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](https://coveragetoolkit.org))
Strategic leadership

Coordinated action

Expanding and sustaining proven strategies
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

Oregon Health Authority
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
Key Partnerships

- Public Health
- Employers
- Health Plans
- NDPP Delivery Organizations
- Providers, Clinical Teams
- Content Expertise Partners

Individuals living with or at risk of prediabetes
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
- Leading with and for equity
- Medicaid coverage achieved!
- Informing Medicaid pathways
- Contracts with CBOs
- Closed-loop referrals
- Online, community-based and in-house programs offered
Diabetes Prevention Program (DPP)
Portland Locations April 2018

- Carmelita Community Health Center
- Legacy Emanuel Medical Center
- African American Health Inc.
- Legacy Health
- Providence Medical Group
- Wallace Medical Group - Providence Health & Services
- LifeWeighs Wellness Coaching
- National University of Natural Medicine
- NUNM Lair Hill Clinic
- OHSU Center for Health & Healing
- Harold Schnitzer Diabetes Health Center at OHSU
- Asian Health & Wellness Center
- YMCA of Columbia-Willamette

Number of DPP Locations
Resources for implementation & sustainability

Implementing Comprehensive Diabetes Prevention Programs:
A Guide for CCOs

Clinical Team FAQ
CCO FAQ
CBO FAQ
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

Pre-2016

- DPP lifestyle coach training & program delivery in Oregon

2016

- OHA granted funds for a DPP Medicaid Demonstration by NACDD

April 2018

- DPP covered for Medicare beneficiaries

May 2018

- Recommendation to the HERC for DPP to be added to the Prioritized List of Health Services

August 2018

- Recommendation approved, NDPP coverage begins 1/1/19

DPP infrastructure development and program delivery in communities and health systems across Oregon

Lessons learned inform ongoing quality improvement and recommendations for Medicaid coverage

- Input from multiple Learning Collaboratives & quarterly calls
- CCO input during retreat focused on sustainability
- Input from Sustainable Relationships for Community Health grantees
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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total number of OHP-covered sessions</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Year One</strong></td>
<td></td>
</tr>
<tr>
<td>Months 1-6</td>
<td>16 core sessions (per CDC curriculum)</td>
</tr>
<tr>
<td>Months 6-12</td>
<td>12 maintenance sessions (up to 2 per month)</td>
</tr>
<tr>
<td><strong>Year Two</strong></td>
<td></td>
</tr>
<tr>
<td>Months 1-12</td>
<td>24 maintenance sessions (up to 2 per month)</td>
</tr>
<tr>
<td><strong>Program Total</strong></td>
<td>52 sessions</td>
</tr>
</tbody>
</table>
### Fee for Service (FFS) implementation

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

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
OHP Client Referral:
Provider or Client Referral for 18 and older
With Diagnosed Prediabetes or History of Gestational Diabetes, overweight, and meeting program enrollment criteria as specified in HERC guidance note

DPP Program
Y1: 16 CORE Sessions, 12 CORE Maintenance
Y2: 24 Maintenance Sessions

DPP Prevention Program/Instructor
Diabetes Prevention Program: Maintain CDC Recognition & Required CDC Standards
Enroll member/Provide program per approved curriculum
Monitor attendance/report back to provider

Medicaid FFS Enrolled Provider
Provide diagnosis and required tests
Receive updates on attendance from program
Bill for payment to OHP
Provide payment to Prevention Program/Staff

OHA Public Health
Provide statewide technical support and leadership to DPP Programs

OHA Health Systems Division
Receive billing from established providers
Provide payment for FFS members via MMIS

Tips for Developing a Closed Loop Referral System:
- Provider supplies diagnosis and refers to program
- Provider can bill for codes to encourage and support participant engagement, participation via existing CCM or counseling codes (for example: CPT® code 99490 for providing non-face-to-face care coordination services. Prevention Counseling Codes: CPT® 99401-99404)
- DPP program provides feedback to Provider

Collaboration on Program and Benefit Monitoring
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
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Community based organizations, training supports, sustainability planning
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Maryland

Sandra Kick, MSPH
Senior Manager
Planning Administration
Office of Health Care Financing
Maryland Department of Health
From Demonstration to Coverage: Highlights from the Medicaid and National DPP Demonstration

