How CCOs Can Help Patients Prevent Diabetes

July 15, 2020

Lisa Bui, Quality Improvement Director, OHA
Rachel Burdon, MPH, Health Systems Policy Specialist, OHA
Don Kain, MA, RD, CDCES, Harold Schnitzer Diabetes Health Center at OHSU

Oregon Health Authority

HEALTH POLICY AND ANALYTICS
Transformation Center

Presenters

Lisa Bui, Quality Improvement Director, Oregon Health Authority

Rachel Burdon, MPH, Health Systems Policy Specialist, OHA

Don Kain, MA, RD, CDCES, Harold Schnitzer Diabetes Health Center at OHSU

Webinar objective

- Increase knowledge of how CCOs can engage with partners and utilize their systems and resources in National DPP implementation.

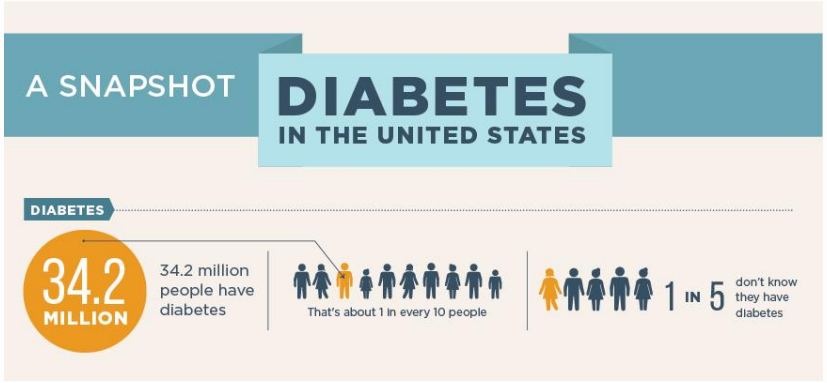
Webinar agenda

- **Why National DPP matters**
  - Diabetes: Problem and solution
- **Demonstration lessons learned**
- **What's covered in Oregon?**
- **CCO role in National DPP delivery**
- **How to implement National DPP in Oregon**
  - Overview
  - Engagement with members, providers, tribes and community-based organizations
- **Resources**
  - Billing FAQs
  - OHP coverage details
  - Web resources
  - Sources

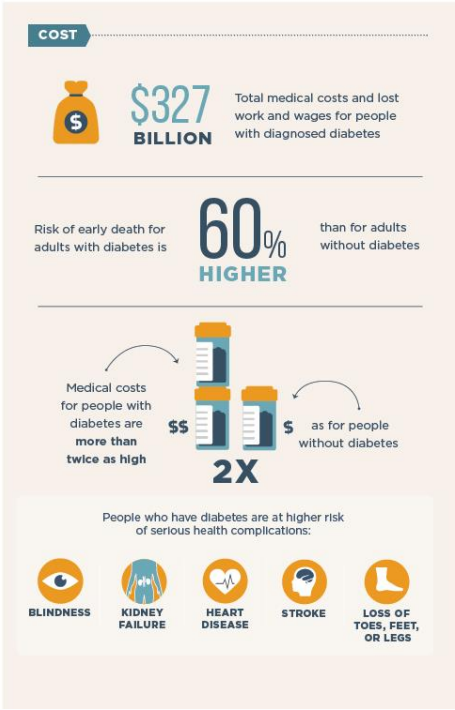
Why National DPP matters

Nationally and in Oregon

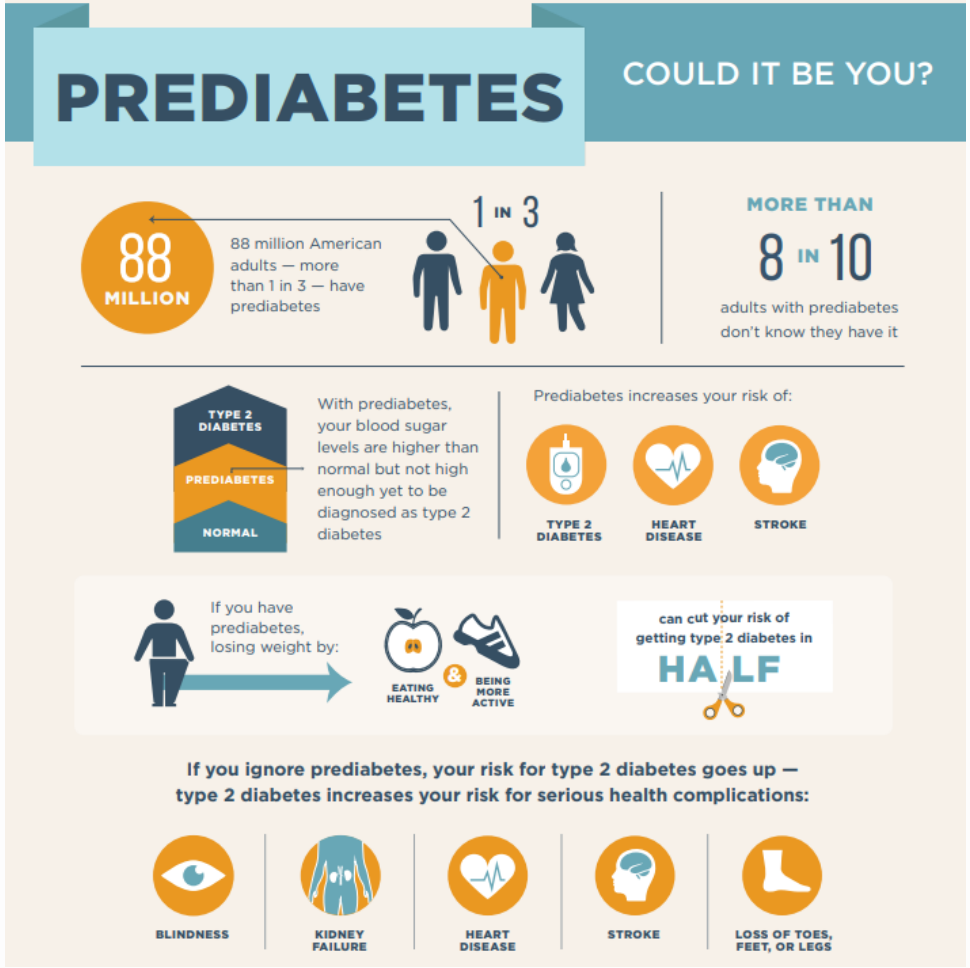
Diabetes – the “quiet epidemic”

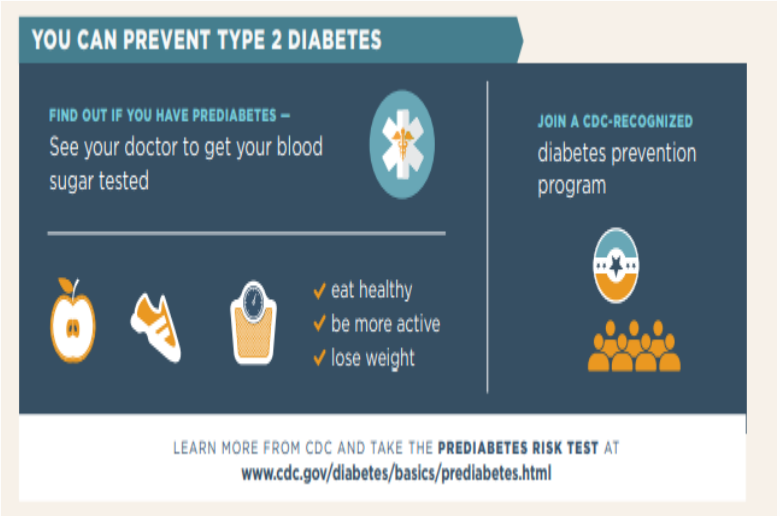


- Diabetes is prevalent.
- Many people with diabetes are undiagnosed.
- Diabetes is costly for people and for our health care system.



Prediabetes





Without intervention, prediabetes can progress to type 2 diabetes within five years.

