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Diabetes Prevention Coverage

Joanna DiBenedetto

Date: May 26, 2026

Time: 2:00 PM – 3:00 PM (ET)

Virtual Platform: WebEx

Agenda

- Introductions/Icebreaker
- Learning Objectives
- Framing the Topic in Data
- *Diabetes Prevention Coverage: Payer Landscape, Revenue Opportunities, and Organizational Benefits*
  - Joanna DiBenedetto
- Q/A
- Closing/Announcements

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Introductions/Icebreaker

- In one or two words, what comes to mind when you hear ‘diabetes prevention’?

Learning Objectives

- **Understand** the key payer types that support coverage or reimbursement for the National DPP/Medicare DPP
- **Recognize** revenue opportunities associated with delivering the National DPP/Medicare DPP
- **Identify** the strategic and operational benefits to become a National DPP/Medicare DPP provider
- **Apply** foundational program and reimbursement knowledge to deliver the National DPP/Medicare DPP

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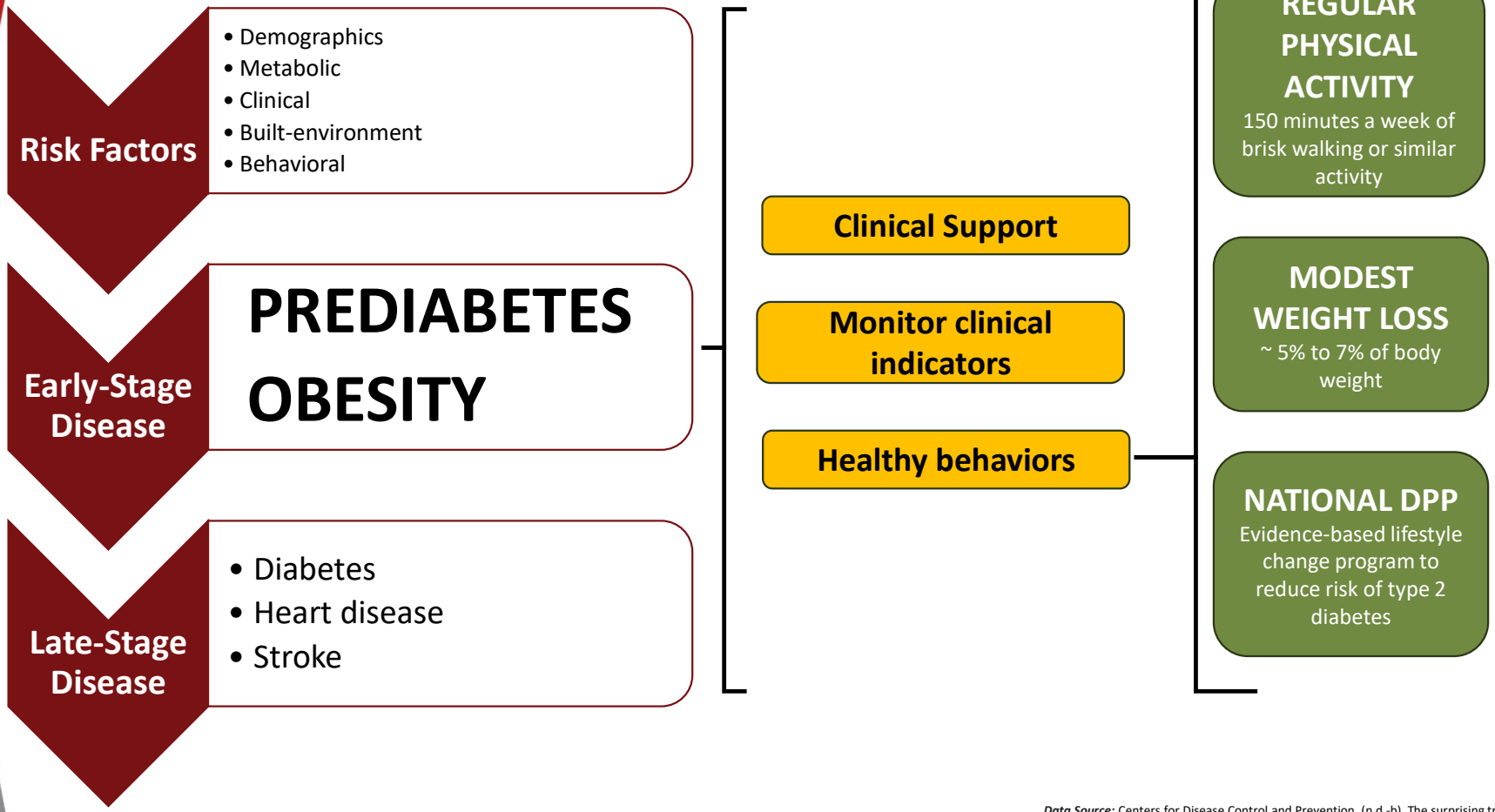
Framing the topic in Data