January 17, 2019
Medicaid DPP Demonstration
Reach

<table>
<thead>
<tr>
<th>Year 1 Target</th>
<th>Focus on the four jurisdictions with highest number at-risk beneficiaries (approx. 58,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 2 Target</td>
<td>Expand to all jurisdictions</td>
</tr>
<tr>
<td>Year 1</td>
<td>Enroll up to 100 National DPP eligible beneficiaries per MCO</td>
</tr>
<tr>
<td>Year 2</td>
<td>Enroll at least 50 National DPP eligible beneficiaries per MCO</td>
</tr>
<tr>
<td>Overall Goal</td>
<td>Enroll 600 beneficiaries across the participating HealthChoice MCOs</td>
</tr>
</tbody>
</table>

MARYLAND Department of Health
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
# Demonstration Enrollment

(As of January 31, 2018)

<table>
<thead>
<tr>
<th>Managed Care Organizations</th>
<th>Number of Beneficiaries Enrolled in National DPP Class¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amerigroup</td>
<td>226</td>
</tr>
<tr>
<td>Jai Medical Systems</td>
<td>152</td>
</tr>
<tr>
<td>MedStar Family Choice</td>
<td>150</td>
</tr>
<tr>
<td>Priority Partners</td>
<td>109</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>637</strong></td>
</tr>
</tbody>
</table>

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

Recruitment and Retention
• National DPP Process Flow (developed through 6/18 initiative in partnership with Leavitt Partners and NACDD)
• Shared Learnings for integrating the National DPP into Hospitals and Health Systems

Reimbursement
• Coding Framework
• System Changes for National DPP Coverage
• Stakeholder presentation (PPT)
• Proposed §1115 HealthChoice Waiver Amendment
• Secondary Outcomes Study including Suite of Selected Diseases
• Provider Enrollment & Credentialing

Sustainability
### Eligibility Algorithm

<table>
<thead>
<tr>
<th><strong>Original Logic</strong></th>
<th><strong>Updated Logic</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Abnormal Glucose</td>
<td>❑ Abnormal Glucose</td>
</tr>
<tr>
<td>OR</td>
<td>OR</td>
</tr>
<tr>
<td>❑ Overweight &amp; Obesity</td>
<td>❑ History of Gestational Diabetes</td>
</tr>
<tr>
<td>OR</td>
<td>AND</td>
</tr>
<tr>
<td>❑ Gestational Diabetes</td>
<td>❑ Overweight &amp; Obesity or BMI ($\geq 24 \text{ kg/m}^2$ or $\geq 22 \text{ kg/m}^2$, if Asian)</td>
</tr>
<tr>
<td>AND</td>
<td>AND</td>
</tr>
<tr>
<td>❑ Never diagnosed with Diabetes</td>
<td>❑ Never diagnosed with Diabetes</td>
</tr>
<tr>
<td></td>
<td>❑ Not currently pregnant</td>
</tr>
</tbody>
</table>

*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

- Budget, Coverage and Federal Authority
- Provider Enrollment and Credentialing
- Coding & Billing
- Evaluation and CMS reporting
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
## 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

<table>
<thead>
<tr>
<th>FACTORS INFLUENCING SUSTAINABILITY</th>
<th>POTENTIAL PATHWAYS TO COVERED BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Evaluation from RTI (Received November 2018)</td>
<td>• 1115 HealthChoice Waiver Amendment</td>
</tr>
<tr>
<td>• Changes in Federal regulations and guidelines</td>
<td>○ Budget initiative / neutrality</td>
</tr>
<tr>
<td>• Return on Investment Evaluation</td>
<td>○ Public process</td>
</tr>
<tr>
<td>• Medicare and Commercial Payers</td>
<td>• State Plan Amendment</td>
</tr>
<tr>
<td>• Diabetes prevention capacity and network within Maryland</td>
<td>○ Budget initiative</td>
</tr>
<tr>
<td>• State Budget</td>
<td>○ Rate Setting</td>
</tr>
<tr>
<td></td>
<td>• Value Add Service from MCO</td>
</tr>
</tbody>
</table>
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 ≥ 25kg/m² (≥ 23kg/m², 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

Legend
- CDC-Recognized Organizations
- 10 Mile Radius
- Interstate Highways

An estimated 4,434,072 people (77% of the Maryland population) live within 10 miles of a CDC-Recognized Organization offering the National Diabetes Prevention Program in Maryland

Data Sources:
- U.S. Census Bureau, Centers of Population by Block Group, 2010.
Next Steps