Source: About Prediabetes & Type 2 Diabetes (2019, April 4). Centers for Disease Control & Prevention

Impact of diabetes/prediabetes for individuals

What prediabetes means for patients

- Diabetes is often associated with serious co-morbidities.
- 8.3% of Oregonians report having received a diabetes diagnosis[1]. Of them:
  - Nearly 71% also report hypertension[2]
  - About a third report mobility limitations[3]
  - More than 1 in 8 report limitation to activities of daily living[4]
  - One in 10 report severe vision impairment or blindness[5]
  - Nearly 1 in 4 report a diagnosis of coronary heart disease[6]
- Approximately 256,800 OHP adults may currently have prediabetes [calculated with OHA information & AMA DPP cost calculator].
- $8,000 is the average medical expense for the first three years after transitioning from prediabetes to a diagnosis of type 2 diabetes [Prevent Diabetes STAT (2019), American Medical Association].

Diabetes Prevention Programs – why NOW?

COVID-19 pandemic[7]

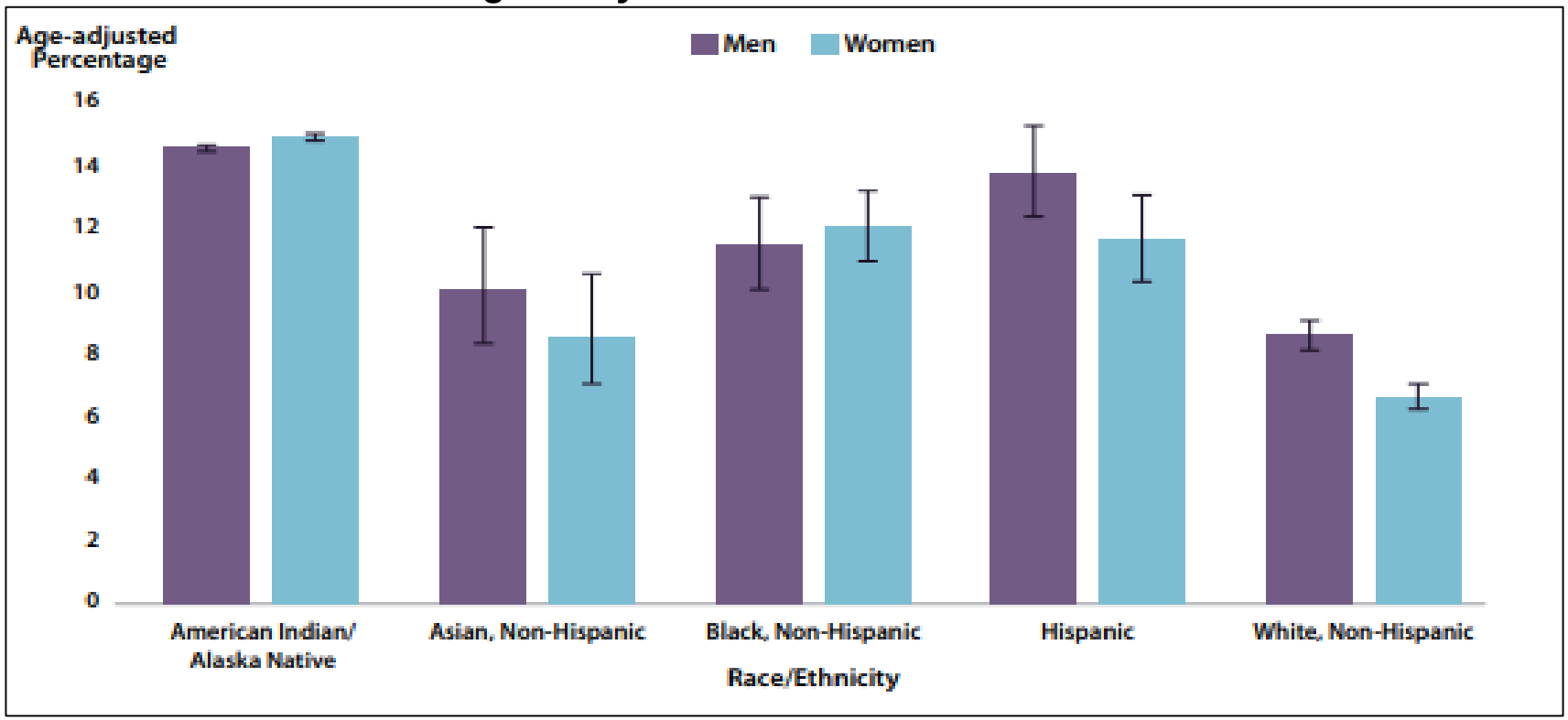
- As of May 30, 2020, among COVID-19 cases, the most common underlying health conditions were cardiovascular disease (32%), diabetes (30%), and chronic lung disease (18%).[8]

- COVID-19 impact on prediabetes and diabetes
  - Persons with diabetes at higher risk for severe illness from COVID-19
  - Rates of pre/diabetes could increase due to response measures
  - Longevity of economic downturn has impact on health outcomes/access

Diabetes disparities across groups

Need for focused improvement where the burden is heaviest

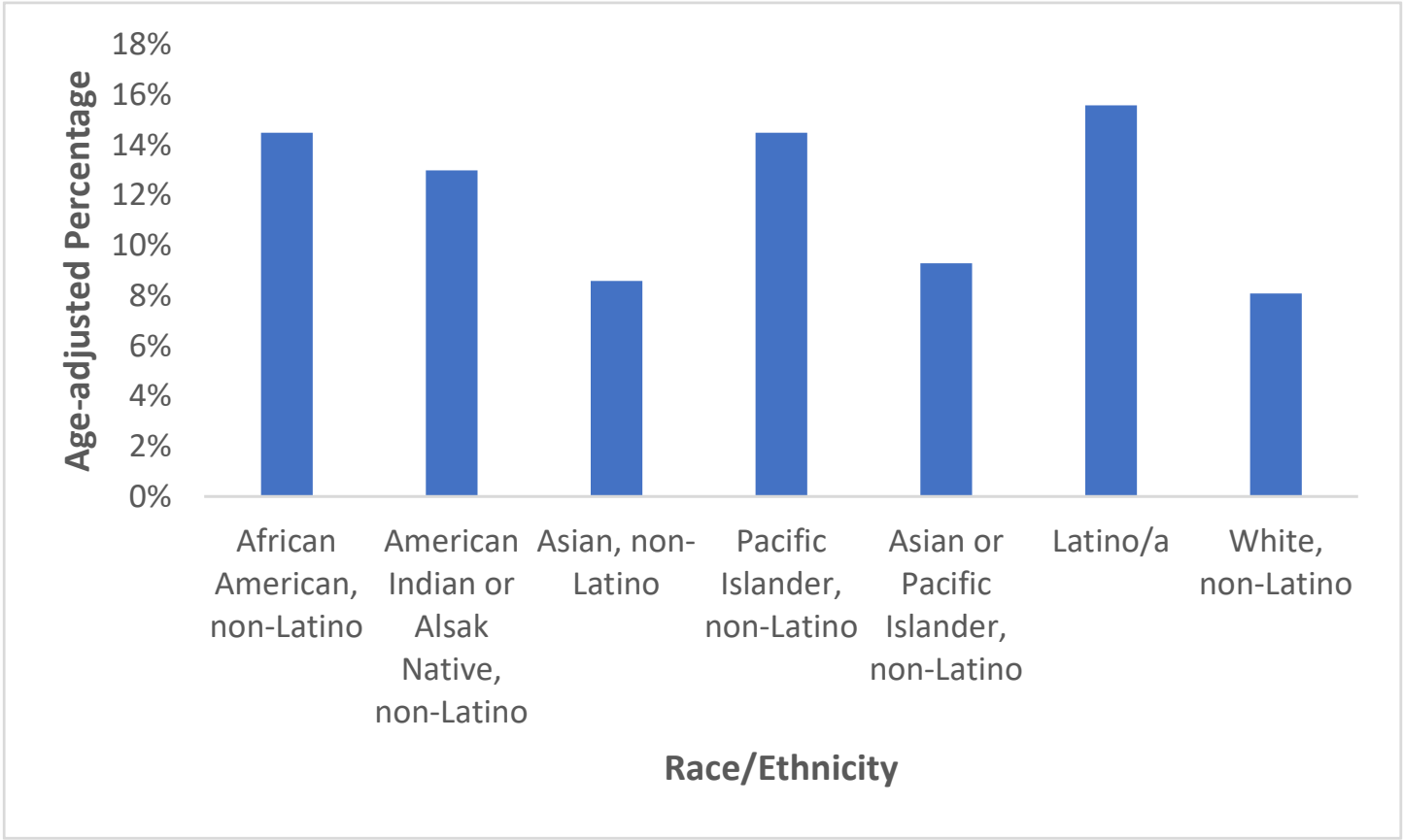
U.S. Age-adjusted estimated prevalence of diagnosed diabetes for adults aged 18 years or older: 2017–2018



Source: Graphic from the CDC's National Diabetes Statistics Report 2020.
Note: Error bars represent upper and lower bounds of the 95% confidence interval. Data sources: 2017–2018 National Health Interview Survey; 2017 Indian Health Service National Data Warehouse (for American Indian/ Alaska Native group only).