Saumya Rajamohan

Development of Chronic Diseases



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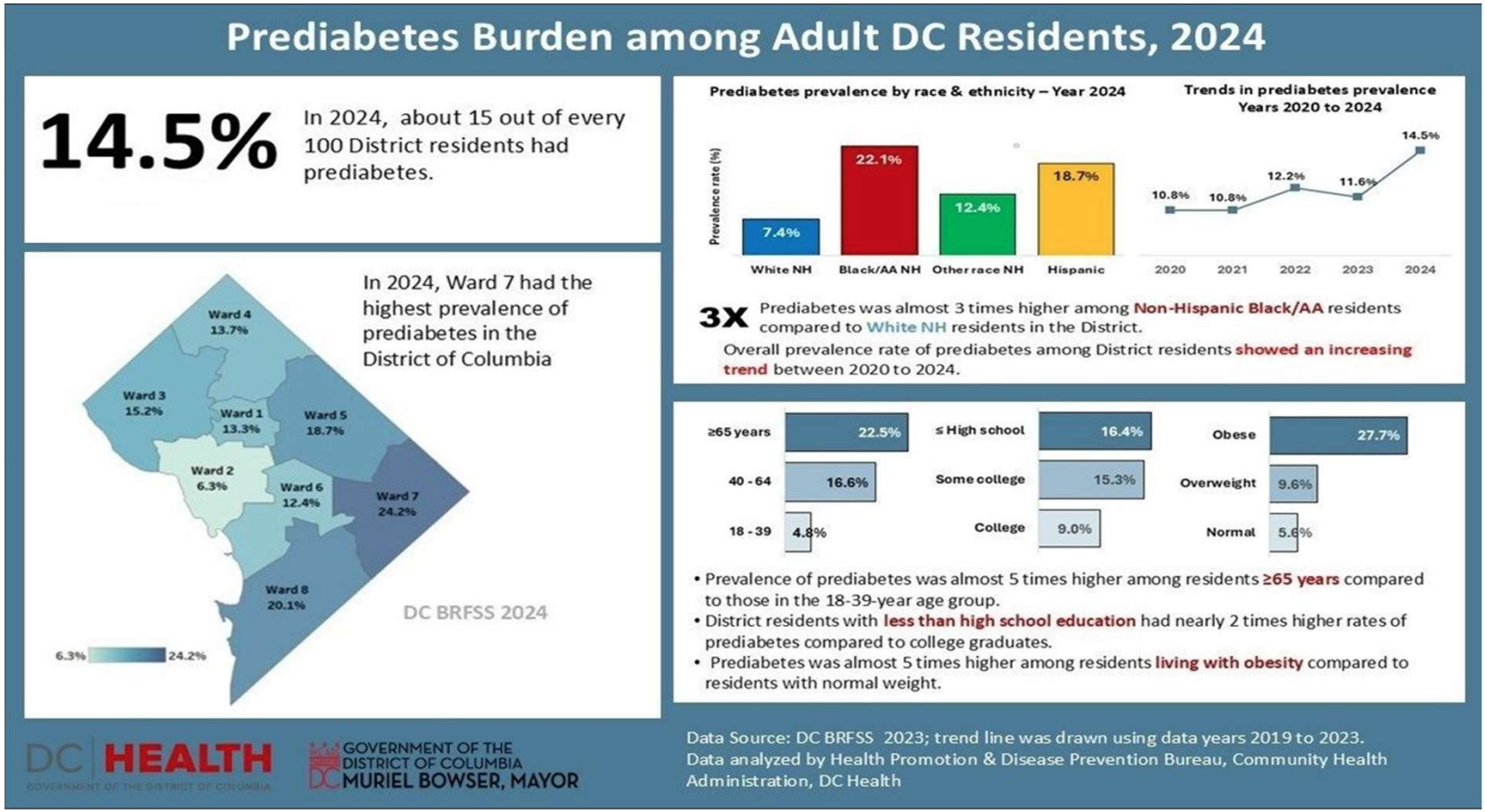
Data Source: Centers for Disease Control and Prevention. (n.d.-b). The surprising truth about prediabetes. Centers for Disease Control and Prevention. https://www.cdc.gov/diabetes/prevention-type-2/truth-about-prediabetes.html

