

#	Coverage Features	Colorado	Kentucky	Minnesota	Washington
About Obtaining Coverage					
1	<i>Date coverage of the lifestyle change program became effective</i>	September 1, 2013	<ul style="list-style-type: none"> • Mid- 2013, National DPP LCP counted as part of KY Employees' Health Plan (KEHP) Vitality Wellness Program • Fall of 2013 -- National DPP pilot conducted in Ashland with King's Daughters Hospital (<i>National DPP LCP offered free as King's Daughters was AADE grant-funded LCP site & AADE was CDC national grantee</i>). Pilot conducted to establish payment / coverage processes (<i>not necessarily to re-confirm National DPP science</i>). • In 2014, National DPP LCP became a fully covered benefit, however, not heavily marketed as processes continued to be developed. • By 2015, National DPP LCP was fully covered and marketed. 	April 2015	January 14, 2016
2	<i>Approximate length of time it took to secure coverage or the key steps that were taken to obtain coverage</i>	1 year <ul style="list-style-type: none"> • January 2013: Demonstration class held at health department • March 2013: UnitedHealthcare adds National Diabetes Prevention Program (National DPP) Lifestyle Change Program (LCP) as benefit for fully insured employers 	Approximately 1-2 years. <ul style="list-style-type: none"> • In 2011, KRS 211.752 (SB 63) legislation required Department for Medicaid Services, Department for Public Health, Office of Health Policy and Department of Employee Insurance to develop a biennial KY Diabetes Report & Recommendations. 	Coverage for the benefit is provided by the state employee insurance plan, Minnesota Advantage Plan. <ul style="list-style-type: none"> • Minnesota Dept. of Health (MDH): 1-1.5 years of stakeholder engagement • SEGIP (State Employee Group Insurance Plan): 3-4 months once appropriate vendor was selected. 	First began work with YMCAs in 2009. Coverage of State Employees began in 2014. The initiative for coverage emerged from the Health Care Authority/Public Employee Benefits group. Key to this being possible were: <ul style="list-style-type: none"> • YMCA dedication to the program in

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		<ul style="list-style-type: none"> • May 2013: City of Denver adds National DPP as a benefit and holds large kickoff event; Health Dept. Executive Director gives keynote address and key state health plan decision makers are in attendance • September 2013: National DPP LCP becomes covered benefit for state of CO employees 	<p><i>KY Diabetes Prevention and Control Program (DPCP) led group.</i></p> <ul style="list-style-type: none"> • In 2012, relationships established between the four state agencies and a KY Diabetes Report including diabetes prevention recommendations presented to legislature in 2013. • By late 2013, a National DPP pilot was conducted (see question #1). 	<p>SEGIP was then able to complete business and provider agreement.</p>	<p>advance of revenue stream</p> <ul style="list-style-type: none"> • Diabetes Network Leadership Team vision • King County adopting National DPP first as part of value-based strategy (2013) • Existence of 3rd Party Administrator • Persistent voice at Public Employee Benefits Group <p>The role of the State Public Health Department was to:</p> <ul style="list-style-type: none"> • Convene Diabetes Network Leadership Team, and work with NACDD to create statewide vision for National DPP LCP • Leverage CDC funding for YMCAs to get program up and running (but not sustaining programs) • Training other organizations outside of YMCAs to have a diverse network of providers • Promoting the adoption of National DPP and showcasing PEBB's adoption of National DPP.
3	Who were the "champions" (e.g. Wellness Coordinator, Health	<ul style="list-style-type: none"> • Department of Personnel Administration; Statewide Employee Wellness Coordinator • CDPHE Worksite Wellness Manager 	<ul style="list-style-type: none"> • KY DPCP manager led education effort presenting key National DPP science to four state entities required by KRS 211.752 (SB 63) to develop state 	<p>SEGIP leadership, Union Coalition, State health department staff</p>	<ul style="list-style-type: none"> • Governor • Secretary of Health (appointed) • Director of the Health Care Authority (appointed)