Diabetes disparities in Oregon

Age-adjusted diabetes among Oregon adults by race and ethnicity, 2015-2017



Data source:
https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/CHRONICDISEASE/DATAREPORTS/Documents/datatables/ORRaceEthnicity_diseases.pdf

Diabetes Prevention Programs – why?

THE GOOD NEWS!

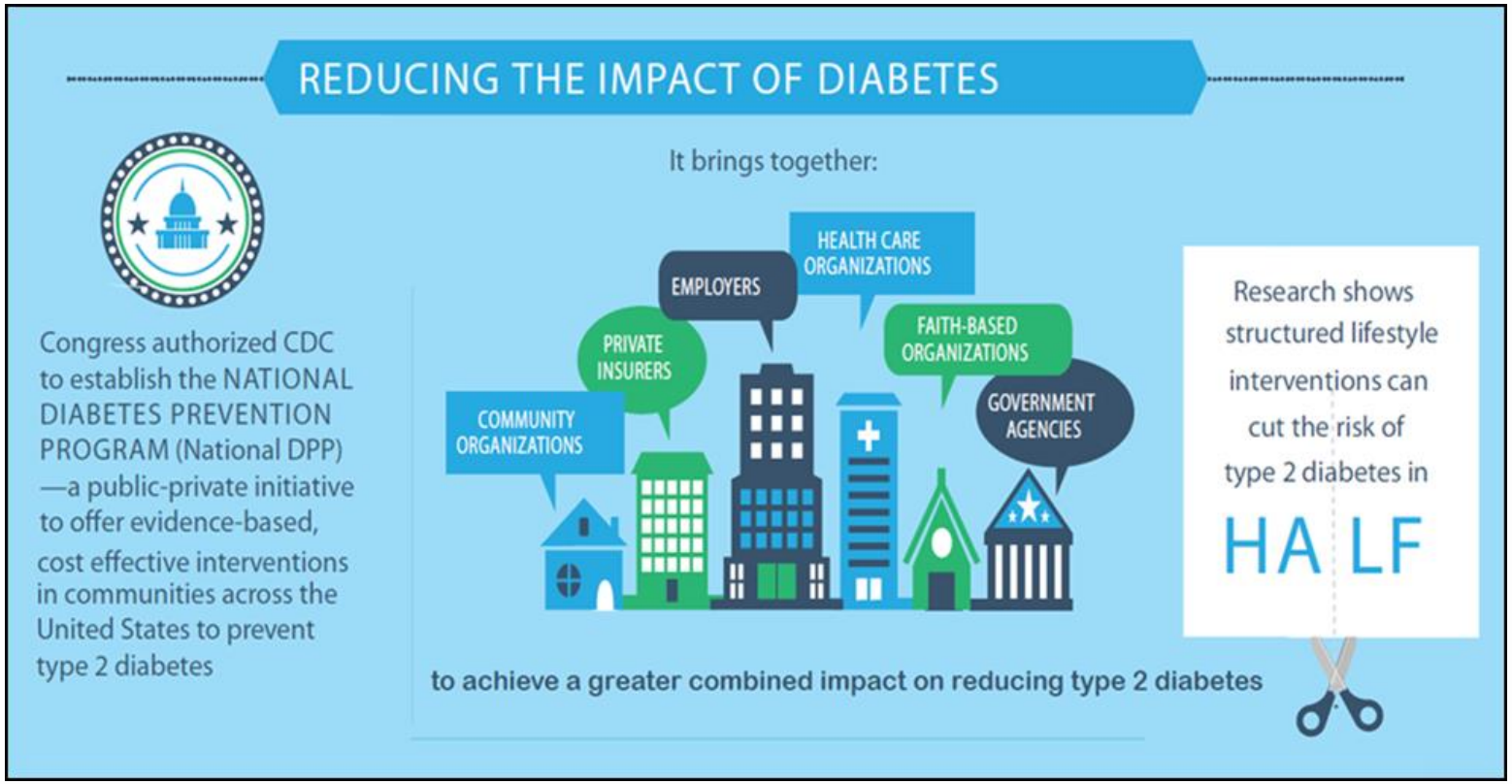
- Prediabetes can usually be reversed.
- Initiatives like the **National Diabetes Prevention Program** lifestyle change program help significantly lower the risk of developing type 2 diabetes.
- Opportunities for diabetes prevention
  - Strengthen public health and Medicaid relationships
  - Increase virtual delivery
  - Eliminate prior approvals
  - Extend beneficiary eligibility
  - Improve community resilience
  - Improve health equity

New CCO medical director "makes the case" for National DPP!

Check it out: https://www.youtube.com/watch?v=EwH-qeCBgnY&t=3s

Diabetes Prevention Programs

A national effort to mobilize and bring effective lifestyle change programs to communities across the country