State of Prediabetes in DC

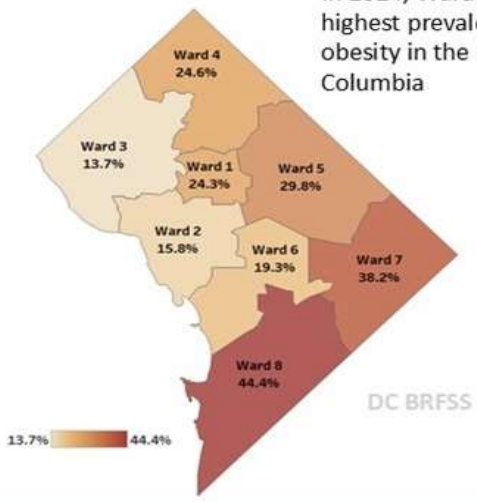


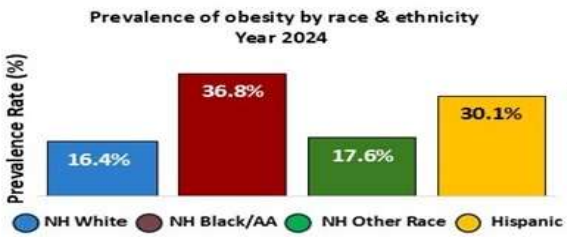
State of Obesity in DC

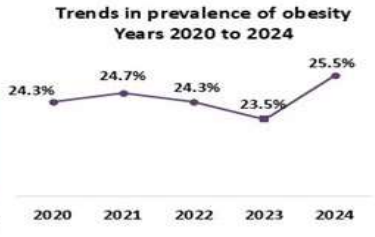
Current Obesity Burden among Adult DC Residents, 2024

25.5% Of adult (18 years and older) District residents were living with obesity in 2024.

In 2024, Ward 8 had the highest prevalence of obesity in the District of Columbia

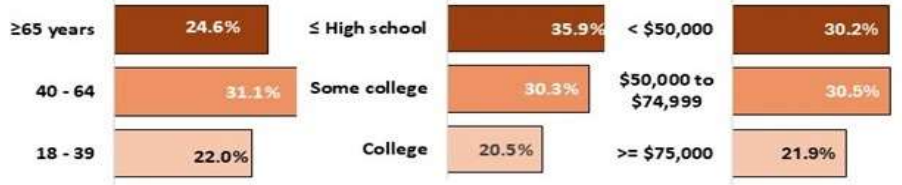






Non-Hispanic (NH) Black residents have more than 2 times higher rates of obesity compared to **NH White residents.**

Prevalence rate of obesity among District residents **showed an increase in 2024** compared to year 2023.



- Highest prevalence of obesity was seen among residents **aged 40 – 64 years** (31.1%).
- District residents with **less than high school education** had nearly 1.8 times higher rates of obesity compared to college graduates.
- Obesity was highest among **those with annual household income <$50,000** (30.2%).

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MURIEL BOWSER, MAYOR

Data Source: DC BRFSS 2024; trend line was drawn using data years 2020 to 2024.
Data analyzed by Health Promotion & Disease Prevention Bureau, Community Health Administration, DC Health

Trends in Prevalence of Prediabetes and Obesity in DC

Diabetes Key Metrics

DC Population: 671,803

Total Diabetes Cases (Prevalence): 44,101

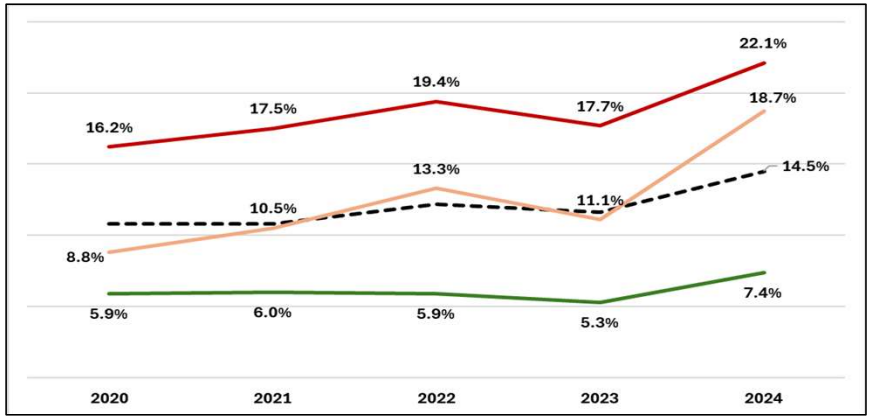
New Diabetes Cases (Incidence): 3,000

Prediabetes*: 47,000

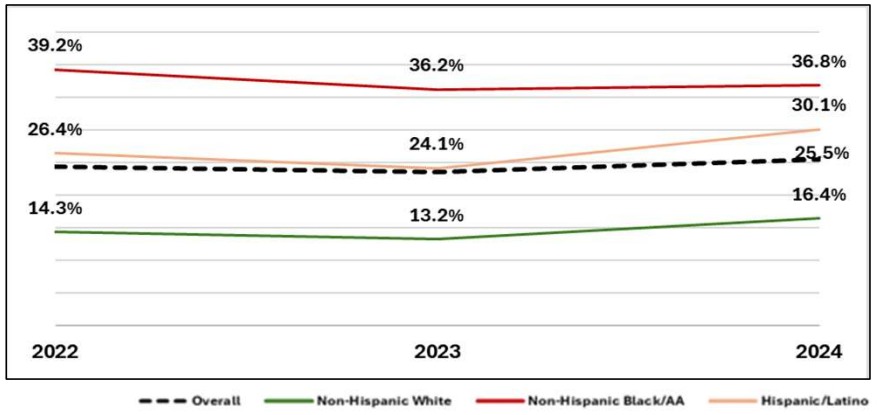
Total Direct Medical Cost Attributed to Diabetes: $851M

