CDC'S 6|18 INITIATIVE

Accelerating Evidence into Action

SIX WAYS TO SPEND SMARTER FOR HEALTHIER PEOPLE

Illinois: Improving Access to the National Diabetes Prevention Program Through Medicaid Coverage

The Centers for Disease Control and Prevention's (CDC) *6|18 Initiative* highlights CDC and partners targeting six common and costly health conditions with 18 proven interventions. The following example from Illinois showcases some of the strategies used to address one condition under the *6|18 Initiative*. These profiles are stories reported by the state officials based on their work within the *6|18 Initiative*.

Through their participation in the Centers for Disease Control and Prevention's (CDC) *6|18 Initiative*, the Illinois Department of Public Health (IDPH); the Illinois Department of Healthcare and Family Services (HFS), Division of Medical Programs, which houses the state's Medicaid program; and a non-profit partner, the Illinois Public Health Institute (IPHI), collaborated to include National Diabetes Prevention Program (NDPP) coverage in Medicaid benefits. The National DPP supports an evidence-based lifestyle change program (LCP) that works with participants to prevent or delay the onset of type 2 diabetes.[1] Medicaid coverage for the National DPP LCP in Illinois became effective in August 2021, following the state's participation in 6|18. This spotlight outlines the strategies implemented by the Illinois 6|18 team to achieve this policy reform.

ILLINOIS KEY FACTS

- State population: **12.6 million**
- Medicaid population: **3.6 million**
- Medicaid enrollees in managed care: **3 million**
- Prevalence of diagnosed diabetes among adults: **1 million**
- Dollars spent on diabetes per capita: **$8,700**

Just over 11 percent of the U.S. population has diabetes and 38 percent has prediabetes.[2] Hospitalization, comorbidities, loss of productivity, and complications such as blindness, loss of hearing, and amputations due to diabetes, can be very costly. Diabetes is a leading cause of disability in the U.S.[3] In 2017, the U.S. lost an estimated $327 billion to direct and indirect costs of diagnosed diabetes.[4] In Illinois, about 10 percent of the population has diabetes, and diabetes costs an estimated $12 billion each year.[5] States can implement the National DPP LCP to reduce potential diabetes-related costs and improve health outcomes. In addition, providing coverage for the program can increase access and affordability for lower income residents. One study found that individuals enrolled in the National DPP LCP whose participation was covered by their health plan had more positive outcomes than those who paid out of pocket.[6]

The partnership between IDPH, HFS, and IPHI began in 2014, prior to the 6|18 collaboration, and laid the foundation for 6|18 efforts. From 2014-2018 collaboration partners came together to discuss strategies to expand availability of the National DPP LCP as a covered benefit for:

- Medicaid enrollees;
- State and public employees; and
- Private sector employees.

In 2016, IPHI developed the Roadmap to coverage in conjunction with health care providers, managed care organizations, HFS, IDPH, and others involved in public health.[7] In early 2019, under a new administration, HFS created an upstream strategic plan that started to shift the focus of health care for the agency beyond health management to health equity and prevention. IDPH created the Diabetes State Action Plan with stakeholders across the state, and both IDPH and IPHI received CDC funding for the 1815 and 1817 cooperative agreements, respectively. This funding enabled the initiation of diabetes prevention and management initiatives throughout Illinois, which included expanding access to the National DPP LCP and seeking Medicaid coverage for it. Prior to becoming a Medicaid benefit, the program was only available through community-based organizations, hospitals, and federally qualified health centers (FQHCs) that offered the program with grant funds and the select private insurers that offered coverage. The concurrent activities demonstrated common cross-agency goals of advancing coverage for diabetes prevention in Illinois. With funding from the CDC 1815 initiative, IDPH, HFS, and IPHI hosted a meeting in 2019 to raise awareness of the high rates of diabetes, its role as a leading cause of death, and the benefits of the National DPP LCP with a variety of stakeholders. Through those discussions, partners set a goal of reducing barriers and expanding access to the program, and ultimately HFS concluded that moving toward Medicaid coverage was imperative.