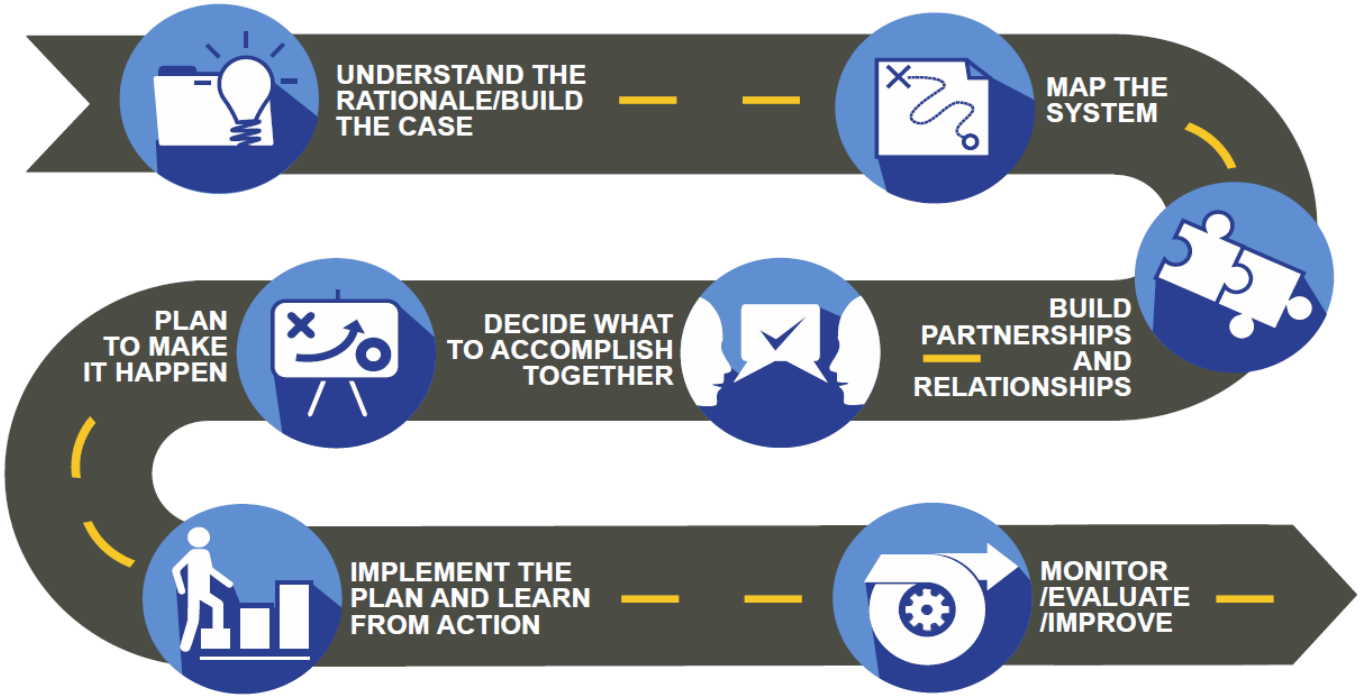
Driving policy and system change

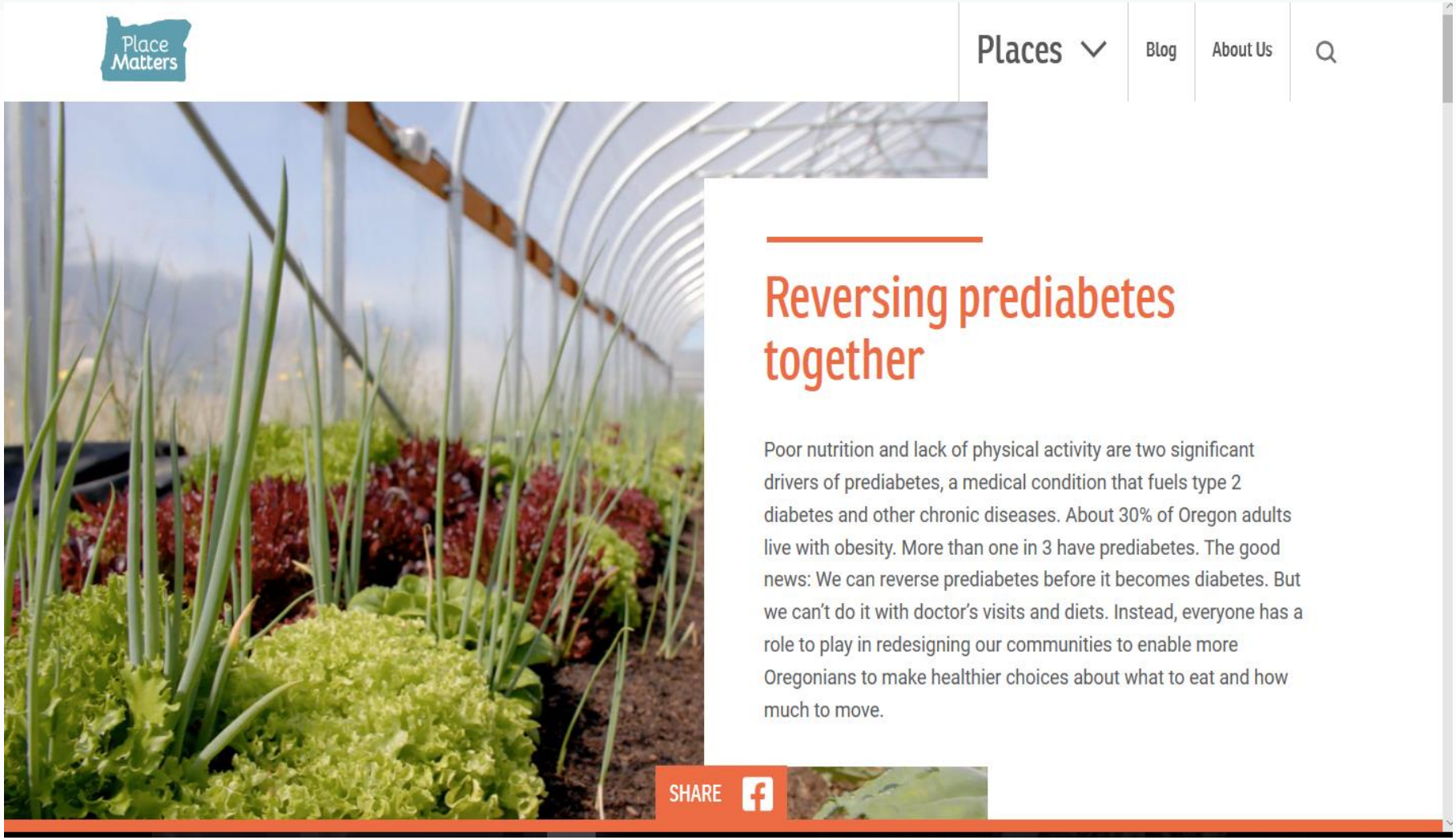
PATH TO SYSTEMS CHANGE

CORE ELEMENTS TO KEEP IN MIND AT EVERY STEP

- Clarify roles
- Commit to shared responsibility
- Leverage resources
- Communicate effectively
- Engage leaders and stakeholders
- Navigate cultural differences
- Implement continuous quality improvement (CQI)
- Maintain relationships to continue momentum
- Share progress with key stakeholders

Oregon Health Authority





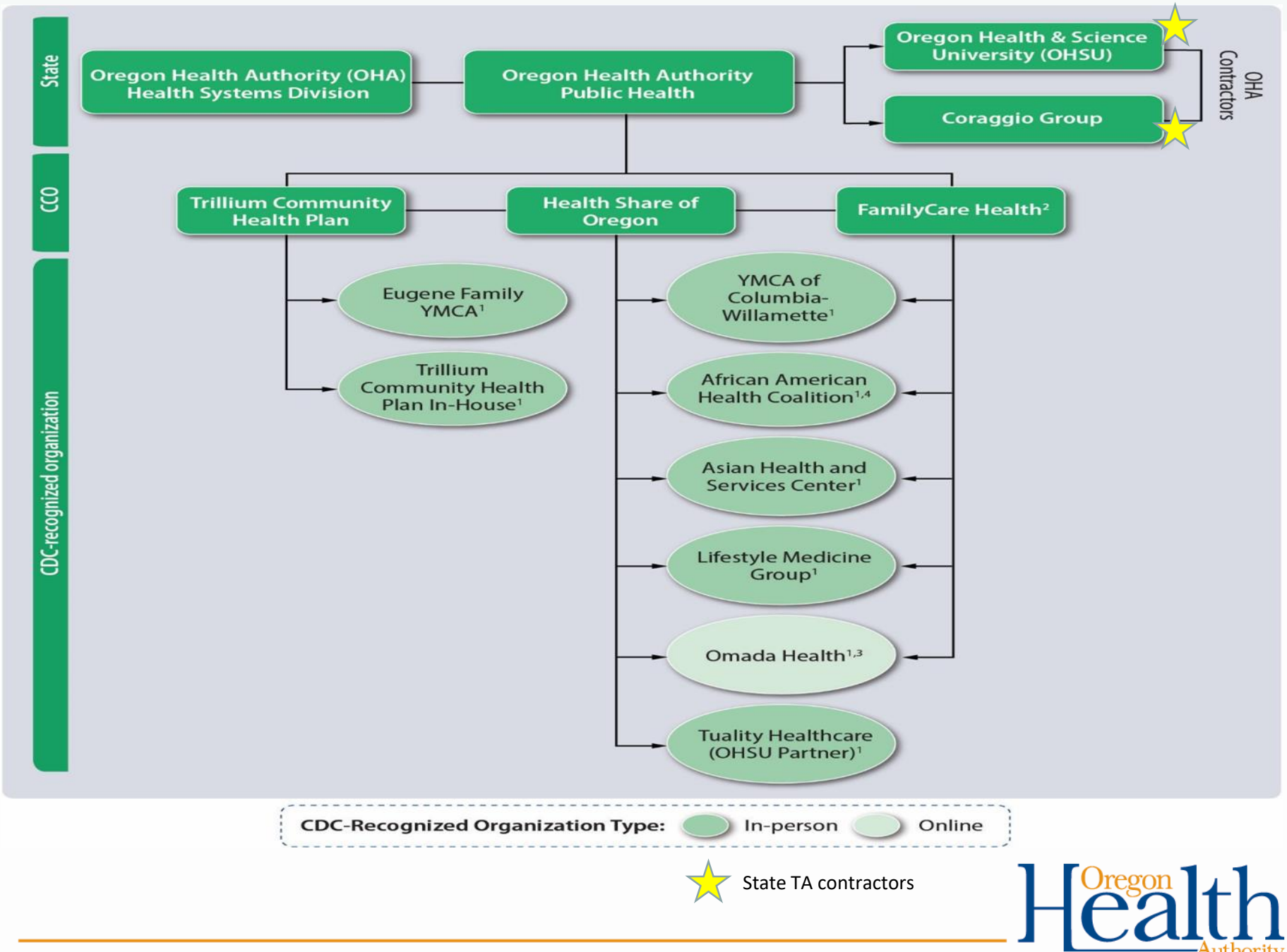
https://placemattersoregon.com/we-are/reversing-prediabetes-together/