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	<i>Policy Advisor, Governor, state health department staff) in getting the program as a covered benefit?</i>	<ul style="list-style-type: none"> • UnitedHealthcare • Kaiser Permanente • Governor's Office & Health Policy Advisory • CDPHE Obesity & Chronic Disease staff • CDPHE Office of Planning and Partnership (local public health liaison) • Colorado Prevention Alliance • Colorado Business Group on Health • National Business Coalition on Health 	<p>diabetes report.</p> <ul style="list-style-type: none"> • Commissioner of the KY Employees' Health Plan (KEHP), (<i>originally SB63 committee member</i>) key driver for National DPP LCP coverage • Cabinet for Health and Family Services (CHFS) Secretary formerly worked for Y-USA & supported National DPP initiatives • Deputy Commissioner for the Department for Public Health influenced key contacts & offered numerous National DPP presentations 		<ul style="list-style-type: none"> • PEB Program Staff/Management • DOH staff • Director, DOH Office of Healthy Communities
Features of Coverage					
4	<p><i>What type of program(s) are covered? (Virtual and/or in-person delivery of lifestyle change program, etc.)</i></p> <p><i>Is CDC recognition required of programs before reimbursement can occur? (Y/N)</i></p>	<p>UnitedHealthcare – In person, virtual (Real Appeal) Kaiser – In person, virtual (Omada's Prevent)</p> <p>Depends on health plan and delivery method. United in-person National DPP requires CDC-recognized programs. Real Appeal program does not yet.</p> <p>Kaiser's in-person program is also not recognized by the CDC (though they did just submit an application to the DPRP). We always encourage our partners to apply for CDC recognition.</p>	<ul style="list-style-type: none"> • Face-to-face programs are eligible to be paid up to \$429 (<i>entities must contract and provide reporting information to the KEHP administrator</i>) <p>Yes, CDC-recognition is required for KEHP reimbursement.</p>	Virtual LCP	In-person, virtual is being explored for January 2017

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5	<p><i>Who is covered?</i></p> <ul style="list-style-type: none"> • Which state employee sectors or unions? (Universities, K-12 teachers, courts, nurses, etc.) • Which types of employees and employee family members? (retirees, spouses, etc.) 	<p>State employees who are enrolled in a state employee health plan; the benefit is not extended to dependents at this time.</p>	<ul style="list-style-type: none"> • KY Employees' Health Plan members and their families (<i>if insurance purchased</i>) are eligible for National DPP LCP if member is 18 years old (or older) and meets eligibility criteria for National DPP LCP (<i>CDC guidelines</i>). • This includes employees / entities such as public schools / school boards, city / state government, judicial centers, state parks, community / technical colleges, health departments, fiscal court systems, government utility systems, housing authorities, fire / ambulance services, state police, public libraries, area development districts, and more. 	<p>All SEGIP members over 18 (state employees that enrolled in Minnesota Advantage Plan and their dependents 18 years and older) Not retirees</p>	<p>PEBB Members (State employees) over 18 who are not Medicare covered, and are covered under 2 largest (of 3) health plans. This includes some political subdivisions, such as water districts, counties, and hospital districts.</p>
6	<p><i>How are participants being identified as being eligible for DPP (is this through the health plan, health care provider, or employee screening)?</i></p>	<p>We have done some onsite health screenings. In addition, we use the CDC risk quiz through promotion efforts to help identify eligible participants.</p>	<p>Outreach methods have included:</p> <ul style="list-style-type: none"> • KEHP administrator (Anthem) analytics team identifies "at risk" KEHP members (<i>triggered by codes for obesity, hypertension / hyperlipidemia, metabolic syndrome, hypertension, hyperlipidemia</i>). Anthem nurses then outreach to KEHP members informing them about National DPP LCP. 	<p>National DPP vendor on-line risk assessment based on the CDC guidelines</p>	<p>Employee screening in large agencies/sites, and online wellness portal. No direct marketing to health plan members that is targeted - just general marketing to all eligible enrollees.</p>

