

# Medicaid Benefits in Oregon for National Diabetes Prevention Program

2023 Companion Guide for Coordinated Care Organizations  
and Oregon Health System Partners Serving Oregon Health Plan Members



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# Introduction

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## About this Guide

### Who is this Guide for?

The Oregon Health Authority developed this Companion Guide to provide **Coordinated Care Organizations** (CCOs), health systems, Federally Qualified Health Centers (FQHCs), and **Community-Based Organizations** (CBOs) with technical and policy direction for implementation of the **National Diabetes Prevention Program** (National DPP) in Oregon.

### Who to contact for more information

Many commonly asked questions are in this Companion Guide. Additional questions can be directed to [medicaid.programs@odhsoha.oregon.gov](mailto:medicaid.programs@odhsoha.oregon.gov).



### Understanding Terminology

Bolded words are defined in the Glossary at the end of this document.



# Section I: Preventing diabetes in Oregon

## The impact of diabetes in Oregon

Prediabetes and diabetes are issues that affect the health and wellness of Oregon communities. The following describes some of the health and socioeconomic impact of **prediabetes** and **diabetes**. The National Diabetes Prevention Program (DPP), focuses on the prevention of **type 2 diabetes**.

### Health

- Over 320,000 adults in Oregon (8%, **age adjusted**) have been diagnosed with diabetes, and almost 400,000 (11%, age adjusted) have been diagnosed with prediabetes.<sup>1,2</sup>
- Nationally, 1 in 3 adults have prediabetes, and more than 8 in 10 of them don't know they have it.<sup>3</sup>
- In 2021, diabetes was the eighth-leading cause of death in Oregon.<sup>4</sup>
- Diabetes is often a **comorbidity** to high blood pressure, heart disease, stroke, kidney disease, poor mental health, sleep disorders and other leading causes of disability, lower quality of life, death, and financial burden.<sup>4,5,6,7,8,12,13,14</sup>

### Financial

- People with diabetes have medical expenses approximately 2.3 times higher than those who do not have diabetes.<sup>12</sup>
- In Oregon, direct medical expenses for people with diabetes were estimated at \$3.1 billion in 2017, with another \$1.2 billion spent on indirect costs from lost productivity due to diabetes.<sup>12</sup>



## Disparities

- Oregon Medicaid members have higher rates of diabetes (13%) compared to the overall adult population in Oregon (8%).<sup>9</sup>
- Oregonians with household incomes of less than \$25,000 per year have a 15% age adjusted diabetes prevalence rate compared to an 8% age adjusted rate for the overall adult population in Oregon.<sup>10</sup>
- Racial disparities in Oregon are noted in the table below.<sup>11</sup>

Race/Ethnicity	Rate of Diabetes
Black and African American	15%
Latino/a/x	14%
American Indian and Alaskan Natives	13%
Pacific Islander, not Latino	13%
Asian, not Latino	10%
White	8%



### Note

Caution when interpreting these data. Race and ethnicity are social constructs and do not reflect biological differences between groups. Significant differences between groups reflect present day and historic exclusion from opportunities for health, which begin where we live, learn, work and play.



# The history and future of National DPP in Oregon

To address the growing problem of prediabetes and type 2 diabetes, the Centers for Disease Control and Prevention (CDC) established the **National Diabetes Prevention Program** lifestyle change program ([National DPP](#)). This evidence-based program offered by CDC-recognized National DPP organizations focuses on helping participants manage their prediabetes and reduce their risk of developing type 2 diabetes. Those goals are accomplished through positive lifestyle changes such as healthier eating and getting more physical activity.

Oregon's Medicaid program, called the **Oregon Health Plan (OHP)**, began coverage of the National DPP in January of 2019 but overall enrollment in the National DPP has been lower than expected, perhaps due to COVID-19. The rate of Medicaid claims submitted for this service has also been lower than expected. As a result, the **Oregon Health Authority (OHA)** is now strongly encouraging **Coordinated Care Organizations (CCOs)** to work with the communities they serve to support implementation of the National DPP.

In 2021, OHA committed to the strategic goal of achieving health equity by 2030. This means health services must be available in all communities and for all people, especially in those that are racially, socially, and/or economically marginalized, and/or have limited access to services that help prevent disease. The National DPP is one program that supports reaching the goal of eliminating health inequities because it can help reduce rates of prediabetes and diabetes in such communities.



# Section II: National DPP introduction and summary

## What is the National DPP?

National DPP is an evidence-based, one-year program that teaches participants positive lifestyle changes to help manage their prediabetes and reduce their risk of developing type 2 diabetes.

## Evidence and benefits

The National DPP has been empirically proven to help participants lower their chance of developing type 2 diabetes by 58% for people 60 and under, and 71% for those over age 60.<sup>14</sup> By supporting statewide engagement in the National DPP, OHA is supporting its goals of:

- Delivery of effective and efficient services
- Controlled cost of care
- Improved population health
- Increased equitable distribution of care and resources



### Newsflash

National DPP has been a covered OHP benefit since 2019!

## Insurance coverage

OHP, Medicare, and some commercial payers cover the one-year National DPP program. OHP covers an additional year of the program when patients and their National DPP leader desire additional time to support lifestyle changes and type 2 diabetes risk-reduction. Questions about the second year of coverage through the OHP can be directed to [medicaid.programs@odhsoha.oregon.gov](mailto:medicaid.programs@odhsoha.oregon.gov). For questions about Medicaid and Medicaid/Medicare dual eligibility billing, please see later sections of this document or contact [medicaid.programs@odhsoha.oregon.gov](mailto:medicaid.programs@odhsoha.oregon.gov). Commercial (private pay) coverage information is not included in this document.

## Healthcare provider referral and self-referral

Individual healthcare providers can refer patients to National DPP programs in their communities. Patients can also search and enroll at the [Oregon Compass Self-Management Portal](#).

## National DPP modality options

The National DPP Lifestyle Change Program can be delivered using any of the four modalities defined below. The National DPP must be provided by a CDC-recognized organization that is recognized in the modality offered. For example, a CCO interested in offering a National DPP Distance Learning program would need to contract with an organization that is recognized by the CDC to provide National DPP via Distance Learning. National DPP organizations can be recognized in multiple modalities.

- » 1. **In-person.** A yearlong Lifestyle Change Program that is delivered 100% in person by trained Lifestyle Coaches. This means participants are physically present at the same time in the same classroom or classroom-like setting and receive instruction from a live person. Organizations that conduct make-up sessions via a delivery mode other than In-person are still considered to be delivering the program In-person.
- » 2. **Distance Learning.** A yearlong Lifestyle Change Program is delivered by trained Lifestyle Coaches via a 100% remote classroom or telehealth (i.e., video conference or Zoom-type call). The Lifestyle Coach provides live delivery of session content in one location and participants call-in or videoconference in from another location. Participants meet virtually as a group, all at the same time. Organizations that conduct make-up sessions via a delivery mode other than Distance Learning are still considered to be delivering the program by Distance Learning.
- » 3. **Online.** A yearlong Lifestyle Change Program that is delivered 100% online for all participants. This means participants log into course sessions via a computer, laptop, tablet, or smart phone. The organization must be able to track the participants' progress throughout the online program. Live Lifestyle Coach interaction is required and should be offered to each participant no less than once per week during the first six months and once per month during the second six months. E-mails and text messages can count toward the requirement for live coach interaction as long as there is bi-directional communication. Participants do not meet as a group.
- » 4. **Combination.** A yearlong National DPP Lifestyle Change Program that is delivered as a combination of the previously defined delivery modes (1-3) by trained Lifestyle Coaches. An example of this may be that a cohort

meets In-person in the core phase of their program, but then shifts over to Distance or Online for the next phase. A more detailed description of the Combination modality can be found at the [Centers for Disease Control and Prevention Diabetes Prevention Recognition Program \(DPRP\) Standards and Operating Procedures](#).

## Deciding which National DPP modalities to offer

### Health equity and retention

OHA's Health Promotion and Chronic Disease Prevention Section (HPCDS) recommends that CCOs contract with one or more National DPP organization to offer both **synchronous** (In-person and Distance Learning) and **asynchronous** (Online) National DPP options.

Offering both modalities will allow participants to choose what works best for their life and learning style, and to avoid potential barriers (i.e., lack of access to the internet, lack of transportation, family commitments). Offering more than one modality aligns with national recommendations regarding meeting unique participant needs, addressing barriers to participation, and providing flexibility. Offering more than one modality contributes to Oregon's strategic goal of health equity by making the National DPP more accessible, inclusive, and culturally relevant based on participant needs. Find out more at [National DPP Coverage Toolkit key recommendations for participant retention](#).