While participation in the CDC 1815 cooperative agreement resulted in strategic planning to facilitate policy change in the state, the CDC 6|18 project provided the technical assistance necessary to operationalize the plan to attain Medicaid coverage for the National DPP LCP. The CDC 6|18 project helped support the fruitful partnership between HFS, IDPH, and IPHI that aimed to advance population health and health equity in the state of Illinois. To obtain coverage, the 6|18 IL team developed a state plan amendment (SPA) to submit to the Centers for Medicare & Medicaid Services (CMS) to pursue this policy change. The IL 6|18 team used personal experiences, state and national statistics, National DPP LCP coverage information, lessons learned from other states, and information outlining the burdensome cost of insulin and the negative impact of these factors on Illinoisans to make the case for enhanced diabetes prevention efforts. The state officials interviewed for this spotlight reported that having a state champion within the project team with personal experience with diabetes who strongly advocated for prevention measures, especially considering cost prohibitive diabetes medication, was an important part of implementing the action plan for attaining coverage. The SPA submitted by the State was approved in 2022. [8]

Illinois's 6|18 Accomplishments

- ✔ Bolstered the Medicaid-public health partnership and relationships with external stakeholders to leverage funding provided by cooperative agreements 1815 and 1817 and provided the technical assistance necessary to operationalize strategies developed in the earlier years of the collaboration.
- ✔ Provided continued support to partners around the state to 1) achieve National DPP LCP coverage for Illinoisans; and 2) provide training and techical assistance to state agency staff working to advance and operationalize coverage.
- ✔ Advanced efforts to transform health care in Illinois from a reactive to a proactive health care model that focuses on prevention, rather than treatment, with a goal of reducing hospital visits for Illinoisans and improving the lives of individuals.

Illinois 6|18 Project Activities

The Illinois Department of Healthcare and Family Services, the Illinois Department of Public Health, and the Illinois Public Health Institute collaborated to make policy changes to provide access to the National DPP LCP as a covered benefit under Medicaid. The collaboration focused on:

- **Constructing a rate plan for National DPP LCP and diabetes self management education and support services (DSMES) coverage in Illinois** to meet the needs of the state, providers, and Medicaid enrollees.
- **Engaging Medicaid managed care organizations** to learn about and pilot National DPP and DSMES coverage plans.
- **Determining the process for developing appropriate provider types to add to the Illinois IMPACT system,** Illinois's web-based provider system, to enable reimbursement for the National DPP LCP and DSMES.

Specific activities undertaken by the Illinois 6|18 team include:

1. Construct a rate plan by leveraging the resources and support offered by the IL 6|18 team and external partners

In partnership with IPHI, HFS and IDPH pulled from a variety of sources to examine potential rate structures and leveraged the IL 6|18 partnership team to generate a proposal for a rate plan, a complex goal crucial to the success of the initiative. "The Illinois Public Health Institute was integral to the process of determining a rate structure for the state. Their methodology of projecting cost using rates and other information from other states was a tremendous help," said one state official interviewed for this spotlight. IPHI contracted with Health Management Associates (HMA), a health care consulting firm, with support from the state's CDC 1815 cooperative agreement to produce a cost analysis paper to examine different payment models and their cost and make recommendations. The paper described how cost and savings could change from one model to another and with differences in retention rates.

The IL 6|18 team used information from other states, such as Maryland and New York, that had operationalized National DPP coverage. Some states use a "per visit" model, which reimburse program providers for every National DPP LCP class that a person attends, rather than a model that is outcomes-based. The per visit model is associated with low turnout and retention. Other states have "pay for performance" models that are outcomes-based and pose a different reimbursement challenge for National DPP LCP providers. The upfront payment model used in other states also presents challenges, as it creates no incentive to promote continued attendance. The team evaluated the cost trajectory of various rate structures for the state Medicaid agency and providers, as well as retention rates, focusing heavily on the national retention rate average to help inform their proposed direction.