*data are less precise, but still may be informative
**data is cumulative of BRFSS information for each metric
Data Source: Centers for Disease Control and Prevention. (n.d.). *State Diabetes Profiles*. Centers for Disease Control and Prevention. https://www.cdc.gov/diabetes-state-local/php/state-profiles/index.html#DC

Trends in Prevalence of Prediabetes in DC, 2020-2024 (by Race/ Ethnicity)



Trends in Prevalence of Obesity in DC, 2022-2024 (by Race/ Ethnicity)



Data Source: DC BRFSS 2020-2024

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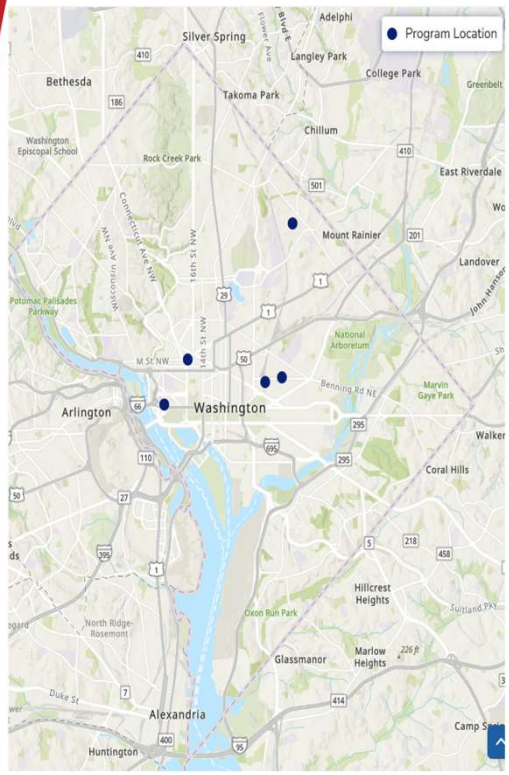
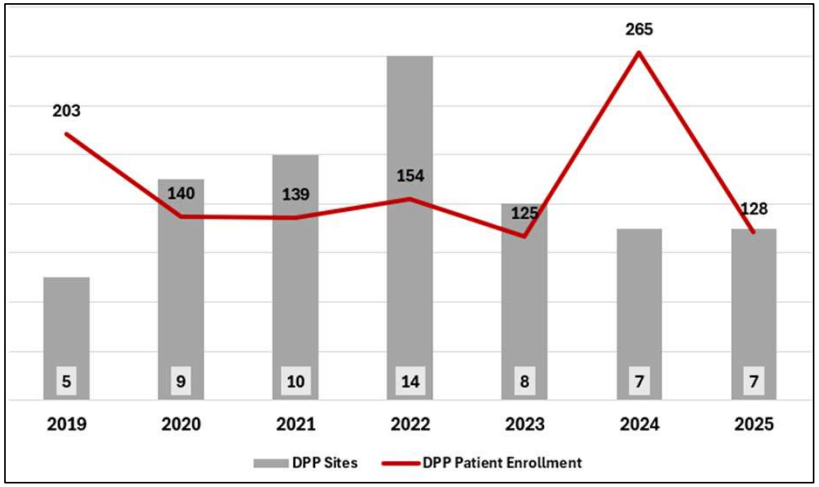
Trends in DPP Enrollment