Demonstration lessons learned

Oregon's approach to DPP demonstration

- Demonstration 2016–2018
  - Demonstration to study National DPP implementation for Medicaid pilot population in two states: Maryland and Oregon
- Demonstration project structure
  - National Association of Chronic Disease Directors (NACDD) funding agency with CDC as key partner
  - Public Health served as project lead
  - Medicaid office served as liaison to CCOs for decision making
- CCO demo partners were the primary organizations for delivery of the demonstration
- DPP providers: in-house, CBOs, online

Oregon Health Authority


State
CCO
CDC-recognized organization
Oregon Health Authority (OHA) Health Systems Division
Oregon Health Authority Public Health
Oregon Health & Science University (OHSU)
Coraggio Group
OHA Contractors
Trillium Community Health Plan
Health Share of Oregon
FamilyCare Health²
Eugene Family YMCA¹
Trillium Community Health Plan In-House¹
YMCA of Columbia-Willamette¹
African American Health Coalition¹,⁴
Asian Health and Services Center¹
Lifestyle Medicine Group¹
Omada Health¹,³
Tuality Healthcare (OHSU Partner)¹
CDC-Recognized Organization Type:
In-person
Online
State TA contractors

DPP demonstration project highlights

Stats

- Health Share, Family Care and Trillium completed demonstration projects for program delivery 2016–18
- 351 people enrolled!
- Lead with equity

Outcomes

- Medicaid coverage achieved
- Informing Medicaid pathways
- Closed-loop referrals
- Contracts with CBOs
- Online programs popular
- In-house programs

Demonstration evaluation results

Weight loss

- ↓4.5% among demonstration participants (meeting certain criteria)
- Total # of sessions attended significantly associated with weight loss

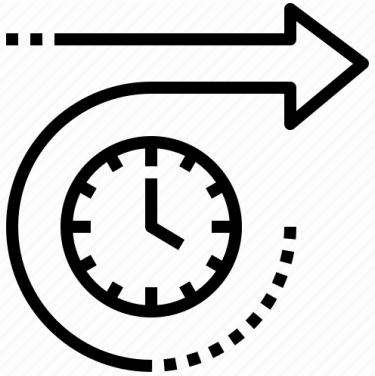
Likelihood of physical activity improved

Online vs. in-person

- Satisfaction greater among in-person program participants
- Online participants attended fewer sessions on average but achieved greater weight loss

Lessons learned: contracting

- Contracting takes time
- Community-based organizations, non-traditional medical billing providers, benefit from support and technical assistance in contracting phase
- Design of the contracts, including payment structures with CBOs provided for necessary support for implementation of DPP for the demonstration
  - Payment structures for startup
  - Grant-based payments
  - Outcomes-based payments



What's covered in Oregon?

National DPP coverage in Oregon

Coverage across several payer types in Oregon.

- Oregon Health Plan/Medicaid – effective January 2019
- Medicare – effective April 2018
- Public Employees Benefit Board (PEBB)
  - Providence Plans – effective 2017
  - Kaiser – effective 2016
- Oregon Educators Benefit Board (OEBB) – various plans effective 2017

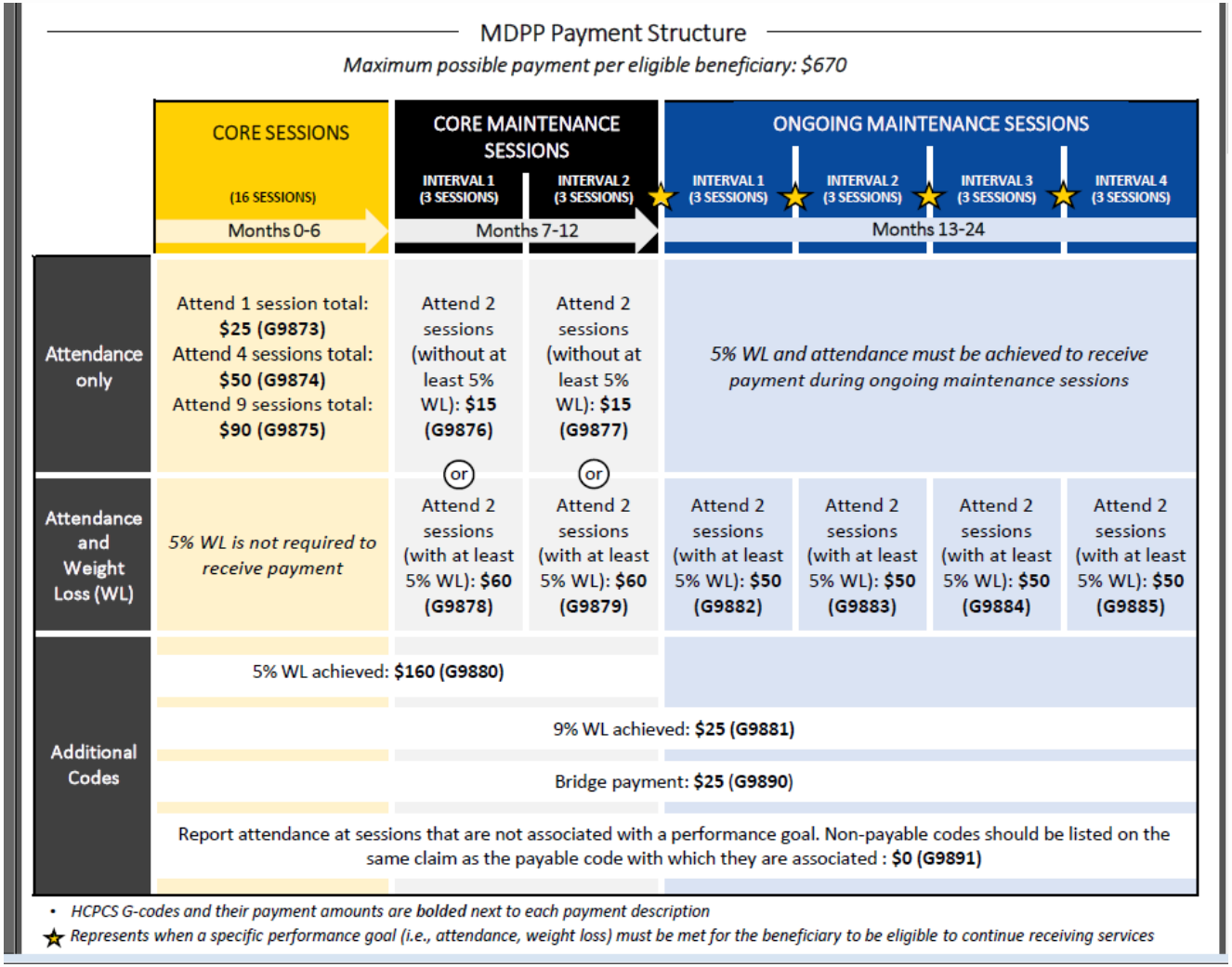
Oregon Medicaid National DPP coverage

Who is Covered? Eligibility Criteria	What is Covered? The Covered Benefit	How is coverage provided? DPP Service Provision
Screening and Diagnosis	Funding, Billing & Referral	Provider Requirements
• **Prediabetes** (R73.03) when confirmed via blood test within past year • Previous **gestational diabetes** (Z86.32) • As a high intensity intervention for **obesity or overweight** (E66.01-E66.9)	• Two years of the national DPP program • Up to 52 sessions over two years • All CDC recognized National DPP curriculums; including Native Lifestyle Balance • Multiple modalities covered: in-person, distance learning, online programs	• National DPP must be provided by a CDC-recognized organization • National DPP provider or supplier must collect and report data to CDC • Two types of payment sources: Medicaid/Medicare reimbursement, Health-related services funds.