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			<ul style="list-style-type: none"> • KEHP marketing team sends targeted National DPP LCP emails directly to all KEHP members in regions where new classes begin. • Biometric Screening (<i>including blood glucose</i>) is offered via Humana Vitality as a wellness benefit with connections sometimes made to National DPP LCP classes. • KY National DPP LCP organizations offer screenings to targeted KEHP member worksites. <p>Regardless of outreach method – a final eligibility screening is completed by the KY LCP organization.</p>		
7	<i>Approximately, how many people have coverage for the lifestyle change program through this benefit?</i>	31,000	There are approximately 265,000 KEHP members (<i>KY population 4.4 million</i>). Only KY Employees' Health Plan members and their families (<i>if insurance purchased</i>) are eligible for LCP if member is 18 years old (or older) and meets eligibility criteria for National DPP LCP (<i>CDC guidelines</i>).	94,500	Public Employee Benefit Board (PEBB) Enrollees That Make Up the Eligible Population for National DPP LCP Services. (See table at the end of this document)
8	<i>What is the geographic coverage? (Certain areas of the state or statewide?)</i>	Statewide	Statewide	Statewide	Statewide, with in-person programs available most everywhere.

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9	<i>Do all health insurance plans offered to state employees provide lifestyle change program coverage? (Y/N) How many health plan offer coverage?</i>	Yes	Yes, KEHP is the only plan.	Yes, all 3 health plans	No, two of three. Group Health (fully-insured plan) and Uniform (self-insured plan). Kaiser Permanente offers their own programming.
10	Does the lifestyle change program use a third party administrator or other administrator? (Y/N) If no, how are the billing or payments handled with and through LCP organizations?	UnitedHealthcare uses a third party administration, the Diabetes Prevention and Control Alliance (DPCA); Kaiser does not use a third party administrator and pays for the classes through a wellness fund. DPCA manages the billing process. They utilize a pay-for-performance model and manage a network of National DPP providers. DPCA bills UnitedHealthcare for claims associated with the class and in turn pays the National DPP LCP providers.	No, however, KEHP currently uses Anthem as a “third party administrator” for the KEHP plans. Billing and payments are handled through an invoicing system. KY National DPP LCP organizations must sign a Business Associate Agreement (BAA) with Anthem.	Yes	Yes. Diabetes Prevention and Control Alliance

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11	Can employees attend lifestyle change program on state time? (Y/N) Explain nuances if needed.	This would vary agency by agency and would ultimately be up to the employee's supervisor. There is no formal policy that says employees can attend on state time. We try to hold classes over the lunch hour or after work.	May vary according to the organization's leadership but typically no.	N/A	This is at the discretion of the agency/employer. State policy allows for agency/institution to develop own criteria, but generally, time spent in classes is not considered "de minimus" and employees are expected to participate on their own time. Participation in screenings is more flexible, but depends on agency/institution policy.
12	Are there any perks offered to participants like free gym memberships to the YMCA /or wellness facilities, wellness points where they can shop at virtual mall for gifts, etc.? (Y/N)	No	Yes <ul style="list-style-type: none"> Varies by National DPP LCP organization but many provide 3 months to one year free memberships to local YMCAs or wellness centers. Wellness Points for Humana Vitality – to qualify for 350 Vitality Points, National DPP LCP attendees must submit proof of class completion within 90 days of Core Session 16 and must attend a minimum of 12 of the first 16 classes to receive points. Points used to purchase items from virtual mall. Incentives such as gift cards, Fitbits, etc. are offered by some National DPP LCP organizations. 	No	Yes. Those employees who participate in the program receive a free membership at most YMCAs offering DPP.