DPP Sites offering In-person classes

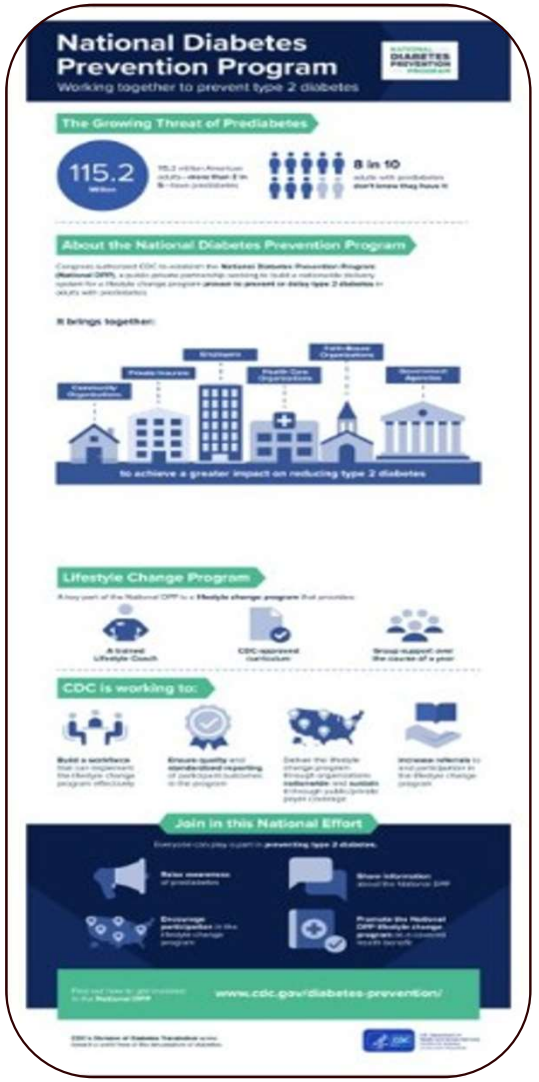


Data Source: Centers for Disease Control and Prevention. (n.d.-a). Find A lifestyle change program. Centers for Disease Control and Prevention. https://www.cdc.gov/diabetes-prevention/lifestyle-change-program/find-a-program.html

Trends in DPP Enrollment among District Residents, 2020-2024



Data Source: Centers for Disease Control and Prevention. DPRP State Reports, 2019-2025



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Diabetes Prevention Coverage: Payer Landscape, Revenue Opportunities, and Organizational Benefits

Joanna DiBenedetto

Introductions

Joanna DiBenedetto

Diabetes Prevention Coverage Subject Matter Expert (SME) Consultant for CDC-funding initiatives (including MATCH Initiative and NACDD PHIC project).

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Today's Goal

To provide an overview of payers and revenue opportunities for the National DPP/Medicare DPP and describe why a health care organization, pharmacies and community-based organization would consider becoming a provider of the program.

Overview

Diabetes affects people of all ages and all walks of life.

No matter the age, employment status, or income level of your community, when it comes to offering evidence-based interventions to help people prevent or manage diabetes, health care and community-based organizations need to know the ins and outs of the services including access and coverage.

The Problem

- More than 1 in 3 adults in the US—An estimated 96 million US adults—have prediabetes.
- 1 in 2 adults aged 65 and older have prediabetes.
- 1 in 3 adults aged 65 and older have diabetes, with prevalence expected to increase to 21% of the adult population.
- Diabetes causes individuals to spend 2.6 times more on healthcare per year.
- Medical care for diabetes for persons aged 65 and older cost the nation about $205 billion in 2022.
- Adults with diabetes have twice the hospitalizations and emergency department visits and take a larger number of prescription medications relative to adults without diabetes.

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https://www.cms.gov/priorities/innovation/files/mdpp-business-case.pdf. Accessed May 2026.

NATIONAL DIABETES PREVENTION PROGRAM

What is the National Diabetes Prevention Program?

- Research has shown that investing in type 2 diabetes prevention can slow or prevent the development of type 2 diabetes in adults with prediabetes or who are at risk for developing type 2 diabetes—**resulting in reduced costs and healthier populations**
- To address this problem, CDC established the **National Diabetes Prevention Program (National DPP),** which is a partnership of public and private organizations that provide the framework for type 2 diabetes prevention efforts in the U.S. One component of the National DPP is the **National DPP lifestyle change program**.
- Research shows that people with prediabetes who take part in this **evidence-based**, structured year-long lifestyle change program can **cut their risk of developing type 2 diabetes by 58% (71% for people over 60 years old).**