**Click Here**

See this two minute video about best practices for participant retention in the National DPP.

The longer a participant stays in the National DPP program, the more successful they will be at reducing their risk of developing type 2 diabetes and improving their overall health.<sup>15</sup> CCOs can support participant retention in the National DPP by offering different modalities for members to choose from. In-person and Distance Learning programs have shown higher retention due to the social connection and discussion that occurs with meeting as a group. More participant retention considerations can be found at the [National DPP Coverage Toolkit website](#).

### **Cultural relevance and options for Native communities**

OHA's strategic goal to achieve health equity by 2030 makes it vital to address populations disproportionately affected by diabetes, such as American Indian, Alaska Native, Pacific Islander, Hispanic or Latino, Latina, or Lantinx, and Black and African American persons, and people identified as having an intellectual or physical disability as high priority for receiving the program.

OHA strongly encourages CCOs to partner with CDC-Recognized National DPP organizations that offer culturally and linguistically relevant services in the communities they serve.

If you are a CCO that has American Indian/Alaska Native (AI/AN) OHP members, we strongly encourage you to connect with your local Indian Health Service, Tribal Health Program, or Urban Indian Health Program who may already be offering National DPP. Some Tribal Health and Urban Indian Health Programs in Oregon have been using a CDC-recognized curriculum for many years and are now becoming CDC-recognized National DPP organizations. These programs use a culturally responsive curriculum and offer classes in settings relevant to their communities.

### **Billing considerations**

There are five primary billing factors that may influence a CCO's choice about what National DPP modalities to offer, and which National DPP Organizations to contract with.

- 1. National DPP organizations are recognized by modality and must be billed to the OHP by their modality.**

National DPP organizations receive their recognition by modality/delivery type and can also be recognized for more than one type. Example: National DPP Organization A could be recognized as a Distance Learning National DPP organization, whereas National DPP Organization B could be recognized as an In-person, Distance Learning, and Online organization.

National DPP organizations must bill by modality type. Using the example above, as a National DPP organization recognized in Distance Learning, Organization A can only offer the Distance Learning modality, and can

only bill for Distance Learning programs. In contrast, National DPP Organization B is recognized as an In-person, Distance, and Online organization so can offer the National DPP in all three modalities and can bill for all three modalities.

CCOs can contract with more than one National DPP Organization. National DPP Organizations are listed in the [CDC Registry](#) by their recognition type

**2. In-person and Distance modalities are billed at a different cadence than the Online modality.**

For CCO and **OHP Fee For Service (FFS)** patients, In-person and Distance programs are reimbursed per class. Online programs are reimbursed by month. For Online programs, the member must actively participate in online program activities throughout the 30-day period to bill for the 30-day period. For a Combination program, billing and payment need to be either per session or per month, whichever matches the main delivery mode. For more information about the Combination modality, see the “National DPP modality options” section above or contact [medicaid.programs@odhsoha.oregon.gov](mailto:medicaid.programs@odhsoha.oregon.gov).

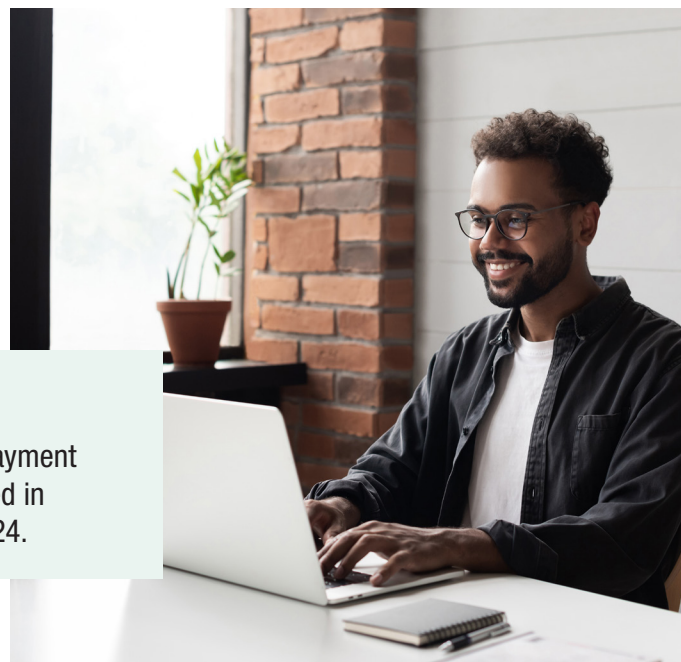
**3. Medicare and OHP reimburse for different modalities.**

OHP reimburses for all National DPP modalities whereas Medicare only reimburses for In-person programs. This piece of information is important for participants who are dual-eligible for Medicaid and Medicare. For more information about Medicaid/Medicare dual eligibility billing, please see the Member Eligibility FAQ section of this document or contact [medicaid.programs@odhsoha.oregon.gov](mailto:medicaid.programs@odhsoha.oregon.gov).



**Note**

During the pandemic, Medicare extended payment to Distance Learning. This flexibility may be extended in Medicare guidance anticipated to be released in 2024.





### Policy Change!

For billing purposes, OHP FFS patients were once required to verify weight loss using a Bluetooth™-enabled device and had to have a web-based fitness tracker. Now, the State does not require this. OHP FFS participants can self-report their weight to their Lifestyle Coach, or it can be reported using a date/time stamped photo or video, or by using a Bluetooth™-enabled weight scale. Note that CCOs can elect to require Bluetooth™ enabled weight scale for National DPP participants, but the State has no requirement for CCOs to do so.

#### 4. Weight loss verification methods and payment approval vary by modality.

- ***In-person National DPP:***

CCO, OHP FFS, and Medicare are required to verify their weight in-person in the presence of the Lifestyle Coach offering the program.

- ***Distance Learning and Online National DPP:***

OHP FFS participants must adhere to the CDC weight loss verification requirements: weight can be self-reported to the Lifestyle Coach, reported using a date/time stamped photo or video, or by using a Bluetooth™-enabled weight scale. This is a change in policy as the State used to require OHP FFS members to use a Bluetooth™-enabled weight scale and to have a web-based fitness tracker. CCOs can elect to require Bluetooth™ enabled weight scale for CCO National DPP participants. However, the State does not have this requirement for any OHP member and allows for the CCO choice between self-report, a date/time stamped photo or video, or a Bluetooth™-enabled weight scale.

More information about reporting weight loss can be found at the following links:

- [Centers for Disease Control and Prevention Diabetes Prevention Recognition Program Standards and Operating Procedures](#)
- [National Diabetes Prevention Program Coverage Toolkit Guide to Virtual Class Delivery.](#)

#### 5. **CDC-recognition status may impact eligibility for reimbursement.**

When an organization applies for CDC-recognition as a National DPP organization, there are three phases of recognition: pending, preliminary, and full. OHP will reimburse organizations in all three phases of recognition. As of 2023, Medicare only pays for organizations with a preliminary or full recognition. Note that new Medicare guidance is anticipated to be released in 2024 and may extend payment to pending status. There is a great deal of additional information about National DPP organizations below, and information regarding recognition status can be found in **Appendix A**.

## Using CDC-recognized National DPP organizations

National DPP services have been an OHP covered benefit since January 1, 2019. To receive payment, the National DPP must be offered by a trained Lifestyle Coach working under a CDC-recognized National DPP organization, which includes health clinics, health systems, CBOs, and CCOs.

The CDC recognizes the National DPP organizations, not individual Lifestyle Coaches. Lifestyle Coaches are trained and overseen by the CDC-recognized National DPP organization but do not need to be licensed clinical providers (i.e., doctors, nurses). This allows for a wider range of community members who can be trained as Lifestyle Coaches and who can offer culturally appropriate, community-based diabetes prevention services.

Although contracting with in-state National DPP organizations is only required for the In-person modality, HPCDP strongly encourages CCOs to engage with in-state and community-based National DPP organizations for all National DPP modalities for the purposes of keeping program instruction as local as possible.

As of June 2023, there are 27 recognized National DPP organizations employing approximately 200 Lifestyle Coaches across the state which can be found by searching by state at the [National DPP CDC Registry](#).