Note: Up to 52 sessions or 24 months over two years is based on two separate billing processes.

Medicare (MDPP) FFS coverage and billing model: HCPCS G-codes and payment structure

This guide only applies to services furnished to beneficiaries receiving Medicare Part B coverage via Medicare Fee-for-Service (FFS). Contact a patient's Medicare Advantage plan to determine billing expectations.



Link to Medicare DPP Fact Sheet
https://innovation.cms.gov/Files/fact-sheet/mdpp-beneelig-fs.pdf

Oregon Health Authority

CCO role in National DPP delivery

Three key roles for CCOs

- Leadership
  (sponsorship, care coordination, funding)

- Coverage
  (meeting community needs)

- Partnership
  (CBOs, health systems)

Leadership role

- Sponsorship
  - Designing the benefit to meet member needs
  - Leading the discussion with community partners for benefit implementation with equity approach
- Care coordination
  - Ensure care coordination across National DPP provider, health system provider and the member.
- Funding
  - Implement National DPP in accordance with HERC guideline note 179.
  - Consider HRS and/or VbP structures to support implementation

Covering to meet the community's needs

- Assess member needs
  - Health equity lens to data analysis
- Connect with community leaders
  - Community advisory council
  - DPP provider groups
  - Tribes
- Utilize Oregon DPP champions
  - OHSU Harold Schnitzer Diabetes Center
  - Oregon Wellness Network

Partnership

Community-based organizations/community clinics

Ideally would like to see National DPP delivered by trained Lifestyle Coaches from the communities they serve

- CBOs have the trained Coaches, but may not be OHP providers
- Community clinics are OHP providers, but may not have trained National DPP Lifestyle Coaches

Pilot partnership between Neighborhood Health Center and Familias en Accion

Key partnerships

Oregon Health Authority

How to implement National DPP in Oregon

Overview

Programs: Investment in infrastructure

- Two master trainers in Oregon
- **310 trained** lifestyle coaches
- **28 CDC-recognized programs**
- **34 counties** have trained lifestyle coaches
- **8463 participants** have gone through DPP

DPP and equity opportunities

Importance of cultural competence/equity:

- Address disparities
- Identify and **prioritize** groups with disparities
- **Partner** with CBOs that serve priority populations
- Provide **culturally specific** services
- **Engage community health workers**
- **Tribal Health** DPP programs

CCO poll: contracts

Pathways to Implement National DPP in Oregon

Pathway #1

CCO implements National DPP via contract with CDC-recognized delivery organization for in-person, distance learning, or combination (on-line, in-person & distance)

Clinics with trained lifestyle coaches and CDC-recognized programs deliver DPP

Clinics with OHP enrolled providers utilize reimbursement methodology for Medicaid (and Medicare) billing for DPP

CBOs with trained lifestyle coaches and CDC-recognized programs deliver DPP

New Provider Type

CBOs (or other DPP provider) collaborate with CCOs and/or clinics to determine reimbursement methodology for Medicaid (and Medicare) billing for DPP

Pathway #2

CCO contracts with CDC-recognized provider for on-line delivery of DPP

CDC-recognized provider delivers DPP on-line from in-state or out-of-state

New Provider Type

CCOs and CBOs determine contractual agreement for use of Medicaid/CCO Health-related services (HRS) funding to support DPP.

Pathway #3

CCO delivers DPP "in house" by building internal infrastructure

CCO must:

- Obtain CDC recognition
- Employ trained lifestyle coaches
- Adhere to DPRP standards
- Collect and report data to CDC

Payment for DPP is supported via CCO administrative budget

APM/VbP model

CCO poll: pathways

CCO funding options

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. •CCOs may choose to use DPP provider type for medical billing model.
Health-Related Services (HRS)	•DPP services that are not covered for an individual OHP member may be considered HRS as Flexibile Services •DPP programs provided by community-based organizations may be considered HRS as a Community Benefit Initiative.
In House	•CCO seeks CDC reconition and delivers National DPP in house. •CCOs may choose to deliver the National DPP with in-house community health workers or lifestyle coaches.
APM or VbP Model	•CCO to CDC-recognized National DPP organization • CCOs may find alternative payment (APM) or Value-based Payment (VbP) models uselful. Plans may have a APM/VBP provider contract that could be modified to include the National DPP •APM/VbP model option can enhance a CPT coding

Choosing the right DPP provider

- Meeting the member's cultural and health needs
- Community-based organizations
- Medical clinics, hospitals, health departments
- Tribal Health Programs & FQHCs serving underserved populations
- Web-based/online providers (may be a good option for those who live farther from population centers)
- In-house CCO or clinic capacity
- Other health facilities
- Behavioral health providers

Provider and DPP program roles

Medical Billing Provider	CDC Recognized DPP Program+
Diagnosis & Referral in Medical Record --If prediabetes referral, share that member has had qualifying blood test --If obesity referral, share BMI and if completed at your office, CDC/ADA Prediabetes Risk Test	**Receive and track referrals (per CDC requirements)** % Participants Qualifying with Blood Test –35% minimum --referred prediabetes % Participants Qualifying CDC or ADA Screening –up to 65% --referred obesity/BMI –keep documentation of completed risk/screening tests. If provider did not administer, complete CDC/ADA Prediabetes Risk Test (Qualifying Score 5 or higher on the CDC/ADA Prediabetes Risk Test)
Attendance/Participation: Keep attendance in member record to submit accurate billing	**Attendance/Participation/Completion** Following CDC Tracking Expectations Complete loop by providing attendance/participation back to Billing Provider
Reports on Completion from DPP program/DPP instructor	Record Weight & Fitness Participation Submit data to CDC as required for tracking
Additional Online Expectations: Address expectations for online DPP program documentation (properly recording and tracking individual participant participation and completion in case of audits).	**Additional Online Expectations:** On-line programs should maintain a participation record that can demonstrate (1) how CDC content is being delivered and (2) include by participant record demonstrating on-line completion of content as verification for potential audit. *Members must be actively participating during the month in order for provider to bill for any full month of DPP service.*

+ Details for data requirements for maintaining CDC recognition can be found in the CDC Diabetes Program Recognition Standards https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf

Oregon Health Authority

Pathway #1: CCO contracts for in-person DPP

- Identify in-person programs in your area using the CDC program registry: https://nccd.cdc.gov/DDT_DPRP/Registry.aspx
- Determine if the providers you are using are
  - Already enrolled as Oregon Medicaid providers
  - Qualify as regular Medicaid enrollable providers
  - Need to complete CCO encounter-only provider enrollment
- Provide billing information and expectations to the DPP providers; this may include:
  - Use of medical billing
  - Alternative payment models
  - Health-related services

Pathway #2: CCO contracts for online DPP

- Identify online programs through the CDC program registry: https://nccd.cdc.gov/DDT_DPRP/City.aspx?STATE=OTH&CITY=OTH
- Determine if the providers you are using are
  - Already enrolled as Oregon Medicaid providers
  - Qualify as regular Medicaid enrollable providers
  - Need to complete CCO Encounter-only provider enrollment
- Complete CCO encounter provider enrollment as appropriate
- Provide billing information and expectations to the DPP providers; this may include:
  - Use of medical billing
  - Alternative payment models
  - Health-related services

Pathway #3: CCO creates in-house DPP

- CCO directly hires staff to deliver the program
- CCO obtains CDC recognition
  - Implementing a National DPP lifestyle change program
  - Standards for CDC recognition
  - DPRP application form
  - Submit questions to dprpAsk@cdc.gov
- Reimburse and track costs through CCO administrative budget

Delivery methods

In-person vs. online DPP delivery

Delivery Method	Pros	Cons	Considerations
In-person	• Human connection • Social support from group • Ability for participants and coach to read body language • Opportunity for interaction before or after class (e.g., walking group)	• Travel to delivery site for meetings	• Good option for participants needing emotional support from group • Social distancing • New options to provide live classes via telehealth

Delivery methods
In-person vs. online DPP delivery

Delivery Method	Pros	Cons	Considerations
Online	• No travel to meetings • Convenience of working on material on personal schedule	• Lack of in-person interaction with other participants • Additional resources (Bluetooth scale, electronic fitness tracker)	• Works well with self-directed learners • Geography • Traffic • Internet capability • Shift work

