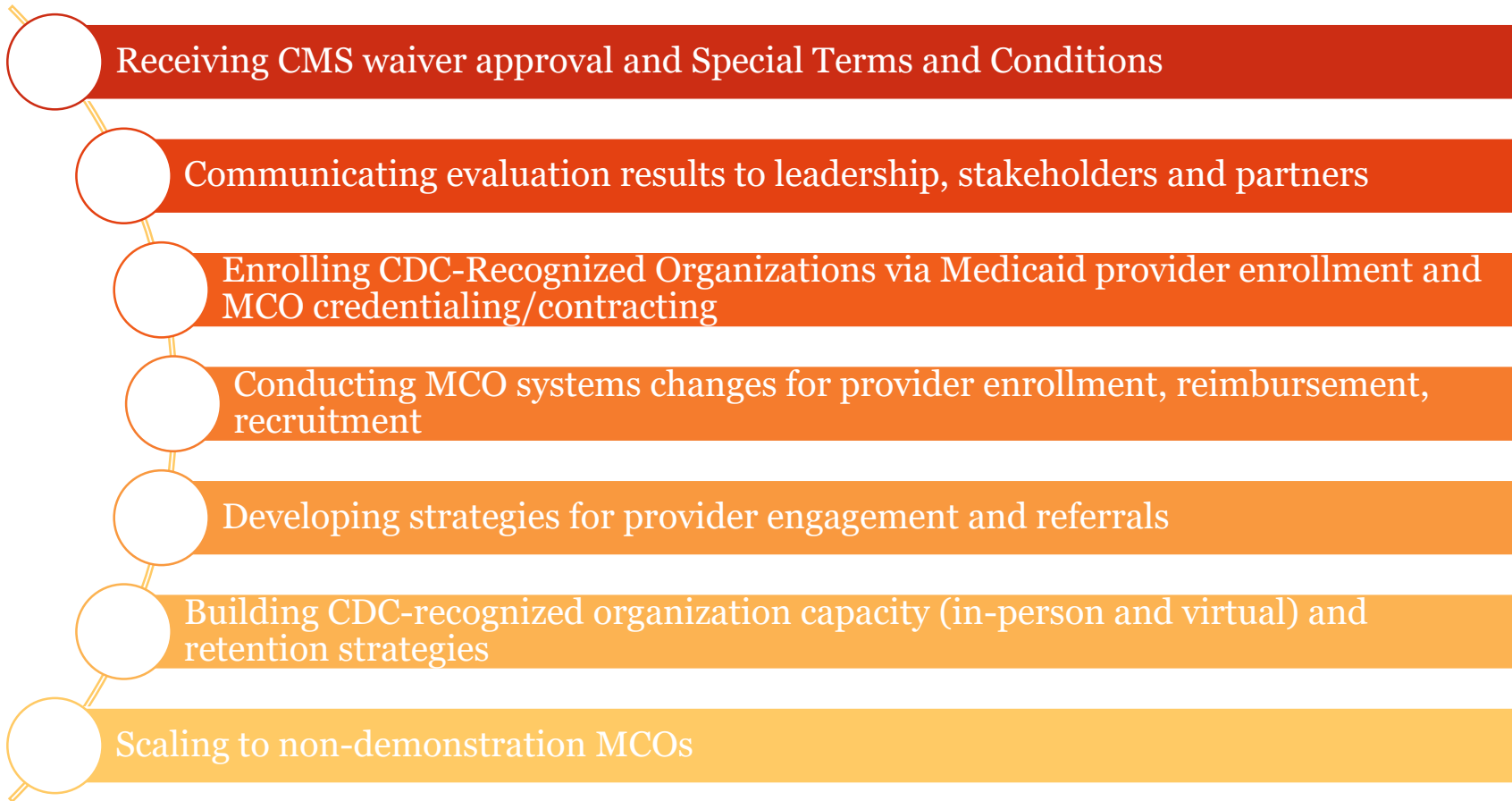


Data Sources:

Centers for Disease Control and Prevention, National Diabetes Prevention Program, Registry of All Recognized Organizations. Accessed December 14, 2018.
U.S. Census Bureau, Centers of Population by Block Group, 2010.