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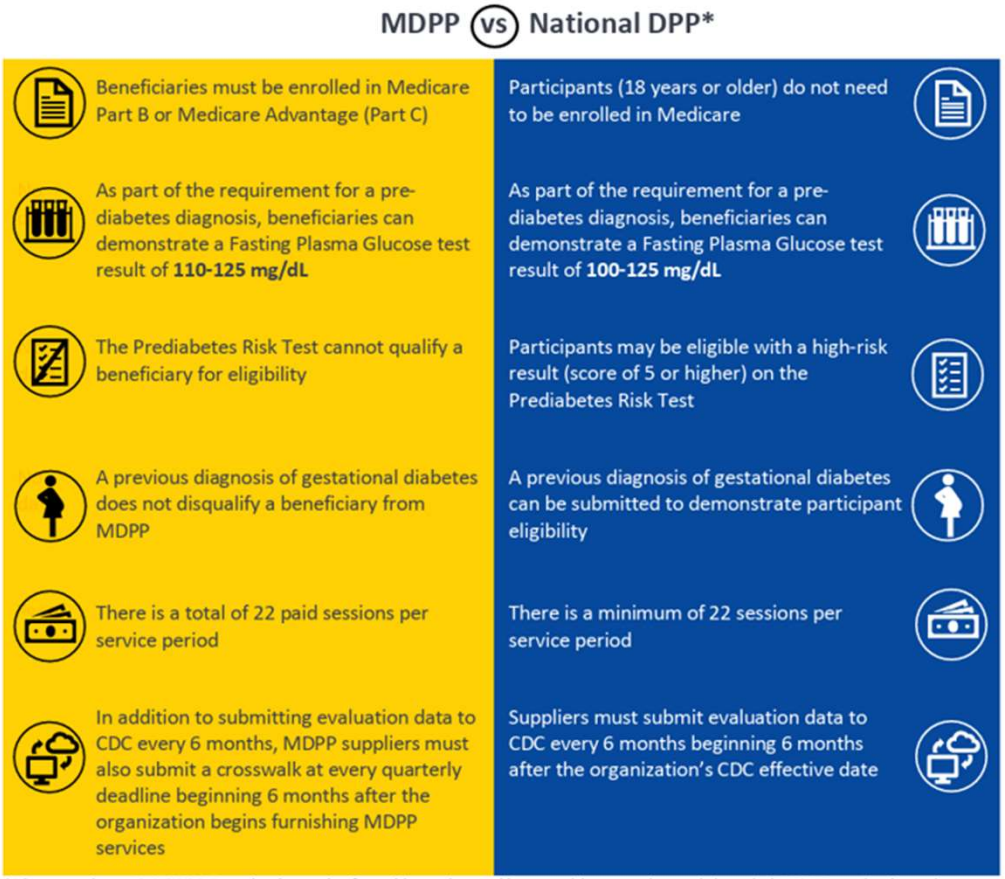
https://coveragetoolkit.org/about-national-dpp/ndpp-overview/ . Accessed May 2026.

Medicare DPP (MDPP) vs. National DPP

- MDPP is for Medicare Beneficiaries (only)
- The curriculum, frequency and duration requirements are the same.
- Participant eligibility have some slight differences
- MDPP supplier organizational requirements go above and beyond the National DPP requirements



*The complete CDC DPRP Standards can be found here: https://nationaldppcsc.cdc.gov/s/article/DPRP-Standards-and-Operating-Procedures.

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Where to seek reimbursement for providing the program?

Public and Private Health Care Payers

National DPP/MDPP Payers

Public Payers	Coverage	Reimbursement
Medicare	100% of eligible beneficiaries nationwide	Value Based via Medical Claims to Medicare Administrative Contractors (MAC's)
Medicaid	Varies state by state	Varies per state. Payment via Medicaid Contracted Organization's (MCO's)
Customer retention	Loyalty programs, automation	Boost purchases
Medicare Advantage	100% of eligible beneficiaries	In network and Out of network
Commercial Plans/Employers	Varies per plan	Mix of Invoices and Medical billing

Medicare Coverage sets trends

- Medicare is a government-sponsored health insurance plan for people age 65 or older as well as some younger persons with disabilities and individuals diagnosed with En-Stage Renal Disease and ALS.

- Medicare Diabetes Prevention Program (MDPP) has been included as a Medicare covered benefit since 2018 with a total max payment of $782 (in-person) per participant based on the 2026 PFS Payment Rate.

- All health care payers (i.e., Medicaid, Commercial and Employer-Sponsored Insurance) look to Medicare as a benchmark. Other payers may adopt similar eligibility criteria, benefit design, and procedure codes for billing purposes. They may also base their reimbursement rates on a percentage of Medicare's

Variety Across Payers

- Each payer can set up their requirements for the program. Most payers require that program are CDC-recognized (and Medicare does require that programs are CDC-recognized and enroll with CMS to be an “MDPP supplier”).
- Each payer may require a contracting or credentialling process
- Each payer may reimburse a different total amount or via a different payment structure

Umbrella Hub Organizations (UHO’s) or Community Care Hubs (CCH’s) are enticing for payers to contract with as they should have potential to serve more of their members with one contract to manage. Programs (often called “subsidiaries) can contract with the UHO/CCH to be a delivery organization and take on less of the administrative/contracting/billing burden.

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Why Become a CDC-Recognized DPRP Program and/or an MDPP Supplier?

Long term evidence:

In a 2020 study, researchers used the Knowledge to Action framework (K2A) to understand how the National DPP lifestyle change program was translated from research into a Medicare covered benefit. The researchers identified four milestones:

- **Strong evidence base:** Evidence of the National DPP lifestyle change program's efficacy is based in the DPP Clinical Trial, a randomized clinical trial with 10, 15, and 21-year follow up data. Follow-up studies and international studies have spanned different implementation types and settings to confirm the effectiveness of this intervention in preventing or delaying type 2 diabetes.

- **Cross-sector engagement to create a national infrastructure:** CDC gathered public, private, academic, and community institutions to develop a sustainable infrastructure for delivery of the National DPP lifestyle change program and to create quality standards. When the program became a Medicare-covered benefit, CMS was able to largely rely on CDC for quality assurance through this infrastructure.