- Receiving CMS waiver approval and Special Terms and Conditions
- Communicating evaluation results to leadership, stakeholders and partners
- Enrolling CDC-Recognized Organizations via Medicaid provider enrollment and MCO credentialing/contracting
- Conducting MCO systems changes for provider enrollment, reimbursement, recruitment
- Developing strategies for provider engagement and referrals
- Building CDC-recognized organization capacity (in-person and virtual) and retention strategies
- Scaling to non-demonstration MCOs
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

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Implementation Survey</td>
<td>January-February 2017 February 2018</td>
</tr>
<tr>
<td>Program Implementation Interview</td>
<td>February-April 2017 April-June 2018</td>
</tr>
<tr>
<td>Lifestyle Coach Focus Groups</td>
<td>June 2018</td>
</tr>
<tr>
<td>Cost Survey State, MCO/CCO level</td>
<td>December 2016- January 2017 July-August 2017 January 2018 June 2018</td>
</tr>
<tr>
<td>Cost Survey CDC Recognized Organizations</td>
<td>May 2017 December 2017</td>
</tr>
</tbody>
</table>
Evaluation Methods

Participant Surveys

<table>
<thead>
<tr>
<th>Survey</th>
<th>Data Collection Time Period</th>
<th>Surveys Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>February 2017- April 2018</td>
<td>474</td>
</tr>
<tr>
<td>Discontinuation</td>
<td>August 2017-June 2018</td>
<td>62</td>
</tr>
<tr>
<td>Follow-up</td>
<td>December 2017-June 2018</td>
<td>161</td>
</tr>
</tbody>
</table>

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

Year 1 Qualitative Data Collection
- Program interviews

Year 1 Quantitative Data Collection
- Program survey
- Cost survey
- Participant survey

Year 2 Qualitative Data Collection
- Program interviews

Year 2 Quantitative Data Collection
- Program survey
- Cost survey
- Participant survey
- Participant outcome data

Quantitative and Qualitative Data Analysis

Complementarity
- Elaboration, enhancement, clarification

Interpretation of Qualitative + Quantitative Integrated Data

Qualitative Results

Triangulation
- Convergence and corroboration of results

Interpretation of Qualitative + Quantitative Integrated Data
Key Findings
Implementation and Outcomes
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

- Eligibility identification
- Referral pathways
- Beneficiary enrollment
- National DPP program delivery
- Model design decisions
- Retention strategies
- Reimbursement models
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

All names ever received as initially enrolled

1,029

Online participants that did not complete any sessions

86

Notified but not enrolled in program because of other reasons (e.g., erroneously sent name)

21

FamilyCare participants that did not go to Health Share (data not received)

9

Final enrollment

913
## Enrollment Challenges

<table>
<thead>
<tr>
<th>Maryland</th>
<th>Oregon</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Enrollment</td>
<td>➢ Coordinating enrollment strategies with the CCOs</td>
</tr>
<tr>
<td>➢ Contracting</td>
<td>➢ Determining eligibility</td>
</tr>
<tr>
<td>➢ Developing coding, billing, and claims reimbursement processes</td>
<td>➢ Data collection and coordination</td>
</tr>
<tr>
<td>➢ Eligibility and churn issues</td>
<td>➢ Executing data sharing agreements</td>
</tr>
<tr>
<td>➢ Retention</td>
<td>➢ Meeting CCO technical support needs</td>
</tr>
<tr>
<td>➢ Addressing social determinants</td>
<td></td>
</tr>
</tbody>
</table>
# Retention Strategies

## Program Supports

- Pedometers
- Gym memberships
- Athletic gear or clothing
- MyPlates or other food-measuring device
- Cookbooks
- Digital physical activity trackers

## Program Services

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

## Additional Strategies

- Physical activity videos or CDs
- *Calorie King* or other diet tracker
- Discount coupons
- Healthy food snacks or samples
- Incentives: Gift cards
- Reminders
  - Text messages
  - Phone calls
  - Emails

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

- **$205,962; 65%**
- **$44,888; 14%**
- **$64,202; 20%**

- Direct cost
- Indirect cost
- Payments
Total Costs, by Activity

Average Cost per Key Program Startup Activity Across MCOs and CCOs

- CDC-recognized organization recruitment and retention: 14%
- Creation of billing and payment models: 9%
- Other program administration: 41%
- Participant identification, enrollment, and retention: 21%
- Data collection and monitoring: 15%
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
Questions and Answers
From Demonstration to Coverage: Highlights from the Medicaid Demonstration Project (2016 – 2019)

Thank you for attending!