Next Steps



Thank you

Evaluation Findings



Stefanie Hansen, MA
Evaluation Consultant
NACDD

Evaluation Findings:

Medicaid Coverage for the National Diabetes Prevention Program Demonstration Project

Stefanie Hansen, NACDD

Evaluation Plan Components

Delivery Models

Enrollment and Retention Efforts

Coverage Toolkit and Resources



Evaluation Methods

Evaluation Methods

Organizational Level

Data Source	Timing
Program Implementation Survey	January-February 2017 February 2018
Program Implementation Interview	February-April 2017 April-June 2018
Lifestyle Coach Focus Groups	June 2018
Cost Survey State, MCO/CCO level	December 2016- January 2017 July-August 2017 January 2018 June 2018
Cost Survey CDC Recognized Organizations	May 2017 December 2017

Evaluation Methods

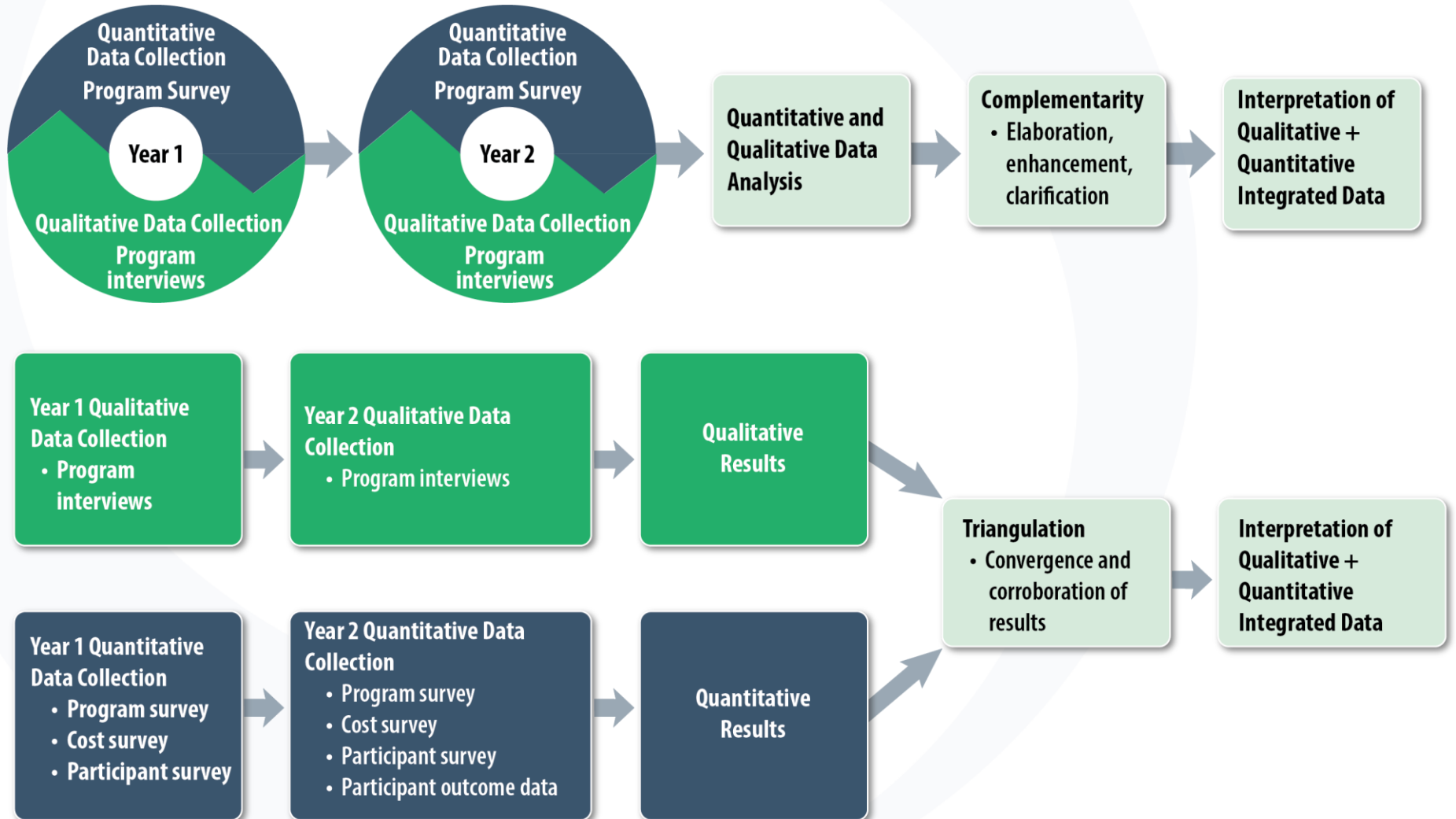
Participant Surveys

Survey	Data Collection Time Period	Surveys Overall
Baseline	February 2017- April 2018	474
Discontinuation	August 2017-June 2018	62
Follow-up	December 2017-June 2018	161

Participant Outcomes

CDC-Recognized Organizations submitted participant attendance and weight data to MCO/CCOs for outcome analyses- overall received outcomes for 856 participants

Mixed Methods Data Analysis





Key Findings

Implementation and Outcomes

Implementation



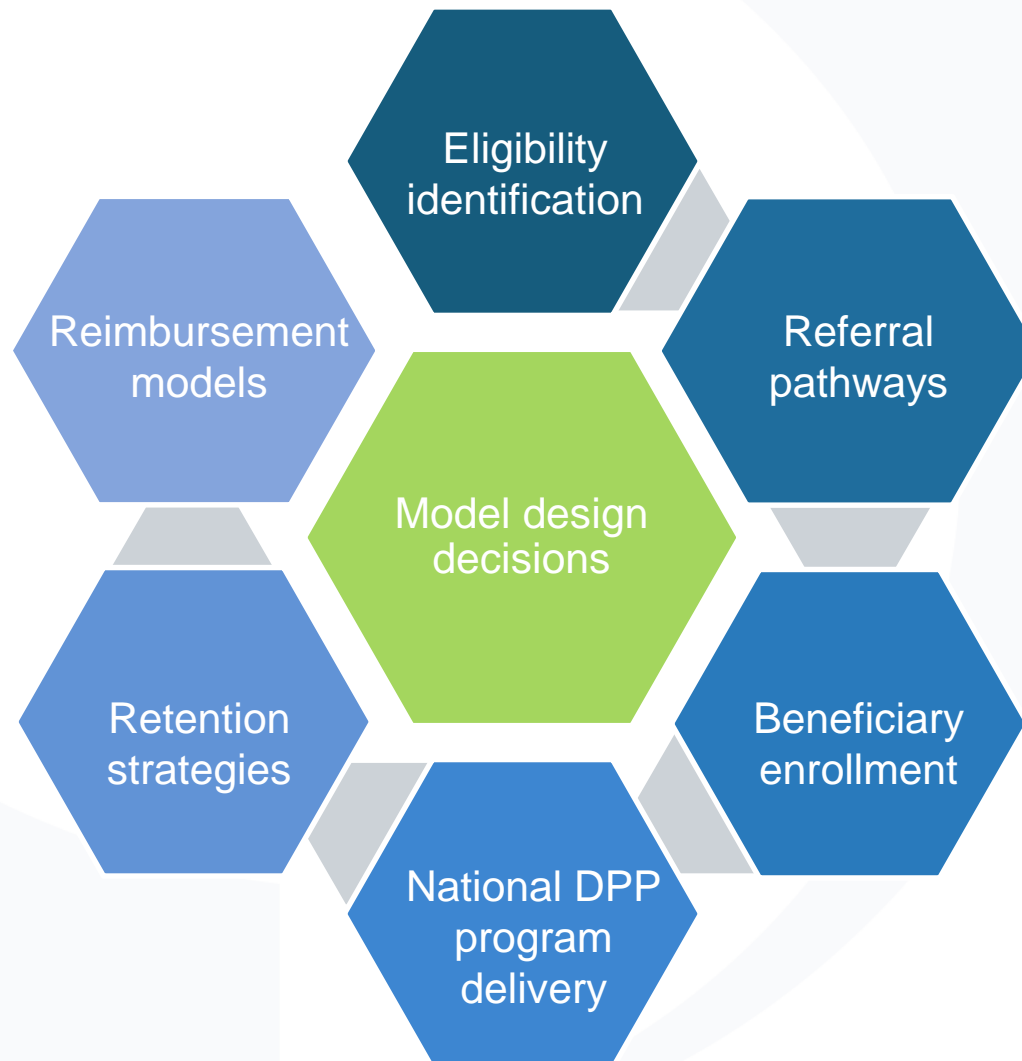
Delivery Model Design and Implementation