The cost analysis paper called for a middle ground rate structure proposal for Illinois, outlined the structure and its benefits, and highlighted how this structure was different from other states and from Medicare rates at the time. The proposed structure would ensure the following:

- If a program provider had average National DPP LCP retention, the provider would be able to cover the cost of the lifestyle coach to conduct National DPP LCP classes for their participants. This would prevent an undue financial burden on providers and facilitate the promotion of the program to persons at high risk.
- The state could provide National DPP LCP coverage and improve the health of its Medicaid beneficiaries while avoiding the implications of implementing more costly rate structures.

The IL 6|18 team proposed key considerations for a rate structure that would consider a combination of attendance and outcome milestones for Illinois National DPP LCP Medicaid coverage. The partnership determined that a front-loaded rate, with a higher rate for the initial visit than for following visits, was the best type of rate plan for Illinois National DPP providers. Because of virtual and in-person options, providers may need to provide scales and incur other upfront costs associated with recruitment and enrollment. CMS was asked to consider implementing a payment model with

predetermined milestones for payment (to incentivize both enrollment and continuation of program participation) and bonus payments for weight management. This payment strategy would be especially beneficial for new provider types, such as community-based organizations (CBOs), to help secure a commitment to get certified and contract with the plan. The proposed rate plan initially received positive feedback from the state and was ultimately approved by CMS and adopted by the state.

2. Engage managed care organizations to develop and implement a plan for National DPP coverage

The state Medicaid and public health agencies engaged the state's Medicaid managed care organizations (MCOs) to determine the implications of coverage. Partnering with MCOs was critical in 1) identifying, recruiting, and onboarding new National DPP providers; 2) constructing a rate plan for reimbursement; 3) determining what opportunities could be leveraged to make the case for coverage; and 4) developing a quality strategy for improvement and sustainability.

IDPH and HFS reported that the ability of MCOs to engage and address the needs of National DPP LCP providers was a motivating factor for partnership. Illinois partners engaged with an MCO to pilot aspects of the coverage model with both CBOs and FQHCs offering the National DPP LCP to determine the types of support that would be needed to fully implement coverage with health care providers and MCOs. The pilot ran from October 2020 through October 2021 and helped identify effective recruitment strategies and test claims submission and data sharing processes. The MCO enrollment process for new providers is lengthy and involves certification and enrollment in the appropriate department, known as credentialing. The pilot helped identify and address potential National DPP LCP provider barriers to working with MCOs. According to state officials interviewed for this spotlight, this has been particularly valuable to CBOs that provide the National DPP LCP, many of which lacked providers enrolled in Medicaid and faced challenges contracting with MCOs. State officials also reported that the pilot made it easier for community-based providers to join Medicaid and participate.

States have also provided training to MCOs on enrolling the new National DPP/DSMES provider types; screening for prediabetes/diabetes; identifying Medicaid beneficiaries eligible for participation in either program; and making referrals to Medicaid-enrolled providers of either program.

MCOs also had input into the rate plan development. Regarding the contributions of MCOs to the IL 6|18 partnership, one state official said, "Managed care [organizations] helped shape recommendations greatly for this initiative, and the team decided on a state plan amendment as the best road to coverage with a great deal of input from MCOs."