How to implement National DPP in Oregon

Engagement with members, providers, tribes and community-based organizations

Choosing the right DPP provider

- Community-based organizations (CBOs)
- Medical clinics, hospitals, health departments, FQHCs
- Indian Health Service/Tribal/Urban Health Programs
- Web-based/online providers
- In-house CCO or clinic capacity

CDC-recognized DPPs in Oregon:
https://nccd.cdc.gov/DDT_DPRP/Registry.aspx

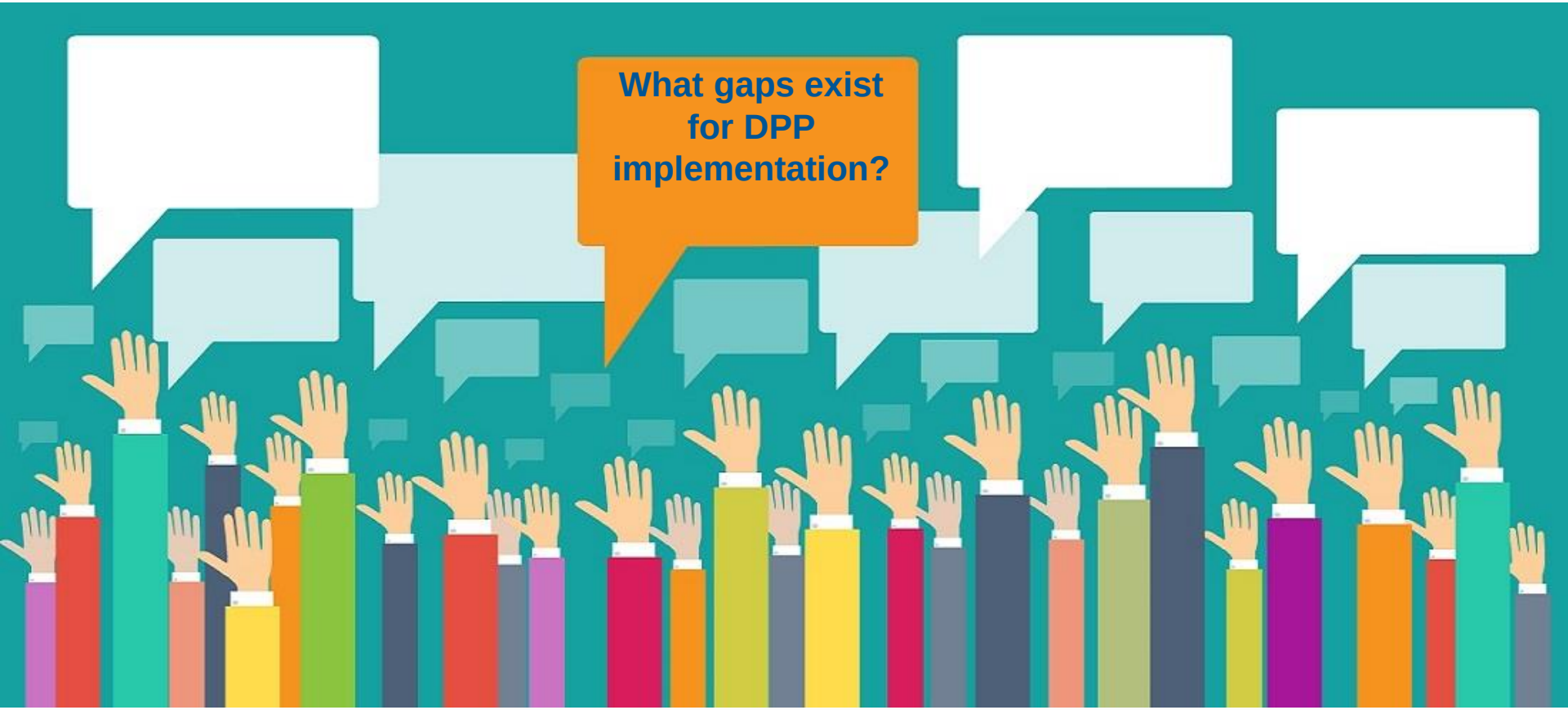
National online CDC recognized DPPs:
https://nccd.cdc.gov/DDT_DPRP/City.aspx?STATE=OTH&CITY=OTH

Collaborating to recruit participants

Responsibility for participant recruitment does not reside with a single entity.

Entity	Responsibility/Contribution
CBO	• Promotion within community • Might be delivering program • May be able to help identify OHP members eligible for medical coverage
Clinic	• Screening and testing for prediabetes • Referral to culturally appropriate DPP
CCO	• Develop creative, inclusive reimbursement infrastructure for National DPP delivery • Promote program to CCO members

CCO poll: gaps



Questions?

Upcoming trainings

National Diabetes Prevention Program webinars

- **Community-based organization focus:** August 12, 2020, noon-1 p.m.
- **Clinic focus:** September 23, 2020, noon-1 p.m.

On-demand, recorded webinars with no-cost CME available

- Patient education and engagement in diabetes care (no-cost CME available): On-demand, recorded webinar
- Working with pharmacists on a diabetes care team (no-cost CME available): On-demand, recorded webinar

Presenter contacts

- **Lisa Bui**: Lisa.T.Bui@dhsoha.state.or.us
- **Rachel Burdon**: Rachel.E.Burdon@dhsoha.state.or.us
- **Don Kain**: kaind@ohsu.edu

Thank you!

This webinar is hosted by the
Oregon Health Authority Transformation Center.

- For more information about this presentation, contact Transformation.Center@state.or.us
- Find more resources for diabetes care here: https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Diabetes.aspx
- Sign up for the Transformation Center's technical assistance newsletter: https://www.surveymonkey.com/r/OHATransformationCenterTA

Resources

Billing FAQs

When can current enrolled providers supervise and bill for a DPP program?

- Oregon Licensing Boards provide guidance on supervision requirements and expectations such as scope of practice.
- OHP does not require supervising providers to be in the same office when auxiliary community health education and outreach are being performed.
- Programs that are within a health department, FQHC, or clinic that already has OHP enrollment can bill through the existing clinic/provider enrollment as for other services.
- Medicare “Incident-To” rules apply only to Medicare billing.
- OHP FFS DPP claims can be billed by the supervising provider; FFS doesn’t have a mechanism to directly enroll independent DPP suppliers like Medicare. CCOs can mirror this billing process.

New encounter-only provider type for DPP in CCOs:

How to Use the Type 63 Encounter-Only "National Diabetes Prevention Program Supplier"

When a CCO chooses a DPP provider who has no current other enrollable provider type, the CCO may want to use the new encounter-only provider type.

- MMIS Type 63 description on Form 3108 now is "National Diabetes Prevention Program Supplier"
- Type 63 Specialty codes are:
  (1) 497 for in-person program
  (2) 498 for online program.
  - Form 3018 is available at: https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/he3108.pdf
  - For information for DPP programs on how to get an NPI as a DPP supplier or instructor/coach, both CDC and Medicare provide instructions for DPP suppliers. https://innovation.cms.gov/Files/x/mdpp-enrollmentfs.pdf
  - Many online only DPP providers, especially larger national companies, are likely to already have Medicare DPP supplier enrollment which makes credentialing for you easier.

At the present time, our State Plan does not allow for DPP supplier enrollment in OHP FFS.

Oregon Health Authority

CMS credentialing requirements for CCOs and encounter-only DPP suppliers

- Each CCO is responsible for credentialing and ensuring encounter-only DPP supplier providers meet CMS network provider selection policies and procedures consistent with 42 CFR §438.12 (Specifically CMS requires MCEs to (a) not discriminate against particular providers that serve high-risk populations and (b) ensure providers are not CMS excluded per 42 CFR §438.214.)
- Given CMS credentialing requirements for CCOs, and since DPP suppliers have no Oregon licensure or licensing board, CCOs may choose to follow processes other states have been using to meet expectations around ensuring providers are not CMS excluded.
  - Other states are requiring CMS National DPP supplier enrollment process for credentialing via Medicare DPP supplier type providers/programs steps: https://innovation.cms.gov/Files/x/mdpp-enrollmentcl.pdf
  - An additional example of Maryland's credentialing process for National DPP suppliers that aligns with Medicare DPP supplier enrollments: https://phpa.health.maryland.gov/ccdpc/diabetes/Documents/Medicare%20DPP%20Enrolling%20as%20Supplier%20Check%20List%201.pdf
  - CMS DPP supplier enrollment exclusions could be monitored through the CMS PECOS system to address these federal MCE credentialing requirements.
  - CCOs can review currently enrolled CMS DPP suppliers in the CMS database: https://data.cms.gov/Special-Programs-Initiatives/Medicare-Diabetes-Prevention-Program/vwz3-d6x2/data.