# What does it mean to be a CDC-recognized National DPP organization?

CDC sets standards for organizations that wish to offer an In-person, Distance Learning, Online, or Combination National DPP Lifestyle Change Program. This ensures high quality, effective delivery of the National DPP delivery. Organizations must apply to the CDC and meet certain standards to receive and maintain CDC recognition. The standards can be found on the [CDC's National DPP webpage](#). Some key standards and responsibilities are:

- Initial and ongoing hiring, training, and oversight of Lifestyle Coaches (LSCs)
- Delivery of approved CDC curriculum by trained LSCs. The curriculum includes [Native Lifestyle Balance](#) and [Prevent T2](#). (Note: Organizations that choose to use the 16-week [Native Lifestyle Balance](#) curriculum will need to supplement this material with content from another CDC-approved curriculum to offer the full, year-long program. The [modified 2021 National Diabetes Prevention Program \(National DPP\) PreventT2 Curriculum and Supplemental Materials](#) are now available on the National DPP Customer Service Center for on-demand viewing.)
- Tracking of class results and data sent to CDC as required by CDC's [Diabetes Prevention Recognition Program](#) (DPRP). CDC reviews this data and provides feedback to the program.

For a detailed description of the CDC recognition process, please see [Offering the National DPP: Becoming a CDC Recognized National DPP Organization or Lifestyle Coach](#) in **Appendix A**.



# Section III: Member eligibility for payment in Oregon

## Summary of member eligibility for payment in Oregon

These are the OHP member eligibility requirements for payment for National DPP billing claims.



**Note:** CDC Recognized National DPP organizations are accountable to the CDC and must meet additional requirements to accept participants into their classes if they are going to report their data to the CDC and maintain their recognition status. Please see Appendix A for more information.

### General eligibility for payment: Meet all of these

**18 years or older**



**Be overweight**

(body mass index  $\geq 25$ ;  
 $\geq 23$  if Asian; BMI percentile  
 $\geq 85^{\text{th}}$  percentile for 18-19  
years old)



**No current diagnosis of t1 or t2 diabetes**



**Not have end stage renal disease**

### And one of these

**Have a blood test result in the prediabetes range within the past year:**

- 1) Hemoglobin A1C: 5.7% - 6.4% or
- 2) Fasting plasma glucose: 100-125 mg/dL or
- 3) Two-hour plasma glucose (after a 75 gm glucose load): 140-199 mg/dL

**OR**

**Have a previous diagnosis of gestational diabetes**

**OR**

**Be overweight or obese**

See member eligibility FAQ below for more information. Also see Oregon's February 2023 [Prioritized List of Health Services: Guideline Note 179](#) and [Guideline Note 5](#).

# Member eligibility for payment in Oregon: FAQ

## Q. What are the National DPP program payment requirements in Oregon?

A. The payment requirements are described in [Guideline Note 179 and Guideline Note 5](#) of Oregon's [Prioritized List of Health Services](#).

### If using [Guideline Note 179 of Oregon's Prioritized List of Health Services](#):

To be eligible for referral to a CDC-recognized lifestyle change program, patients must meet ALL of the following requirements (A-E):

- A. Be at least 18 years old
- B. Be overweight (body mass index  $\geq 25$ ;  $\geq 23$  if Asian; BMI percentile  $\geq 85$ th percentile for 18- 19 years old)
- C. Have no current diagnosis of type 1 or type 2 diabetes
- D. Not have end-stage renal disease
- E. Have a blood test result in the prediabetes range within the past year:
  - 1. Hemoglobin A1C: 5.7%–6.4% or
  - 2. Fasting plasma glucose: 100–125 mg/dL or
  - 3. Two-hour plasma glucose (after a 75 gm glucose load): 140–199 mg/dL or
  - 4. Have a previous diagnosis of gestational diabetes

### If using [Guideline Note 5 of Oregon's Prioritized List of Health Services](#):

As of Oct. 1, 2019, the **Health Evidence Review Commission (HERC)** added the National DPP as a high-intensity lifestyle intervention for OHP members with an overweight or obesity diagnosis, even without a prediabetes diagnosis present. This means an obesity or overweight diagnosis can be used for National DPP services.

However, the National DPP Organization offering the National DPP program must adhere to CDC's Diabetes Prevention Recognition Standards when submitting the required participant-level and program data to CDC.

Participants who qualify for the National DPP through the [CDC's prediabetes risk test](#) will also need to meet the Oregon Health Plan eligibility criteria as outlined in [Guideline Note 179 and Guideline Note 5](#) of Oregon's [Prioritized List of Health Services](#) above.

**Q. What if a member has already been diagnosed with diabetes? Can they participate in this program?**

**A.** No. There are other evidence-based diabetes education programs available to members who have a clinical diabetes diagnosis. For more information on some existing programs in Oregon, visit [OHA's website - Resources People with Diabetes, Providers and Payers](#). Oregon Medicaid (OHP) covers diabetes self-management programs.

<https://www.oregon.gov/oha/HSD/OHP/Tools/Self-Management-Programs.pdf>

**Q. Are there lifetime eligibility restrictions (can a person repeat the program)?**

**A.** There are no lifetime eligibility restrictions. However, re-enrolling may require prior authorization, as determined by each payer. OHA wants to ensure that all eligible members with prediabetes or previous history of gestational diabetes have access to this evidence-based program to help prevent or significantly delay the onset of diabetes.

**Q. What is the benefit for those dually eligible for Medicare and Medicaid?**

**A.** For OHP members with full Medicare coverage:

- For the In-person and Distance Learning programs, bill Medicare as primary for Year One. Bill OHP (OHA or the CCO) as primary for continued enrollment in Year Two for those starting after 1/1/2022.
- For the online program, bill OHP FFS or the CCO as primary. To learn more, go to:
  - The [Medicare DPP \(MDPP\) Beneficiary Eligibility Fact Sheet](#) or requirements for Medicare beneficiaries
  - The [MDPP Quick Reference Guide to Payment and Billing](#) for Medicare FFS billing and payment, or
  - [Centers for Medicare & Medicaid Services \(CMS\) MDPP website](#) for additional materials and information—or confer with the MA program serving the dually eligible member.

**Q. What is the length of coverage and eligibility?**

**A.** National DPP is typically a one-year program. Length of coverage is as follows:

- Oregon Health Plan (Medicaid): Up to 52 sessions (In-person or Distance learning), or 24 months (online) over two years.
- Medicare: One year. Medicare has historically offered coverage for in-person only, but during the pandemic expanded to cover Distance learning. Medicare is expected to release new guidance in 2024 which may continue this flexibility.

## Q. What National DPP modalities are eligible for reimbursement?

A. The modalities eligible for reimbursement are:

- Oregon Health Plan (Medicaid): In-person, Distance Learning, Online, Combination.
  - The Oregon Health Plan reimburses for National DPP organizations that have any of the three CDC-recognition status levels: pending, preliminary and full.
- Medicare: Historically, In-person has been the only modality that Medicare will reimburse for. However, during the public health emergency, Medicare allowed services to be offered virtually (Distance Learning modality) as long as the service was marked as a Makeup (MU). This is still significant because any Medicare patients who take classes that start before 12/31/23 may complete the class in the virtual (Distance Learning) modality and still be eligible for reimbursement by Medicare. Also note that Medicare is expected to release new guidelines in 2024, which may extend this flexibility; the 2024 changes are not included in this document. This piece of information is important for participants who are dual-eligible for Medicaid and Medicare. For more information about Medicaid/Medicare dual eligibility billing, please see this document's Member Eligibility FAQ section or contact [medicaid.programs@odhsoha.oregon.gov](mailto:medicaid.programs@odhsoha.oregon.gov).
  - Medicare only reimburses for CDC-recognized National DPP organizations with the CDC-recognition status levels of preliminary or full. This may change with the new Medicare guidelines being released in 2024, and Medicare may reimburse for all three status levels.



### Note

Medicare is expected to release new guidelines in 2024, which may extend this flexibility; the 2024 changes are not included in this document.



# Section IV: Funding the National DPP covered benefit in Oregon

## Summary of National DPP financing models in Oregon

### Model #1: Standard Medicaid Billing



CCO contracts with CDC-Recognized National DPP Organization to offer In-Person, Distance Learning, Online, or Combination National DPP



Service claims submitted via standard Medicaid billing

### Model #2: CCO Self Administered



CCO becomes a CDC-Recognized National DPP Organization and offers In-Person, Distance Learning, Online, or Combination National DPP and delivers the program “in-house”



CCO self-funds National DPP program (no standard Medicaid billing claims submitted)

## Alternative financing options for CCOs to support delivery of National DPP

- CCOs can support those not eligible for OHP by utilizing a community benefit initiative (CBI) through Health Related Services.
- In Lieu of Services claims submissions are appropriate in some cases for the National DPP. Billing guidance is still being developed and will be released in the future.