EVALUATION QUESTIONS

What delivery model design decisions were made for the Medicaid Demonstration Project, and what factors influenced these decisions?

How were the delivery models implemented for the Medicaid Demonstration Project, and what factors may have influenced implementation?

State-Level Processes for Developing the Delivery Model



Benefits and Factors Supporting Replicability and Sustainability of the Delivery Model

EVALUATION QUESTIONS

What benefits accrue to Medicaid agencies and MCOs/CCOs with the implementation of the National DPP delivery model?

What factors support replicability and sustainability of the states' National DPP delivery models for Medicaid beneficiaries?

Partnerships

- Partnership was listed as a strategy used to address all barriers by the majority of CDC-recognized organizations (12 out of 14)
- Specifically, organizations listed expanding community partnerships and collaborating with MCOs/CCOs



Sustainability

- Agencies in both of the Demonstration states are moving toward a sustainable plan for continuing coverage of the National DPP lifestyle change program for Medicaid beneficiaries



Recruitment, Enrollment, and Retention Strategies Used and Outcomes

EVALUATION QUESTIONS

How many (and what proportion) of the states' Medicaid beneficiaries diagnosed with or at risk for prediabetes were engaged in, were enrolled in, were retained, and completed the National DPP lifestyle change program?

How did states engage and recruit beneficiaries to enroll in the National DPP lifestyle change program? What were the recruitment outcomes and factors associated with recruitment?

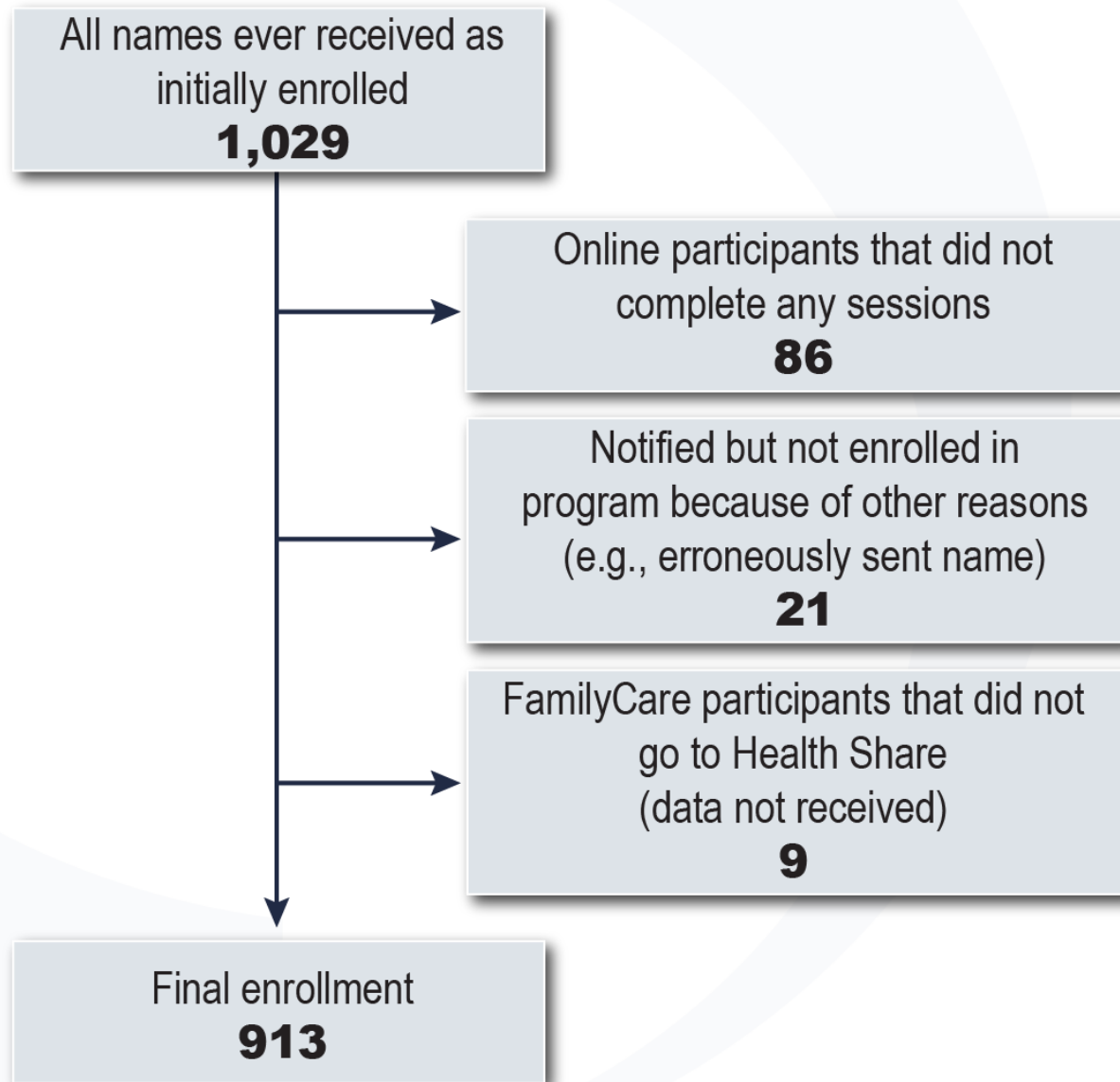
How did delivery programs retain Medicaid participants? What were the retention outcomes and factors associated with retention?