- **Evidence of effectiveness with the Medicare population:** CMS funded 17 YMCA-USA sites to deliver the National DPP lifestyle change program to Medicare beneficiaries, which demonstrated significant cost savings and reductions in inpatient stays and emergency department visits.

- **Extensive public input into the MDPP:** Stakeholders submitted thousands of comments across two rulemaking cycles to inform the details of the model. CMS was required to respond to the comments and either make policy changes or describe why certain policies could not be modified and consequently established multiple policies in response to the public comments.

Diabetes Care. 2013 Jul;36(7):2027-34. https://pubmed.ncbi.nlm.nih.gov/23275375 . Accessed May 2026.

The National DPP has Long-Term Evidence of Maintained Benefits:

- 10 and 15-year follow up studies were completed for the DPP. The 15-year follow up study substantiated that diabetes incidence was reduced by 27% in the group that experienced the intervention, and that “cumulative diabetes incidences” was 55% as compared to 62% in those who had not had an intervention. The 15-year follow up study can be found here.
- Those who qualify for weight management medications (and their payers) should consider the addition of participation in lifestyle behavior modification programs such as the National DPP to strengthen their ability to maintain weight

CDC's Diabetes Prevention Recognition Program (DPRP)

To ensure high quality and impact, CDC sets standards for organizations that wish to offer a lifestyle change program. CDC's DPRP plays a critical role in assuring that organizations can effectively deliver the evidence-based lifestyle change program with quality and fidelity. To achieve **CDC recognition**, organizations must provide evidence that they are following a CDC-approved curriculum and achieving meaningful results with patients based on established national standards.

Registry of All Recognized Organizations

The National Registry of Recognized Diabetes Prevention Programs lists contact information for all CDC-recognized organizations that deliver evidence-based type 2 diabetes prevention programs in communities across the United States. As of 2026, there are over 1500 CDC-Recognized Organizations that are approved to provide the National DPP in a variety of settings (in-person, distance learning, online or a hybrid).

CDC-Recognized Organizations/ MDPP Suppliers Can:

Improve Health.
DPP/MDPP can reduce the risk of type 2 diabetes by providing tools people need to make lifestyle changes.

Expand Access to Quality Care. DPP/MDPP can help reach medically underserved or high-need areas through Distance Learning or Online delivery to improve health care access.

Participant/Beneficiary Satisfaction:
Beneficiaries who have participated in MDPP have reported that the program was simple to follow and approachable, being satisfied with it, and that they would recommend MDPP to a friend.

Receive Payment and Help Reduce Healthcare Costs.
MDPP covers 1 year of interactive sessions delivered to eligible beneficiaries and performance payments for weight loss achievement and maintenance.

There are a variety of other public and private payers that cover the costs of the program.

Moreover, DPP/MDPP can help prevent the onset of diabetes and reduce healthcare costs in your community.

Should Your Org Become a DPP Provider?

- Do you already serve people with prediabetes or other chronic conditions?
- Do you screen for or offer other chronic disease prevention or healthy programs?
- Can you promote DPP via other services you offer?
- Do you bill Medicare or other payers for other services?
- Does your organizational mission and/or values support chronic disease prevention through healthy lifestyle?
- Can you play a role with DPP other than being a provider/supplier (i.e. subsidiary, referring partner, delivery location)?

Note: ADA-recognized and ADCES-accredited diabetes self-management education and support (DSMES) services organizations **can be fast-tracked by CDC's DPRP** to preliminary recognition, skipping the 12-month pending recognition stage.
For more information, please visit the CDC's National DPP Customer Service Center.

Resource: CDC's Customer Service Center

CDC's Customer Service Center (CSC) provides organizations with access to wide range of resources - including training materials, toolkits, and videos - to support the delivery of the National Diabetes Prevention Program (National DPP). Users can also ask questions and receive technical assistance on all aspects of the program.

Key Resources

DPRP Standards and Operating Procedures
Review the requirements to deliver the year-long National DPP lifestyle change program.

FAQ: Applying for CDC Recognition
Learn how and when to submit an application to become CDC-recognized.