This document focuses on Model #1 and does not address the details of CCOs self-administering, utilizing Health Related Services or In Lieu of Services for the National DPP. Questions about these models can be directed to [medicaid.programs@odhsoha.oregon.gov](mailto:medicaid.programs@odhsoha.oregon.gov).

# Selecting your reimbursement pathways

When determining which National DPP pathway to take, CCOs should consider the following:

- The needs of their Medicaid enrollees, including program access for populations disproportionately affected by diabetes
- Medicaid rules and authorities
- Current delivery system structures
- CCO credentialing
- Network adequacy
- Other contracting standards

## **Model #1: CCO contracts with CDC-recognized National DPP organization for In-person, Distance Learning, Online, or Combination National DPP:**

1. CCO decides what National DPP modality/modalities to offer.
2. CCO identifies National DPP Provider(s) recognized in the desired modalities by using the [CDC National DPP Registry](#); CCO establishes a contract with the Provider. (Note: All CDC-recognized National DPP organizations must have an NPI number. See Appendix A for more information.)
3. National DPP classes are offered.
4. If the chosen National DPP provider is an enrolled Medicaid provider with standard billing capabilities, services rendered can be submitted via Medicaid claims for reimbursement.
5. If the chosen National DPP organization is not an enrolled Medicaid **billing provider** (such as **Provider Type 09**), the CCO can enroll the National DPP Provider as the Encounter Only billing provider, Type 63. Type 63 enrollment is at the organizational level. It is not for individual Lifestyle Coaches. See more information in the Provider Type 63 section of this document.

## **Model #2: CCO becomes a CDC-recognized National DPP Organization and offers In-Person, Distance Learning, Online, or Combination National DPP and delivers the program “in-house”:**

1. CCO decides what National DPP modality/modalities to offer.
2. CCO obtains CDC recognition, hires and oversees Lifestyle Coaches.
3. CCO offers National DPP classes.
4. CCO adheres to responsibilities prescribed by the CDC to remain a CDC-recognized organization. See Appendix A for more information.

## Alternative Models: CCO utilizes Health Related Services and/or In Lieu of Services

**Health Related Services (HRS)** supplement covered benefits under the OHP. HRS can be used by CCOs to fund National DPP for OHP members when it is not a covered benefit (e.g. DPP for members who do not meet DPP eligibility requirements). HRS community benefit initiative funds could also be used to support National DPP programming for non-OHP members. HRS expenditures (flexible services and community benefit initiatives) are reported to OHA annually. Learn more about HRS on the OHA [Health-Related Services](#) webpage.

This Companion Guide does not currently address the details of utilizing HRS for the National DPP. For questions about HRS, including eligibility and implementation, go to the [Health-Related Services \(HRS\)](#) website, or email [medicaid.programs@odhsoha.oregon.gov](mailto:medicaid.programs@odhsoha.oregon.gov).

**In Lieu Of Services (ILOS)** are medically-appropriate substitutes for covered services under the State Medicaid Plan and must meet federal requirements outlined in 42 CFR 438.3(e)(2). ILOS allows CCOs to offer certain services in alternative, non-clinical locations or by non-traditional providers. ILOS in Oregon aims to address gaps in care, promote greater access to services and address OHP member needs in culturally responsive ways.

As of the summer of 2023, billing guidance and use cases for using ILOS to bill for the National DPP have not yet been developed; both will be released in the future. Find information about ILOS on the [OHA ILOS webpage](#) and direct any questions to [medicaid.programs@odhsoha.oregon.gov](mailto:medicaid.programs@odhsoha.oregon.gov).

## Choosing multiple billing and payment pathways

A CCO can use more than one pathway to support delivery of the National DPP. For example, if a CBO is implementing National DPP and participants include both CCO members that are eligible for National DPP coverage and those who are not, the CCO may consider utilizing both HRS and standard Medicaid billing. The HRS portion of the funding would be reported as HRS in the annual CCO financial reporting. Pathways used depend on the unique needs and circumstances of the membership, provider networks, community needs and National DPP program partner.

# The billing and rendering Providers who can bill for the National DPP

In order for a claim to be fulfilled, a healthcare provider licensed to diagnose must determine if an individual meets the prediabetes, gestational diabetes, overweight, or obesity requirements for OHP program eligibility and refer patients to a CDC-recognized National DPP organization. The CDC-recognized National DPP organization employs and oversees the Lifestyle Coaches who teach the National DPP classes.

**Billing and rendering providers** will choose from two OHP-approved National DPP provider types to bill under, Type 09 (Medicaid enrolled provider) and Type 63 (Encounter-only provider). It is important to note that claims documentation differs between billing OHP FFS (Type 09 only) and billing a CCO as well as billing under these two main provider types. More information about provider types and the appropriate scenarios in which to use them is provided below.

## **Billing and rendering provider billing scenarios:**

- Billing Provider Type 09 for OHP FFS: To bill OHP FFS, the CDC-recognized National DPP organization will need to list three types of Medicaid enrolled providers on claims: The **referring provider**, the **rendering provider**, and the **billing provider**.
- Provider Type 63 (Encounter-only): At this time, OHP FFS does not accept claims under Provider Type 63. Under this provider type, it is not required that the rendering provider be a credentialed Medicaid enrolled provider. For the State to accept the claim as valid, OHP does not require that a rendering provider be specified on the claim form in Type 63 claims (only the billing provider which can be the billing organization). Please note, however, it is up to the CCO being billed to determine what fields they require of the CDC-recognized National DPP organization submitting the claim. In other words, the CCO could require both the billing and rendering providers' NPI numbers to be listed on the claim.



### **Note**

If the CCO parent company has a Medicare Advantage product and they are using a Nationally Recognized DPP organization then the CCO will need to ensure that the organization is enrolled as a Medicare supplier.





## 1. Medicaid enrolled providers

- Billing providers
  - OHP issues several billing provider types. One billing provider type for National DPP programs is Type 09. Both OHP FFS and CCOs can accept claims for the National DPP under Provider Type 09. Billing Provider Type 63 is also available for CCO use, but the OHP FFS program is not able to accept claims with Type 63 enrollment. See below for more details about Type 63 Encounter Only Provider Type.
- Rendering providers
  - All rendering providers listed on OHP claims must be current Medicaid enrolled providers. As Medicaid is not subject to Incident To rules, organizations submitting claims may use a Medicaid enrolled provider who is on staff (e.g. Registered Dietician) but not necessarily directly delivering services. In this case, that provider would be considered a “supervising provider.” See below for more information on what constitutes a supervising provider.

Existing enrolled OHP providers should contact their CCO for specific billing requirements for National DPP for members enrolled in the CCO. Visit the [OHP provider enrollment web page](#) for more detail on OHP provider enrollment forms and processes.

If providers have questions about billing processes see the OHA billing guide, the requirements for [National Diabetes Prevention Program reimbursement](#) or contact OHP Provider Services with questions.

## 2. Encounter-only provider type

Only CCOs can enroll and accept billing from Provider Type 63 at this time. Currently, organizations enrolled as billing Type 63 are limited to billing for the National DPP. However, beginning in late 2023, OHA will be adding other similar community programs under the Type 63 status. CCOs may choose to use this provider type if the billing entity does not qualify as another billing type, such as Type 09.

## What are the details of the CCO Encounter-only provider type?

In 2019, OHP established Provider Type 63 as the provider type for National DPP Suppliers. Provider Type 63 specifically designates an "Encounter-only" provider category. Starting from the Fall of 2023, this provider type is exclusively accessible for utilization by CCOs. OHP FFS does not accommodate Provider Type 63 at this time, however, this is subject to change as previously stated. It is important to note that Provider Type 63 is assigned at the organizational level, meaning that the CDC-recognized organization itself is acknowledged as Type 63, rather than individual Lifestyle Coaches within the organization.

- CCOs submit form 3108 for National DPP at the organization level. The form includes two specialty codes for Type 63 National DPP Program Suppliers. Those specialty codes are:
  1. 497 for In-person and Distance Learning programs
  2. 498 for Online programs

If a CDC-recognized National DPP organization does not currently have an NPI, they should follow the CMS-provided instructions to start their National DPP supplier process. More information can be found in Appendix A.

