PROVIDER*Update*





REGULATORY

JANUARY 30, 2019

UPDATE 19-036

3 PAGES

Medi-Cal Diabetes Prevention Program Targets Type 2 Diabetes

The Diabetes Prevention Program is a covered benefit for eligible Medi-Cal members beginning in 2019

On July 10, 2017, Senate Bill 97 (Chapter 52, Statutes of 2017) and Assembly Bill 1810 (Chapter 34, Statutes of 2018) were revised to require the Department of Health Care Services (DHCS) to establish the Diabetes Prevention Program (DPP) as a Medi-Cal benefit within the fee-for-service (FFS) and managed care delivery systems. The Medi-Cal DPP will be consistent with the guidelines provided by the Centers for Disease Control and Prevention (CDC) and incorporate many components of the Centers for Medicare & Medicaid Services (CMS) DPP in Medicare.

PROGRAM OVERVIEW

Effective January 1, 2019, DPP is available to eligible CalViva Health members as a covered benefit. DPP is an evidence-based, lifestyle change program that promotes and focuses on emphasizing weight loss through exercise, healthy eating and behavior modification. The program is designed to assist Medi-Cal beneficiaries diagnosed with prediabetes in preventing or delaying the onset of type 2 diabetes.

The DPP core benefit lasts one year, and consists of 22 peer-coaching sessions as follows:

Session Type	Frequency	Description
CORE SESSIONS	16 weekly	At least 16 sessions over the first 6 months
CORE MAINTENANCE SESSIONS	6 monthly	At least 1 session per month over the next 6

Members who achieve and maintain a minimum weight loss of five percent by the end of the year will be eligible to receive ongoing maintenance sessions to help them continue healthy lifestyle behaviors.

Omada Health will administer the DPP benefit. Omada is an online health program. Eligible members will interact with a health coach, receive a wireless scale and pedometer, engage in small online peer group support, and receive weekly online lessons.

DPP ELIGIBILITY

Medi-Cal members who meet the following DPP eligibility requirements may be referred by providers:

THIS UPDATE APPLIES TO MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- O Ancillary Providers

PROVIDER SERVICES 1-888-893-1569 www.healthnet.com

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- Be enrolled in Medi-Cal.
- Be at least age 18 or older.
- Have a body mass index (BMI) of at least 25 if not identified as Asian; have a BMI of at least 23 if identified as Asian.
- Have had one of the following within 12 months prior to the provider's recommendation:
 - A hemoglobin A1c test with a value between 5.7 and 6.7 percent
 - A fasting plasma glucose of 110-125 mg/dL
 - A two-hour plasma glucose of 140-199 mg/dL
- No previous diagnosis of type 1 or type 2 diabetes, excluding gestational diabetes.
- Do not have end-stage renal disease (ESRD).

HOW TO REFER A MEMBER FOR DPP PARTICIPATION

Providers can refer members who meet the DPP eligibility requirements to the program by completing the attached Diabetes Prevention Program Provider Referral Form and faxing it to 1-800-628-2704. A fax cover sheet must accompany all fax transmissions of Protected Health Information. The cover sheet must be labeled "PROTECTED HEALTH INFORMATION."

Providers can also refer members to call Member Services at 1-888-893-1569 (TTY: 711) to learn more about the program. Members may access Omada Health directly at omadahealth.com/CalViva, and take the eligibility assessment to register for the DPP program.

ADDITIONAL INFORMATION

Relevant sections of the provider operations manuals have been revised to reflect the information contained in this update as applicable. Provider operations manuals are available electronically in the Provider Library, located on the provider website at provider.healthnet.com.

Providers are encouraged to access the provider portal online at provider.healthnet.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact CalViva Health at 1-888-893-1569.





PROVIDER REFERRAL FORM (Medi-Cal) Diabetes Prevention Program (DPP)

eferral date:							
Program referral options Digital DDD (English/Speciels)					Please fax completed form to 1-800-628-2704		
☐ Digital DPP (English	n/Spanisn)						
dembers can access Oma ssessment to register for the services at 1-888-893-1569	the DPP progr						
atient information							
Patient name:			Patient health plan ID number:				
Date of birth:			Language:	J Er	iglish JSpanish	J Other:	
Height: (inches)	Weight:	(lbs)	Sex:				
Body mass index (BMI):			Other signi	ficant	diagnoses:		
Address:			y:		State:	ZIP:	
Telephone:		Em	nail:		<u>.</u>		
riteria for eligibility: Mus		sed BM	I and one o	f the	following lab val	ues	
BMI: ≥ 25 (if Asian grea							
☐ A1C values between 5.7		الم					
☐ Fasting plasma glucose		_					
☐ Oral glucose tolerance t	est between 12	+0-199	mg/uL				
rovider information (req	uired)						
Provider office name:							
Physician name:			Ph	/sicia	n license number		
Address:		City	y:		State:	ZIP:	
Telephone:		Fax	x:				
Signature of licensed professional and credential		S		Da			

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