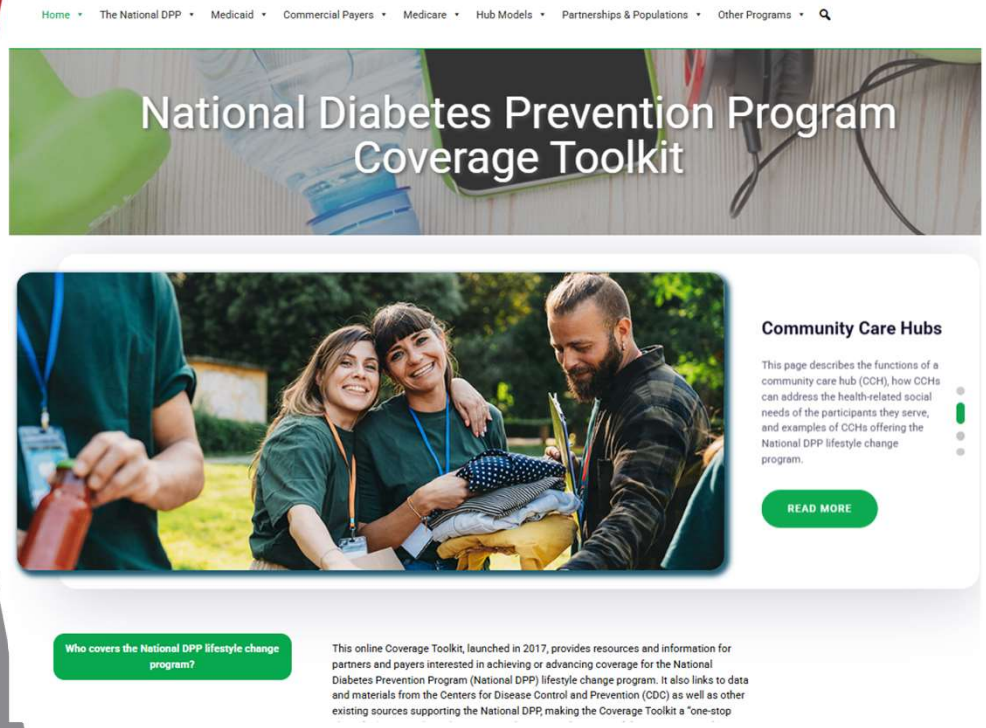
PreventT2 Curricula and Handouts
Find required modules and key components of the CDC-approved curriculum.

Training for your Lifestyle Coaches
Review the ways to obtain formal training to deliver the lifestyle change program.

National DPP Coverage Toolkit
Find resources and information on coverage and reimbursement.

Health Equity Resources
Information about fair and equal opportunity while delivering the lifestyle change program.

Resource: Coverage Toolkit



Online resource, launched in 2017, as a "one stop shop" for learning about the National DPP/MDPP

- Information includes
  - Information for partners and payers interested in achieving or advancing coverage for the National DPP/MDPP
  - Links to data and materials from the CDC and CMS
  - Provides resources as well as other existing sources supporting the National DPP

https://coveragetoolkit.org/

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Resource: DPP Business Tools

The DPP Revenue Projection Tools are designed to help an existing or potential CDC-recognized program or MDPP supplier:

- Estimate the revenue from eligible beneficiaries that are projected to enroll into the DPP program. The tool allows for the projections based on estimated referrals and other attributes, such as MA plan participation or geographic regions.
- Estimate beneficiary referral to enrollment conversion rates from specific referral sources.
- Assist programs with business acumen efforts by providing estimated revenue for budgetary planning and obtaining leadership support.

The Participant Enrollment Planning (PEP) Tool is the solution for streamlining the referral and enrollment process, empowering National DPP organizations and MDPP suppliers to boost program participation efficiently. This tool is designed to allow programs to project the number of referrals that convert to enrollments into their programs per referral source, optimize the scheduling of cohorts with space to set goals around the number of participants and staffing and offer a smart, data-driven approach to refining outreach strategies. ***Enhanced version coming in July of 2026.***

The MDPP Capacity Assessment Tool, developed with input from experienced MDPP suppliers, is designed to help both potential and existing MDPP suppliers identify areas where they may need to increase capacity to be a more successful and sustainable program. ***Enhanced including DPP Capacity questions coming in July of 2026.***

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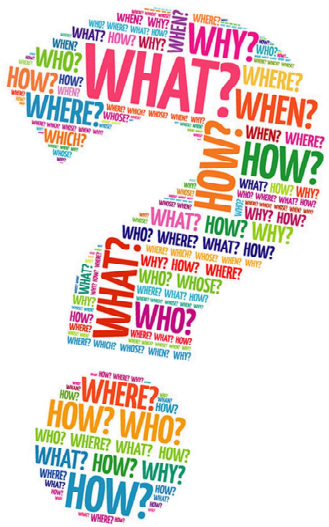
https://www.dppbusinesstools.org

Open Discussion Questions

- What differences have you seen between payer types when it comes to supporting the National DPP/Medicare DPP?
- What revenue opportunities stand out as most valuable or realistic for your organization?
- What strategic reasons might motivate your organization to offer the National DPP/Medicare DPP?
- What first steps could you apply within your role to explore feasibility to become a National DPP/Medicare DPP provider?



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Closing/Announcements

Closing

- Partners: please share any announcements or upcoming events
- Today's session will be shared and available soon on livingwell.dc.gov
- Our next DPM CoP session is on **Tuesday, July 28, 2026, 2:00 PM – 3:00 PM**
- Please take a moment to complete the quick evaluation poll

THANK YOU

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2201 Shannon Place SE, Washington, DC 20020

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