- Each CCO is then responsible for credentialing and ensuring National DPP supplier providers:
  - » Meet CMS network provider selection policies and procedures consistent with 42 CFR requirements in §438.12 to not discriminate against providers who serve high-risk populations, and
  - » Are not CMS excluded per 42 CFR §438.214.
- CCOs can choose to follow a process other states use to meet expectations to ensure providers are not CMS excluded, given:
  - » Managed Care Entity (MCE) credentialing requirements are followed, and
  - » National DPP suppliers have no Oregon licensure or licensing board.
  - » Other states require a CMS National DPP supplier enrollment process for credentialing National DPP supplier type providers and programs.
- CMS DPP supplier enrollment exclusions could be monitored through the CMS Medicare Provider Enrollment, Chain, and Ownership System (PECOS) to address these federal MCE credentialing requirements.
- CCOs can review currently enrolled CMS DPP suppliers in the CMS database.

## Where can I find more details on Oregon Medicaid provider enrollment?

Go to the [Oregon Health Plan provider enrollment web page](#).

- Information covered includes National Provider Identifier (NPI) requirements and OHA specific requirements
  - » There is additional information on this page about provider enrollment with CCOs
  - » Use OHA’s verification tool to enter the NPI [here](#) to find out if you or a provider at your organization is already enrolled with OHA
  - » Email questions about provider enrollment to the OHA Provider Services Unit: [dmap.providerservices@dhsoha.state.or.us](mailto:dmap.providerservices@dhsoha.state.or.us)

## What does it look like when currently enrolled providers supervise National DPP program and billing?

- 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 where auxiliary community health education and outreach are being performed.
- Programs within a health department, FQHC or clinic area that already has OHP enrollment can bill through the existing clinic or provider for other services.
- Medicare “Incident-To” rules apply only to Medicare billing. As such, to bill Provider Type 09, a CDC-registered National DPP organization can designate a supervising provider to be the rendering provider, as long as that individual is responsible for the quality and fidelity of the program AND has a Medicaid enrollment number.

## In-state versus out-of-state National DPP providers

### **Q: Do CCOs have to contract with in-state National DPP providers?**

**A.** CCOs must contract with an in-state CDC-recognized National DPP organization for In-person National DPP programs or Combination programs that include an In-person component.

The OHA strongly encourages CCOs to contract with In-state providers for all of their National DPP contracted services to keep instruction as community-based as possible. However, CCOs may contract with out-of-state CDC-recognized National DPP organizations for Distance or Online National DPP programs if they adhere to specific requirements.

- Provider enrollment requirements for out-of-state providers can be found in **Oregon Administrative Rules (OARs)** 410-120-1260 and Chapter 943-120. Out-of-state providers should also contact Oregon licensing boards to learn about any requirements to provide services in Oregon.
- For CCO requirements for out-of-state services, contact the member's [CCO](#). CCOs may require National DPP programs to get prior authorization.
- For OHP FFS, out-of-state programs will have to get prior authorization for OHP FFS members in addition to enrolling with OHA. OHA requires prior authorization for any out-of-state service provided to OHP members not enrolled in a CCO. To learn more, visit [OHA's prior authorization web page](#).
- An OHP FFS prior authorization request can include start and end dates of service for the National DPP to avoid sending separate requests for each session. The out-of-state OHP FFS prior authorization request form is [OHP 1074](#).

There is no prior authorization required by OHP FFS for in-state providers.

**Q. How should out-of-state billing provider vs. out-of-state rendering provider be used?**

**A:** When a rendering provider has an out-of-state billing entity, use the rendering provider's in-state status to determine the location of services provided.

## National DPP reimbursement methodology and rates

### CCO reimbursement rates

The rate of reimbursement is determined by each individual CCO. Contact information for each CCO is [here](#).

### OHP FFS reimbursement rates for the National DPP

OHP FFS will reimburse In-person and Distance National DPP suppliers based on session attendance. OHP FFS will reimburse Online National DPP suppliers based on active participation over 30-day periods. Combination programs are billed either

by session attendance or 30-day period, whichever is the primary method of delivery for that part of the program. Maximum allowable payments are shown in the OHP FFS fee schedule below.

### National DPP Fee Schedule or OHP FFS

#### **In-person and Distance Learning program participation requirements and coverage limitations:**

National DPP services can be provided in-person or via remote two-way telehealth class (Distance Learning).

- CPT® code: 0403T; consult OHP telehealth rules and guidance for billing synchronous two-way delivery.
- Rate: \$23 per unit (limit 1 unit per day)
- Telehealth delivery use modifier GT or 95

There is an exception to the above rate for encounter-rate providers, such as tribal health clinics or FQHCs who receive approved encounter rates for the in-person program using 0403T.



#### **Note**

Note: The OHA Medicaid (OHP) Fee-for-Service fee schedule reflected in this section is current as of June 2023. For up-to-date and current billing and reimbursement practices for Medicaid, please contact the OHA Medicaid office.



## In-person National DPP Oregon FFS payments

	Total Number of covered in-person sessions	Maximum allowable payment
<b>Year One</b>		
Months 1-6	16 core sessions (per CDC curriculum)	\$368
Months 6-12	12 maintenance sessions (up to two per month)	\$276
<b>Year Two</b>		
Months 1-12	24 maintenance sessions (up to two per month)	\$552
<b>Program Total</b>	<b>52 sessions</b>	<b>\$1,196</b>

Payment for eligible Online programs is once every 30 days, for periods in which the member actively participates. The member must actively participate in online program activities throughout the 30 days to bill for the period.

- CPT® code: 0488T
- Rate: \$49 per 30-day period

## For Online Learning Sessions (OHP FFS)

	Total Number of covered program months	Maximum allowable payment
<b>Year one</b>		
Months 1-6	Up to six months (per CDC curriculum)	\$294
Months 6-12	Up to six months (for each month the member actively participates in the program)	\$294
<b>Year two</b>		
Months 1-12	Up to 12 months (for each month the member actively participates in the program)	\$588
<b>Program total</b>	<b>Up to 24 months</b>	<b>\$1,176</b>

### National DPP OHP FFS Documentation requirements

As verification for a potential audit, online programs must also maintain documentation that includes:

- How CDC content is delivered, and
- Records that demonstrate the client's completion of program content.

# Coding

This coding section applies to National DPP providers.

## What are the coding requirements for National DPP services?

CCOs have the option to use or allow either:

- CPT® codes 0403T (for In-Person and Distance) and 0488T (for Online), or
- Medicare Healthcare Common Procedural Coding System (HCPCS) coding. Helpful links to this are as follows:
  - » [MDPP CMS page](#)
  - » [General link about HCPCS codes](#)
  - » [2023 HCPCS codes that are used for the Medicare Diabetes Prevention \(MDPP\) Program](#)
- CCOs who choose to use CPT® coding for National DPP medical billing will use a specific combination of a CPT® code with an ICD-10 diagnosis code:
  - » Primary diagnosis code of R73.03 (prediabetes) or Z86.32 (gestational diabetes history), and
  - » The appropriate E66.01 – E66.9 code (obesity) as Primary and appropriate Z68.23-Z68.45 codes (Body mass index) as Secondary. The secondary body mass index code is required on the first claim only. On subsequent claims only Primary is needed.

National DPP Providers billing OHP FFS are required to use CPT® codes 0403T and 0488T. National DPP providers can review the coding addendum later in this document or the HERC prioritized list for pairing of CPT® and ICD-10 diagnosis code.

## What's the difference between CPT® codes 0403T and 0488T?

- CPT® codes 0403T and 0488T are specific to National DPP.
- Code 0403T signifies a program that is In-person or Distance Learning and is offered synchronously.
- Code 0488T indicates a program that is online or via electronic technology and offered asynchronously. However, it can include in-person components.

National DPP Lifestyle Program (limit 1 unit per day)	CPT® code
In-person program [synchronous]	0403T
Distance learning [synchronous telehealth or video conferencing for sessions]	0403T with a GT or 95 modifier
Online program* [asynchronous]	0488T

# Billing procedures

## How do I bill CCOs?

Billing procedures are determined by individual CCOs. A National DPP provider should contact each CCO to become a contracted provider, and set up billing processes with them for the National DPP. Contact information for each CCO is [here](#).

Traditional Medicaid enrollable providers who can enroll or are already enrolled with the state (e.g., hospitals, clinics, tribal health programs, FQHCs, etc.) to provide programs still must be contracted with the CCO to serve CCO-enrolled populations and be reimbursed by the CCO. National DPP providers must also follow the Encounter Enrollment requirements or be reimbursed via HRS or ILOS.

## Why might a CCO choose to use Medicare HCPCS codes for medical billing?

CCOs may want to use HCPCS codes to create billing alignment if they:

- Offer a Medicare Advantage program and have chosen to use Medicare coding, or the provider is offering a program that includes a large number of dual eligible members.
- Are contracting with programs which have completed the Medicare National DPP Supplier enrollment.
- Are contracting with programs which have completed the Medicare National DPP Supplier enrollment.