Recruitment Strategies

- Recruit directly through program staff (via phone, letters, email, etc.)
- Conduct or participate in health fairs or other community outreach activities
- Recruit health care providers to make referrals during patient visits
- Recruit other organizational partners to make direct referrals or recruit via contact lists



Enrollment



Enrollment Challenges

Maryland	Oregon
<ul style="list-style-type: none">➤ Enrollment➤ Contracting➤ Developing coding, billing, and claims reimbursement processes➤ Eligibility and churn issues➤ Retention➤ Addressing social determinants	<ul style="list-style-type: none">➤ Coordinating enrollment strategies with the CCOs➤ Determining eligibility➤ Data collection and coordination➤ Executing data sharing agreements➤ Meeting CCO technical support needs

Retention Strategies

Program Supports

- Pedometers
- Gym memberships
- Athletic gear or clothing
- MyPlates or other food-measuring device
- Cookbooks
- Digital physical activity trackers
- Physical activity videos or CDs
- *Calorie King* or other diet tracker
- Discount coupons
- Healthy food snacks or samples

Program Services

- Assistance with transportation
 - Car-sharing
 - Money for public transportation
- Free or reduced-price child care

Additional Strategies

- Incentives: Gift cards
- Reminders
 - Text messages
 - Phone calls
 - Emails

Outcomes



Retention

- Demonstration participants attended an average of 19 sessions in the first 6 months and 8 in the second 6 months, compared with 17 and 7 for national participants
- Participant age and participant health status were associated with higher retention

Weight Loss

- Weight loss was 4.5% for Demonstration participants and 6% among participants in the national DPRP program using 2018 DPRP Standards criteria
- The total number of sessions attended by participants was significantly associated with weight loss

Participant Outcomes

Satisfaction, Knowledge, and Behaviors

EVALUATION QUESTIONS

What are differences in client satisfaction, knowledge, and behaviors for the different models: online vs. in-person, CDC full vs. CDC pending recognition, and new vs. existing CDC-recognized organizations?

Did Medicaid participants achieve the expected outcomes to meet the standards of the Diabetes Prevention Recognition Program? Which participants were most likely to achieve these outcomes?

What benefits did participants experience through participation in the program? What were the social and behavioral outcomes?