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13	How much does the beneficiary pay out of pocket to participate in the lifestyle change program?	\$0 – it is available at no cost to them.	\$0 – no out of pocket payments	\$0	\$0
14	If someone was enrolled in the LCP and did not complete or reach goals, are they allowed to reenroll?	Yes.	Yes	TBD. Currently working with vendor to establish guidelines to allow members to re-enroll in program and creating promotional campaign to re-engage members who did not complete program or meet outcome goals.	Yes, they are.
15	Is the program set up so that organizations are paid on the basis of the employee's attendance at a certain number of sessions, or by achievement of certain outcomes? (Y/N) If yes, briefly describe.	Yes for UnitedHealthcare, No for Kaiser. For UnitedHealthcare the National DPP LCP providers are paid on a pay for performance model. There are claims generated at enrollment, after 4 classes, after 9 classes, and at achievement of 5% weight loss.	Yes, a payment of 25% may be issued for each KEHP covered member that attends at least two core sessions. The remaining 75% of the National DPP LCP attendance fee is paid when the KEHP member attends two additional (total 4) core sessions. Many KY National DPP LCP organizations are choosing to bill only one time after attendance at 4 core sessions for 100% of payment. Outcome data regarding the KEHP member is required to be reported ongoing (monthly).	<ul style="list-style-type: none"> • Start date • Completing 9 of 16 lessons from core • 5% weight loss • 10% weight loss Maintenance-monthly if participant is engaged in program as measured by weigh-ins, lesson competition and/or engaging with their coach.	Billed events are. Testing first completed class, 4th completed class, 9th completed class, loss of 5 or 9% weight after 16th class.
16	Is coverage different during the initial core 16 weeks of the	No	No, coverage is for the entire year-long National DPP LCP. Full payment is allowed as described in question #15.	No	No payment for maintenance.

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	program compared to the 6-8 months of maintenance? (Y/N) If yes, briefly describe.				
17	Is there a monetary incentive (reduced health insurance premium, cost sharing?) for employees for participating in the program? (Y/N) If yes, briefly describe.	No, but we are exploring ways to incorporate participation in the program into our CafeWell online platform for points and the employee premium insurance incentive program.	No	No	Yes. Employees who sign up for the program through the states wellness program receive “points” towards a financial incentive, delivered as a reduction in deductible or a contribution to an HSA.
Outcomes					
18	Does your state have any program outcomes to share (process or outcome)? (Y/N). If yes, briefly describe.				

Notes:

- National DPP = National Diabetes Prevention Program
- LCP = Lifestyle Change Program

Washington

7. *Approximately, how many people have coverage for the lifestyle change program through this benefit?*

Public Employee Benefit Board (PEBB) Enrollees That Make Up the Eligible Population for Diabetes Prevention Program (DPP) Services.

Coverage Year	Total number PEBB members	Count of PEBB members meeting criteria a-c for coverage of DPP ^{1,2}	Estimated number of PEBB members with prediabetes who have access to DPP as covered benefit ^{3,4}
2013	341,112	212,560	79,670
2014	348,880	215,227	80,378
2015	353,605	215,188	80,164
2016	359,699	216,833	80,657

1) Data Source: Washington State Health Care Authority (HCA) Public Employees Benefits (PEB) Pay1 Enrollment Datamart.

2) Criteria: The Diabetes Prevention Program (DPP) is available at no cost to eligible PEBB members who:

- a) Are age 18 or over
- b) Are enrolled in a PEBB medical plan
- c) Don't have Medicare as their primary insurance
- d) Meet DPP blood sugar and body mass index (BMI) criteria

3) Data Source: 2009-2012 National Health and Nutrition Exam Survey (NHANES) from Menke A, Casagrande S, Geiss L, Cowie CC. Prevalence of and Trends in Diabetes Among Adults in the United States, 1988-2012. JAMA. 2015 Sep 8;314(10):1021-9.

4) As a proxy for criteria d, applied national estimates of prediabetes because HCA unable to accurately identify members who meet DPP blood sugar and BMI criteria in PEB data. National study only provided estimates for 20-44, 45-64, and 65+ year age groups. For the 18-19 year age group counts, the lowest prevalence among 20-44 years was applied.