## How do I bill FFS?

- Use the professional claim (CMS-1500) format. Follow the standard coding and billing requirements using CPT® code 0403T or 0488T, depending on the delivery mode of the program.
- Bill separate lines for:
  - » Each day of verifiable attendance (1 unit = One 60-minute session), or
  - » 30-day participation in the on-line program for those who actively participated in it during the month.
- On all claims, include the primary diagnosis code of:
  - » R73.03 (prediabetes), or
  - » Z86.32 (gestational diabetes), or
  - » The appropriate E66.01 – E66.9 code (obesity) for Primary and appropriate Z68.23-Z68.45 codes (Body mass index) for Secondary on the first claim only. On subsequent claims, only Primary is needed.



- OHP FFS will not pay for National DPP services using Medicare HCPCS codes for National DPP. The OHP system accepts Medicare crossover claims with HCPCS for full dual eligible QMB and QMB-only members. FFS will not pay for DPP services using Medicare HCPCS codes for DPP. The OHP system accepts Medicare crossover claims with HCPCS for full dual eligible and QMB-only members.

### **What is the definition of a session for an online program?**

The organization offering the online program is paid for the member's active participation over the month. The member must actively participate in online program activities throughout the 30-day period to bill for the 30-day period. Online programs may bill only for months the member actively participates in the program. Programs should not bill for inactive clients during any month, even if they are still enrolled in the program.

As verification for potential audit, online programs must also maintain documentation that includes:

- How CDC content is delivered, and
- Records that demonstrate the client's completion of program content (such as the self-reported physical activity log).

### **Can I bill the CCO or OHP FFS for a National DPP makeup session on the same day?**

At this time, the OHP does not allow for a same-day makeup session reimbursement.

# Coding guide for National DPP

## Qualifying DPP ICD-10 diagnosis codes

Prediabetes	R73.03	
Diagnosis or past history of gestational diabetes	Z86.32	
Obesity or overweight	E66.01-E66.9	
		Body mass index (BMI)
	Z68.23	23.0-23.9
	Z68.24	24.0-24.9
	Z68.25	25.0-25.9
	Z68.26	26.0-26.9
	Z68.27	27.0-27.9
	Z68.28	28.0-28.9
	Z68.29	29.0-29.9
	Z68.30	30.0-30.9
	Z68.31	31.0-31.9
	Z68.32	32.0-32.9
	Z68.33	33.0-33.9
	Z68.34	34.0-34.9
	Z68.35	35.0-35.9
	Z68.36	36.0-36.9
	Z68.37	37.0-37.9
	Z68.38	38.0-38.9
	Z68.39	39.0-39.9
	Z68.41	40.0-44.9
	Z68.42	45.0-49.9
	Z68.43	50-59.9
	Z68.44	60.0-69.9
	Z68.45	70 or greater

\*The National DPP benefit only applies to those OHP clients at least 18 years of age

HCPCS G-Code	Description
<b>Core sessions</b>	
G9873	MDPP beneficiary attended the first MDPP core session.
G9874	MDPP beneficiary attended a total of four MDPP core sessions.
G9875	MDPP beneficiary attended a total of nine MDPP core sessions.
<b>Core maintenance sessions</b>	
G9876	MDPP beneficiary attended two MDPP core maintenance sessions in months 7-9.
G9877	MDPP beneficiary attended two MDPP core maintenance sessions in months 10-12.
G9878	MDPP beneficiary attended two MDPP core maintenance sessions in months 7-9, and the 5% weight loss from his/her baseline weight. Use G9878 or G9876 achieved.
G9879	MDPP beneficiary attended two MDPP core maintenance sessions in months 10-12 and achieved the 5% weight loss from their baseline weight. Use G9879 or G9877.
<b>Ongoing maintenance sessions</b>	
G9882	MDPP beneficiary attended two MDPP ongoing maintenance sessions in months 13-15, and achieved the 5% weight loss from their baseline weight during the interval.
G9883	MDPP beneficiary attended two MDPP ongoing maintenance sessions in months 16-18, and achieved the 5% weight loss from their baseline weight during the interval.
G9884	MDPP beneficiary attended two MDPP ongoing maintenance sessions in months 19-21, and achieved the 5% weight loss from their baseline weight during the interval.
G9885	MDPP beneficiary attended two MDPP ongoing maintenance sessions in months 22-24, and achieved the 5% weight loss from their baseline weight during the interval.
<b>Additional codes</b>	
G9880	MDPP beneficiary achieved at least 5% weight loss from their baseline weight in months 1–12. This is a one-time payment available when a beneficiary first achieves at least 5% weight loss from baseline as measured by an in-person weight measurement at a core session or core maintenance session.
G9881	MDPP beneficiary achieved at least 9% weight loss from their baseline weight in months 1–24. This is a one-time payment available when a beneficiary first achieves at least 9% weight loss from baseline as measured by an in-person weight measurement at a core session, core maintenance session, or ongoing maintenance session.
G9890	Bridge Payment: A one-time payment for the first MDPP core session, core maintenance session, or ongoing maintenance session furnished by an MDPP supplier to an MDPP beneficiary during months 1–24. This occurs when a beneficiary has previously received their first core session from a different MDPP supplier. A supplier may only receive one bridge payment per MDPP beneficiary.
G9891	MDPP session reported as a line item on a claim for MDPP services. This is a non-payable code for reporting services of sessions furnished to MDPP beneficiaries (i.e. core sessions 2-3, 5-8, 10-16, and maintenance sessions before achievement of a performance goal)

# Appendix A

## **Offering the National DPP: Becoming a CDC-recognized National DPP organization or Lifestyle Coach**

The National DPP is provided through CDC recognized National DPP Provider organizations. National DPP Organizations can be any organization that applies for, meets, and maintains the CDC's requirements, which includes collecting and submitting data to the CDC every six months. These organizations can be health systems, CBOs, CCOs, FQHCs or any other organization that meets and maintains the requirements.

A CDC-recognized National DPP organization employs, oversees and trains Lifestyle Coaches and uses curriculums approved by the CDC. Trained Lifestyle Coaches lead the National DPP classes to help participants change aspects of their lifestyle, such as eating healthier, reducing stress and getting more physical activity. The program includes group support from others who share similar goals and struggles.

The CDC does not recognize individual Lifestyle Coaches; the recognition is given to the DPP Provider Organizations. At the time of the publication of this document, there are approximately 200 trained Lifestyle Coaches in Oregon within 27 CDC-Recognized National DPP Provider organizations. Use the [CDC Registry of National DPP Providers](#) to search in Oregon for providers.

If an organization does not want to become a CDC-recognized National DPP organization, it can contract with an organization that is a CDC-recognized National DPP organization.

### **Participant eligibility to maintain CDC recognition status**

CDC-recognized National DPP organizations and Lifestyle Coaches report data to the CDC every 6 months. To maintain recognition, participants must meet certain eligibility criteria to be included in the data provided to the CDC. Here is a summary of the eligibility criteria:

## TO JOIN CDC'S NATIONAL DPP\* LIFESTYLE CHANGE PROGRAM:

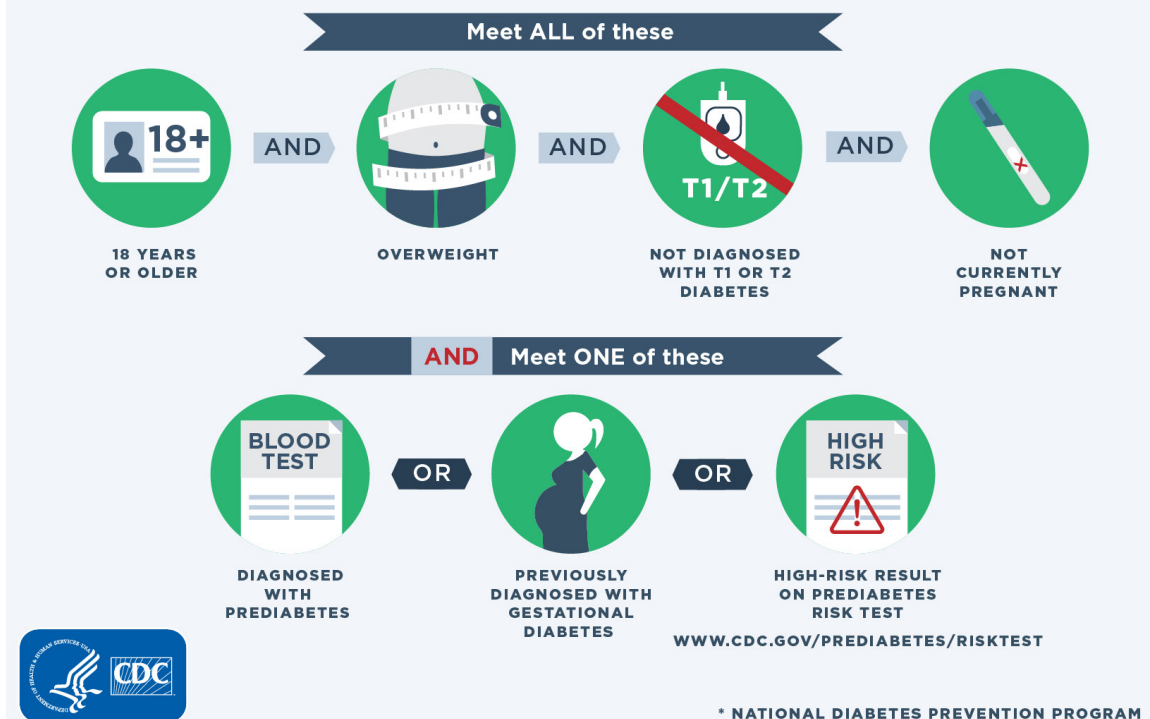


Image from: <https://www.cdc.gov/diabetes/prevention/lcp-details.html>

Please note, that participant eligibility requirements for CDC-recognition is different from eligibility for payment from OHP. Information about payment eligibility can be found in Section III (page 17).



### Real World Example

A real-world recommendation from an Oregon CDC-recognized National DPP organization.

The Summary of Member Eligibility for Payment in Oregon graphic, shown in Section III (page 17), shows the eligibility requirements for payment from OHP. For CDC-recognized National DPP organizations to receive OHP payment, participants must meet OHP requirements.

To maintain CDC recognition, the CDC-recognized National DPP organizations needs to ensure that they meet CDC eligibility criteria.

If a participant meets OHP eligibility but not CDC eligibility, the CDC-recognized National DPP/Lifestyle Coach may still serve that person and submit a billing claim to OHP, but they would not be able to count the participant in their reporting data.

If a person qualifies by overweight/obesity alone for payment from OHP, and not via a blood test or a history of a diagnosis of gestational diabetes, they must also have a [CDC prediabetes risk test](#) equal to or greater than 5 to be determined eligible by the CDC.

One of the longest-practicing CDC-recognized National DPP organizations in Oregon reports that they routinely ask all participants to complete the [CDC prediabetes risk test](#) so that the organization can use the risk test to meet CDC eligibility if needed.

## Stages of CDC Recognition for National DPP Provider Organizations

CDC-recognized National DPP organizations and Lifestyle Coaches report data to the CDC every 6 months. To maintain recognition, participants must meet certain eligibility criteria to be included in the data provided to the CDC. Here is a summary of the eligibility criteria:

**Pending:** The organization applies to the [DPRP](#). They are approved if they meet requirements, which include:

- Review of lifestyle curriculum
- Intervention duration, and
- Intervention intensity.

**Preliminary:** The organization will be awarded preliminary recognition when they meet the following criteria:

- The requirements for pending recognition
- Retain at least five completers in the evaluation cohort (eligible participants in the evaluation cohort who attended at least eight sessions in months 1-6 and whose time from first session held by the cohort to last session attended participant is at least nine months).

**Full recognition:** The organization will be awarded full recognition when they meet the following criteria:

- The requirements for preliminary recognition
- At least 60% of the completers achieved at least one of the following outcomes:
  - » at least 5% weight loss 12 months after the cohort began or
  - » at least 4% weight loss and at least 150 minutes/week on average of physical activity reported 12 months after the cohort began or
  - » at least a 0.2% reduction in baseline HbA1C (recorded within one year of enrollment).
- Among participants meeting evaluation criteria:
  - » A minimum of 35% of completers in the evaluation cohort are eligible for the National DPP based on:
    - A blood test that indicates prediabetes, or
    - A history of gestational diabetes.
  - » The remainder (maximum 65%) can be eligible based on the CDC/ADA prediabetes risk test. If a participant comes into the program based on a risk test score, organizations are permitted to make a one-time change to the participant's eligibility status based on post-enrollment blood test, which would need to be in the pre-diabetes range. This option would only be needed if there are more than 65% of participants deemed eligible based on the risk test.

## **What is needed to maintain CDC recognition?**

To maintain CDC recognition, programs must continue to meet CDC expectations and submit participant and program data to CDC as required by their recognition status. Each CDC-recognized organization (with Pending, Preliminary, or Full recognition) must submit evaluation data to the DPRP every six months. Elements of the evaluation data include all of the following:

- Review of lifestyle curriculum
- Participant’s prediabetes determination
- Participant’s age, ethnicity, height, weight, and physical activity minutes
- The National DPP delivery mode
- The session type

## **What is needed for a CDC-recognized National DPP organization to receive payment for National DPP services from OHP?**

Once a National DPP organization has received CDC recognition, it may decide it would like to bill and be reimbursed by OHP directly. An NPI number is required to do so. If the Lifestyle Coach is a Registered Dietician or another type of licensed clinician, they likely already have an NPI. If the Lifestyle Coach does not already have an NPI, they can visit the NPPES website at <https://nppes.cms.hhs.gov/#/>.

Once there, they can register for an Identity & Access management account by clicking on “create an account.” The website will provide step-by-step instructions. After that, the Lifestyle Coach must complete the online NPPES application and submit it to the NPPES website. It is important to provide the correct Health Educator taxonomy in the NPPES application. The Health Educator taxonomy is 174H00000X.

Please see Sections III & IV for more information about OHP participant payment eligibility and claims submission.

## **Resources for the National DPP Provider recognition process and standards**

- [National DPP general information](#)
- [Standards for CDC recognition](#)
- [National DPP Lifestyle Change Program providers](#)
- [National DPP Standards and Operating Procedures](#)
- Submit questions to [dprpAsk@cdc.gov](mailto:dprpAsk@cdc.gov)

# Appendix B - Weight loss reporting requirements

## Q & A

**Q: Does OHP require participant weight loss for reimbursement by National DPP?**

**A:** No. Oregon requires organizations offering the National DPP to be CDC-recognized. There is a cohort weight loss requirement for National DPP providers to maintain this recognition (refer to CDC National DPP recognition standards for specific weight, physical activity, and other requirements).

**Q: Do National DPP providers serving OHP members submit weight data to the CCO or OHP FFS plan?**

**A:** Participant weight (and other) data is not submitted for OHP FFS plan. Please check with the individual CCO on data requirements for claim submission.

**Q: Do National DPP providers serving OHP members submit weight data to OHP member primary care physicians?**

**A:** No. However, CCO's must ensure their provider networks receive the appropriate patient information for care coordination and optimal health.

**Q: Do weight loss verification methods and payment approval vary by modality?**

**A.** Yes. For CCO, OHP FFS, and Medicare patients: In-person National DPP participants are required to verify their weight in person in the presence of the Lifestyle Coach offering the program.

CCO and OHP FFS members taking a Distance or Online course are required to adhere to the CDC weight-loss verification requirements, which means that weight can be self-reported to the Lifestyle Coach, reported using a date/time stamped photo or video or by using a Bluetooth™-enabled weight scale. Note that this is a change: CCO and OHP FFS members used to have different weight verification requirements.

Although not required by the State, CCOs can elect to require Bluetooth™ enabled weight scale.

More information about reporting weight loss can be found at the following link:

- [Centers for Disease Control and Prevention Diabetes Prevention Recognition Program Standards and Operating Procedures](#)



# Glossary

**Age adjusted:** Age adjustment is a statistical process applied to rates of disease, death, injuries, or other health outcomes, which allows communities with different age structures to be compared.

**Asynchronous classes:** When participants don't meet at a scheduled time or place, or as a group; instruction and communication does not happen in real time. This refers to the Online version of National DPP. While Online participants do have bi-directional communication with their Lifestyle Coach, it is usually via emails or texts.

**Comorbidity:** A condition of having two or more diseases at the same time.

**Community-based organization (CBO):** CBOs are generally nonprofit groups that work at a local level to:

- » Improve life
- » Offer services
- » Advocate for people and populations they serve, or
- » Both offer service and advocate.

In the case of this guide, CBOs may be involved in aspects of the National DPP.