Participant Outcomes Summary

- **69.6%** of participants across both states reported that they expected to exercise or currently do exercise 30 minutes at least 5 days a week, compared with 42.8% at baseline
- **93%** of participants across both states and delivery models were satisfied or very satisfied with the program overall
- **86%** of participants were satisfied or very satisfied with the lifestyle coaches
- **90%** of participants were either likely or very likely to recommend the program overall

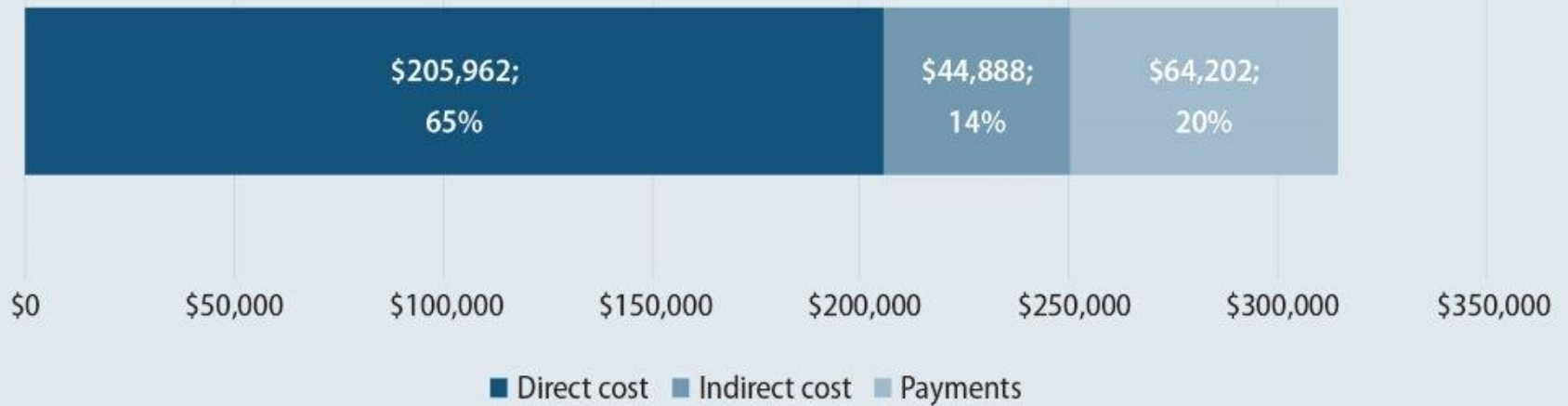
Costs

EVALUATION QUESTIONS

What were the costs of implementing the National DPP lifestyle change program for each delivery model for Medicaid beneficiaries?