Referral for Diabetes Prevention Program

Primary and secondary diagnoses:

Primary diagnosis of pre-diabetes (R73.03) or gestational diabetes history (Z86.32) diagnosis code, or obesity/overweight diagnosis (E66.01 – E66.9) required

HERC Required Diagnosis Codes & Diagnosis Codes in EPS Billing

HERC criteria require BMI as a secondary diagnosis

Qualifying BMI Codes Below:

Z68.23 Body mass index (BMI) 23.0-23.9, adult
Z68.24 Body mass index (BMI) 24.0-24.9, adult
Z68.25 Body mass index (BMI) 25.0-25.9, adult
Z68.26 Body mass index (BMI) 26.0-26.9, adult
Z68.27 Body mass index (BMI) 27.0-27.9, adult
Z68.28 Body mass index (BMI) 28.0-28.9, adult
Z68.29 Body mass index (BMI) 29.0-29.9, adult
Z68.30 Body mass index (BMI) 30.0-30.9, adult
Z68.31 Body mass index (BMI) 31.0-31.9, adult
Z68.32 Body mass index (BMI) 32.0-32.9, adult
Z68.33 Body mass index (BMI) 33.0-33.9, adult
Z68.34 Body mass index (BMI) 34.0-34.9, adult
Z68.35 Body mass index (BMI) 35.0-35.9, adult
Z68.36 Body mass index (BMI) 36.0-36.9, adult
Z68.37 Body mass index (BMI) 37.0-37.9, adult
Z68.38 Body mass index (BMI) 38.0-38.9, adult
Z68.39 Body mass index (BMI) 39.0-39.9, adult
Z68.41 Body mass index (BMI) 40.0-44.9, adult
Z68.42 Body mass index (BMI) 45.0-49.9, adult
Z68.43 Body mass index (BMI) 50.0-59.9, adult
Z68.44 Body mass index (BMI) 60.0-69.9, adult
Z68.45 Body mass index (BMI) 70 or greater, adult

Z68.53 Body mass index (BMI) pediatric, 85th percentile to less than 95th percentile for age*
Z68.54 Body mass index (BMI) pediatric, greater than or equal to 95th percentile for age*

*The DPP benefit only applies to those OHP clients at least 18 years old

Oregon Health Authority

Resources

OHP coverage details

Who is covered?

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
- For prediabetes diagnosis, 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

*Prediabetes/Gestational Diabetes effective January 1, 2019, Overweight/Obesity added October 1, 2019.
https://www.oregon.gov/oha/hpa/dsi-herc/Pages/index.aspx

Coverage: Who is covered on OHP?

In addition, under OHP:

- Participation in the National DPP requires a primary diagnosis of pre-diabetes(R73.03) or
  - gestational diabetes history (Z86.32) or
  - overweight/obesity (E66.01 – E66.9)*
- Patients do not qualify if they have Type 1 or Type 2 diabetes or ESRD
- Note: Health Evidence Review Commission (HERC) guidelines require a blood test confirming the prediabetes diagnosis. Prediabetes Risk Test results will not be accepted.

*Prediabetes/Gestational Diabetes effective January 1, 2019, Overweight/Obesity added October 1, 2019.
https://www.oregon.gov/oha/hpa/dsi-herc/Pages/index.aspx

Coverage: What is covered for OHP?

In-person DPP program participation requirements and coverage limitations:

National DPP services can be provided

- in-person or
- via remote two-way telehealth class (for medical billing use GT modifier).

	In-person DPP program	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 over 24 months**

Online National DPP coverage

Online program participation requirements and coverage limitations:

To qualify for reimbursement as an online program, the program must provide the OHP member

- an FDA-approved Bluetooth-enabled weight scale and
- a web-based fitness tracker

at the beginning of the program.

	Online DPP program	Total number of OHP-covered program months
Year One	Months 1-6	Up to 6 months (per CDC curriculum)
	Months 6-12	Up to 6 months (for each month the member actively participates in the program)
Year Two	Months 1-12	Up to 12 months (for each month the member actively participates in the program)
	Program Total	**Up to 24 months**

COVERAGE: Medicare–Medicaid Full Benefit Dual Eligible (FBDE)

Billing for OHP FBDE Reminders:

- For the in-person program, Medicare is primary payer for OHP FBDE. OHP/CCO is responsible for cost-sharing.
  - Contact the member's Medicare Advantage plan for billing instructions **or**
  - Bill Medicare FFS
- Medicare does not cover the on-line program. OHP/CCO is responsible as member's primary coverage for the on-line program.

FBDE: OHP benefit packages BMM, BMD

Resources

Web resources

For all audiences

- Evaluation of the Medicaid Coverage for the National Diabetes Prevention Program Demonstration Project: Executive Summary
- Oregon Diabetes Report (PDF) – Report to the 2015 Oregon Legislature on the burden of diabetes and progress on the 2009 diabetes strategic plan
- Oregon Medical Association DPP platform – Explore resources and training opportunities, connect with a DPP physician champion, and look for a communication campaign for providers and clinical teams launching June 2019
- Comagine Health (formerly HealthInsight) DPP initiative – Resources for clinicians, consumers, program delivery organizations and employers/health plans
- CDC Prediabetes Screening Test

For all audiences

- Place Matters Oregon website
- Making the case for National DPP video (short)
- Making the case for National DPP video (long)

For health-care providers

- Steering Toward Health - Online toolkit for the OHA and Oregon Medical Association multiyear initiative to connect adults with prediabetes to evidence-based lifestyle change programs.
- Screen and Refer Patients to a Lifestyle Change Program – Resources including the Prevent Diabetes STAT toolkit developed by the AMA and CDC
- CDC-recognized National Diabetes Prevention Programs in Oregon (find a workshop)
- Guideline Note 179 – Outlines National DPP eligibility criteria for Medicaid members in Oregon, per the Prioritized List of Health Care Services

For employers and insurers

- National DPP Coverage Toolkit – Information on contracting, delivery, billing and coding, and data and reporting to support health insurance plans, employers, and state Medicaid agencies in making the decision to cover the National DPP lifestyle change program
- Implementing Comprehensive Diabetes Prevention Programs: A Guide for CCOs – Lessons from Oregon CCOs participating in the National DPP Medicaid Demonstration Project (2016–2018)
- National Diabetes Prevention Program reimbursement for Oregon Health Plan members
- Diabetes Prevention Program OHP benefit coverage and billing guidance
- Health-related services FAQ guidance
- Covering a lifestyle change program as a health benefit (CDC)

For DPP providers

- Implement a Lifestyle Change Program – Resources and guidance on offering a program, including staffing, participant recruitment and training, and data reporting
- Interested in offering the DPP in Oregon? (PDF)
- CDC Diabetes Prevention Recognition Program Standards and Operating Procedures Handbook

Sources

Endnotes

[1] https://nccd.cdc.gov/Toolkit/DiabetesBurden/Prevalence

[2] https://nccd.cdc.gov/Toolkit/DiabetesBurden/SelfReported/Hy

[3] https://nccd.cdc.gov/Toolkit/DiabetesBurden/SelfReported/Mi

[4] https://nccd.cdc.gov/Toolkit/DiabetesBurden/SelfReported/Iadl

[5] https://nccd.cdc.gov/Toolkit/DiabetesBurden/SelfReported/Bl

[6] https://nccd.cdc.gov/Toolkit/DiabetesBurden/SelfReported/Chd

[7] https://cdn.ymaws.com/www.chronicdisease.org/resource/resmgr/website-2020/covid/covid_slides_prediabetes_and.pdf

[8] https://www.cdc.gov/mmwr/volumes/69/wr/mm6924e2.htm