**Coordinated Care Organization (CCO):** CCOs are the health plans that administer the Oregon Health Plan.

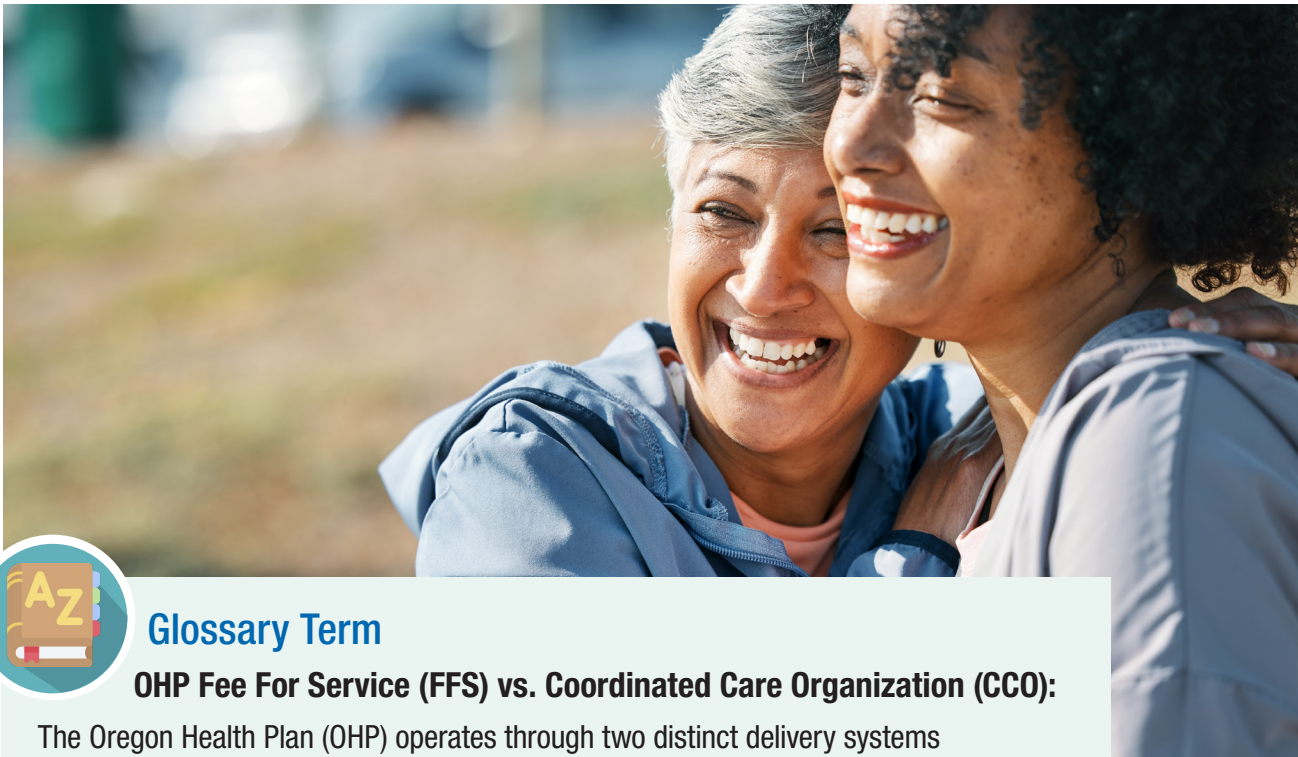
**Diabetes:** Diabetes is a chronic metabolic disease in which glucose (sugar) levels in the blood are above normal. High blood sugar occurs when:

- » The body does not produce enough insulin (type 1 diabetes), or
- » The body resists and does not properly respond to insulin (type 2 diabetes).

It is estimated that 90–95% of adults diagnosed with diabetes have type 2.

**Diabetes Prevention Recognition Program (DPRP):** The Centers for Disease Control and Prevention established the DPRP as part of the National DPP. The purpose of the DPRP is to recognize organizations that have demonstrated their ability to effectively deliver a proven type 2 diabetes prevention and lifestyle change program.

**OHP Fee-for-service (FFS):** Fee-for-service is the health plan for Oregon Medicaid patients not enrolled in a CCO. This guide refers to this plan as “OHP FFS” to ensure there is no confusion between it and Medicare’s fee-for-service.



## Glossary Term

### **OHP Fee For Service (FFS) vs. Coordinated Care Organization (CCO):**

The Oregon Health Plan (OHP) operates through two distinct delivery systems 1) 16 regionally operated Coordinated Care Organizations (CCOs) and 2) a state-wide Fee-for-Service (FFS) program. A CCO is a network of all types of health care providers located within a designated region (physical health care, substance use disorder, mental health care, and dental care providers) who work together in their local communities to serve people who receive health care coverage under OHP. Approximately 91% of OHP members receive their Medicaid benefit through CCOs. With FFS, often called “open card,” members are not generally enrolled in a CCO. These members can receive care from any willing and qualified Medicaid-enrolled provider. Providers bill the state directly and receive a fee for any covered services provided. Approximately 9% of OHP members receive their Medicaid benefit through FFS.

**Health Evidence Review Commission (HERC):** Established in 2011, HERC reviews clinical evidence to guide the Oregon Health Authority in making benefit-related decisions for its health plans.

**Health Related Services (HRS):** Health-related services are non-covered services offered by CCOs as a supplement to covered benefits under Oregon’s Medicaid plan. They improve care delivery and overall member and community health and well-being.

**In Lieu of Services (ILOS):** ILOS in Oregon aims to address gaps in care, promote greater access to services and address OHP member needs in culturally responsive ways. ILOS are services determined by the state to be medically appropriate and cost-effective substitutes for covered services or settings under the State Medicaid Plan. ILOS must meet requirements outlined in [42 CFR 438.3\(e\)\(2\)](#). Coordinated care organizations (CCOs) are not required to offer ILOS to members. A member cannot be required to use the alternative service or setting. ILOS allows CCOs to offer certain services in alternative, non-clinical locations or by non-traditional providers. CMS-approved ILOS available for CCO implementation are defined in OHA's contract with CCOs and on the [OHA ILOS webpage](#). As of the summer of 2023, billing guidance and use cases for utilizing ILOS to bill for the National DPP have not yet been developed; guidance will be released in the future. Questions about ILOS can be directed to [ILOS.info@odhsoha.oregon.gov](mailto:ILOS.info@odhsoha.oregon.gov).

**National Diabetes Prevention Program (National DPP):** The National DPP lifestyle change program (National DPP) is a year-long program developed by the Centers for Disease Control and Prevention (CDC) that helps participants to:

- » Lose weight
- » Adopt healthy habits, and
- » Reduce their risk for type 2 diabetes.

Participants learn strategies to:

- » Eat more healthfully
- » Increase their physical activity, and
- » Manage stress.

**Oregon Health Authority (OHA):** The mission of OHA is to ensure all people and communities can achieve optimum physical, mental and social well-being through partnerships, prevention and access to quality, affordable health care. The Medicaid program for Oregon resides in the Health Systems Division (HSD) of OHA. OHA also includes the Public Health Division (PHD) and the Health Policy Analytics (HPA) Division which includes the Health Evidence Review Commission (HERC).

**Oregon Administrative Rules (OAR):** OAR are created by most agencies and some boards and commissions to carry out and interpret their statutory authority.

**Oregon Health Plan (OHP):** OHP is the Medicaid plan in Oregon.

**Prediabetes:** Prediabetes is a serious health condition wherein blood sugar levels are higher than normal but not high enough to be diagnosed as type 2 diabetes.

**Provider Type:** Provider types include individuals, facilities, and vendors. The provider's specialty is typically represented as a code (e.g. Type 09, Type 63), indicating what field of health care a provider has additional education in to make them a specialist in a certain field. The provider type and specialty number are not listed on the claim form. They are assigned when the provider enrolls or credentials with OHP. NOTE: Provider type codes may not be unique to one provider type.

**Rendering Provider, Billing Provider, Referring Provider:** The rendering provider is responsible for providing or overseeing the health care services, while the billing provider is responsible for submitting the claims and invoices for reimbursement. The rendering provider's role is focused on delivering care, while the billing provider ensures accurate and timely submission of claims to insurance companies or third-party payers. A referring provider identifies the need for specialized care and initiates the referral process. Referring providers rely on the expertise and services provided by rendering providers to address the patient's specific healthcare needs.

**Synchronous classes:** Synchronous means that participants meet live with the Lifestyle Coach, all gathered at a scheduled time and place. This means either meeting as a group in person or on a Zoom-type platform, which are the In-person and Distance Learning National DPP modalities.

**Type 2 diabetes** – See definition for **diabetes** above.

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