3. Create a new provider type for non-traditional providers

The National DPP LCP is provided by both traditional health care providers as well as CBOs. The state modified its coding, billing, and credentialing systems to create a new provider type to allow both traditional and non-traditional providers, such as CBOs, to enroll in Medicaid as organizations and not as individuals rendering providers. This streamlined the enrollment processes and ensured that any organization that provides the National DPP LCP can be reimbursed for services, if it maintains its CDC recognition status.[9] All organizations wishing to offer the DPP LCP in Medicaid obtain a new National Provider ID (NPI) and enroll in the new provider type. Since coverage has been implemented, CDC-recognized organizations in the state providing National DPP LCP and DSMES programs have received training from the state, contract partners, and technical assistance providers regarding Medicaid enrollment, updating billing systems, submitting claims, and delivering the National DPP lifestyle change program to Medicaid beneficiaries. "It was important to facilitate the engagement of CBOs and get this program and these services into community programs that have access to the Medicaid population and will help them immensely," said one state official.

Collaborating to Move Health Care Forward

In years past, the health care system was focused on managing chronic disease, rather than preventing it, and the National DPP LCP was generally viewed as an optional intervention focused on nutrition and health education, according to state officials interviewed for the spotlight. The IL 6|18 team was motivated and had the resources to engage clinical teams to weave National DPP LCP promotion, enrollment, and claims into the daily operations of health care delivery. The addition of National DPP Medicaid coverage and the integration of the National DPP LCP into the health care system facilitated increased sustainability for the program. The IL 6|18 partnership work to expand access to the National DPP LCP through a Medicaid benefit has created a shift toward preventive measures to reduce diabetes-related inequities. "It provides a model for other prevention efforts down the line to continue the transformation of health care from a reactive system to a proactive one that aims to ensure the health and wellness of all populations, an advancement that aligns with the vision of the Department of Healthcare and Family Services," said one Medicaid official. IDPH and HFS continue to work toward promoting access to the National DPP LCP and reaching its Medicaid enrollees using different means, including partnership with community-based organizations that have trusted relationships with the Medicaid population and will further help improve the lives of individuals in Illinois. More information on obtaining coverage for the National DPP LCP can be found in the National Diabetes Prevention Program Coverage Toolkit.

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ENDNOTES

[1] Centers for Disease Control and Prevention. "National Diabetes Prevention Program." December 2022. Available at: https://www.cdc.gov/diabetes/prevention/index.html

[2] Centers for Disease Control and Prevention. "National Diabetes Statistics Report." June 2022. Available at: https://www.cdc.gov/diabetes/data/statistics-report/index.html

[3] Centers for Disease Control and Prevention. "About Chronic Diseases." July 2022. Available at: https://www.cdc.gov/chronicdisease/about/index.htm#:~:text=Chronic%20diseases%20such%20as%20heart,disability%20in%20the%20United%20States.

[4] Centers for Disease Control and Prevention. "National Diabetes Statistics Report: Coexisting Conditions and Complications." September 2022. Available at: https://www.cdc.gov/diabetes/data/statistics-report/coexisting-conditions-complications.html

[5] American Diabetes Association. "The Burden of Diabetes in Illinois." April 2022. Available at: https://diabetes.org/sites/default/files/2022-04/ADV_2022_State_Fact_sheets_all_rev_IL-4-4-22.pdf

[6] Centers for Disease Control and Prevention. "National Diabetes Prevention Program: Offering a Lifestyle Change Program as a Benefit." December 2022. Available at: https://www.cdc.gov/diabetes/prevention/offering-LCP-covered-benefit.htm

[7] Illinois Public Health Institute. "Bridging to Preventive Care: The Roadmap to Medicaid Coverage of Community-Based Chronic Disease Prevention & Management Programs." 2016. Available at: https://iphionline.org/wp-content/uploads/2020/02/Bridging-to-Preventive-Care-Roadmap-Final.pdf

[8]Centers for Medicare & Medicaid Services. "Illinois State Plan Amendment (SPA) 21-0009." February 2022. Available at: https://www.medicaid.gov/medicaid/spa/downloads/IL-21-0009.pdf

[9] Centers for Disease Control and Prevention. "National Diabetes Prevention Program Coverage Toolkit." May 2021. Available at: https://coveragetoolkit.org/create-a-new-provider-type/