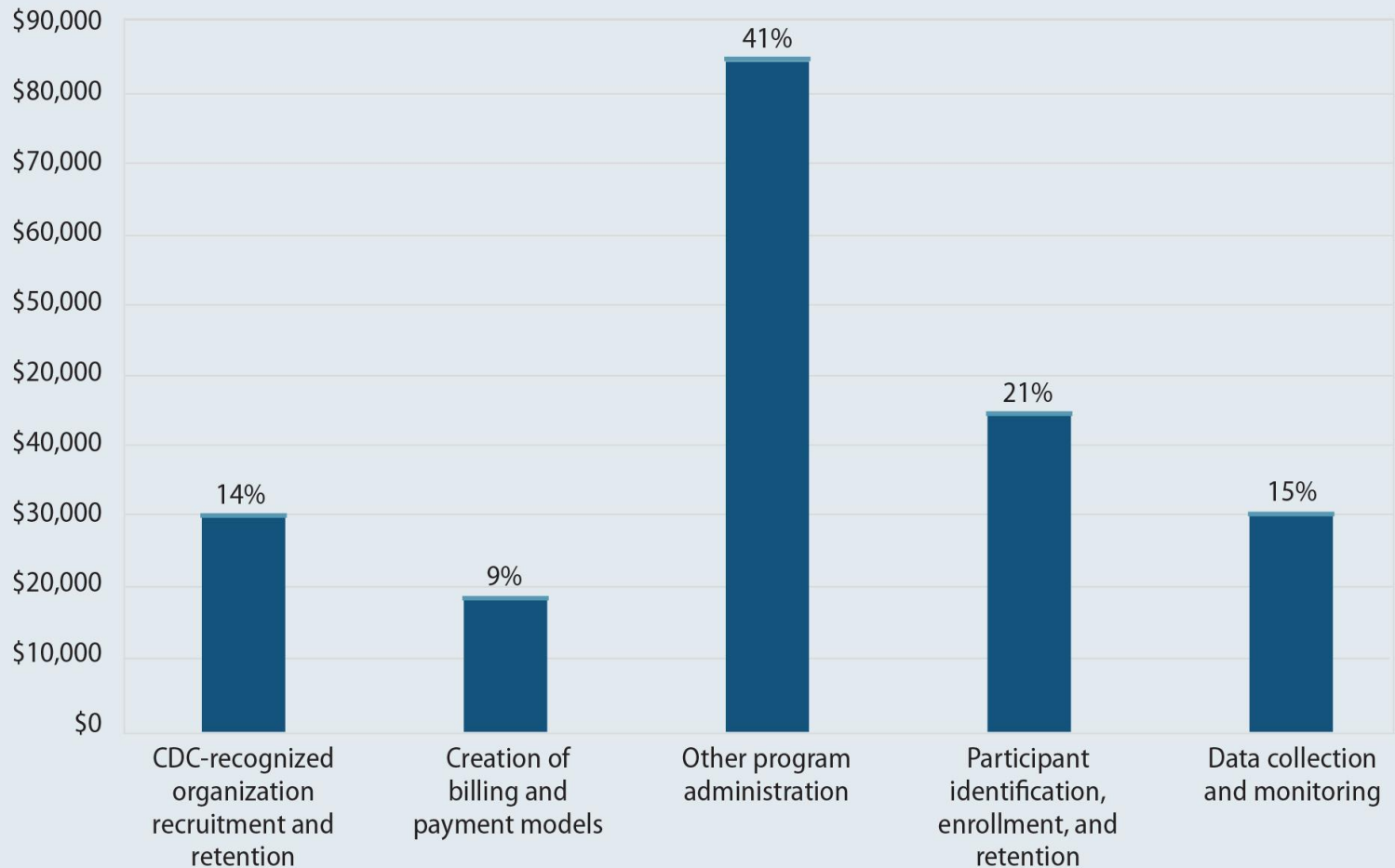
Total Costs to MCO/CCOs

Average Startup Cost by Type Across MCOs and CCOs



Total Costs, by Activity

Average Cost per Key Program Startup Activity Across MCOs and CCOs





Implications for Policy and Practice

Implementation Facilitators

- MCOs/CCOs had a long history of serving Medicaid beneficiaries and were able to develop and implement delivery model components with an understanding of beneficiaries' needs
- Prior collaborations provided a foundation for working together that facilitated delivery model implementation
- MCOs/CCOs used the eligibility criteria and ICD-10 codes for routine data mining
- Initially, using invoices for reimbursement was a simpler process for CDC-recognized organizations than requiring claims reimbursement

Lessons Learned for Replicability

- Provide at least 6-month period for project planning
- Ensure adequate support and reimbursement systems in place at the MCO/CCO level
- Identify resources to cover start-up costs
- Build a network of CDC-recognized organizations for program delivery
- Incorporate practices for efficient participant identification and recruitment
- Assess CDC-recognized organizations' needs for technical assistance to engage with MCO/CCOs and Medicaid

Lessons Learned for Reaching the Medicaid Population

- Recognize that online delivery of the program appears feasible, but there may be unique considerations
- Tailor program curriculum and delivery
- Recognize the high prevalence of barriers to participation (e.g., schedule, transportation, family needs)
- Incorporate program supports to facilitate attendance (e.g., flexible program locations and timing [including make-up sessions], transportation assistance, child care)
- Use tailored, frequent contact by trained lifestyle coaches to encourage retention



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS

Promoting Health. Preventing Disease.

Questions and Answers



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.

From Demonstration to Coverage: Highlights from the Medicaid Demonstration Project (2016 – 2019)

Thank you for attending!