

# The Medicare Diabetes Prevention Program: A Practical Guide for Medicare Advantage Plans

## Introduction to the Medicare Diabetes Prevention Program Benefit

In 2017, Centers for Medicare and Medicaid Services ([CMS](#)) issued a [final rule](#) that made the Medicare Diabetes Prevention Program (MDPP) a **covered benefit**. The MDPP is an [evidence-based](#) health behavior change program to help eligible Medicare beneficiaries prevent type 2 diabetes.

**Program Description:** The one year-long program consists of 16 weekly sessions over a six-month period, followed by at least 6 monthly sessions over the next six-month period. The MDPP is based on the evidence-based [National Diabetes Prevention Program \(National DPP\) lifestyle change program](#).

**Program Administration:** The program is administered by organizations that have been enrolled and approved by CMS, called “MDPP suppliers.” MDPP suppliers can be health care organizations (HCOs) such as hospitals, physician practices, and clinics; they can also be community-based organizations (CBOs) such as YMCAs, Area Agencies on Aging, and local public health authorities. MDPP suppliers are reimbursed by Medicare and Medicare Advantage plans for offering the program to eligible Part B beneficiaries.

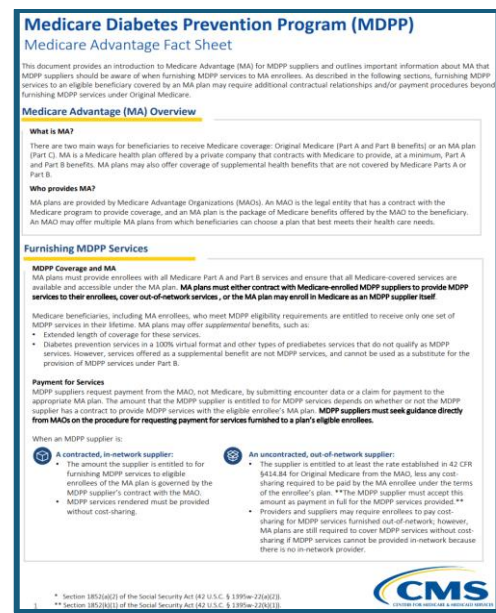
**Program Delivery:** MDPP supplier organizations must first obtain recognition status from the [Centers for Disease Control and Prevention’s \(CDC\) Diabetes Prevention Recognition Program \(DPRP\)](#). After status is obtained, the organization can enroll with CMS to become a MDPP supplier. The program is delivered by Lifestyle Coaches, who can be traditional or non-traditional health care providers, trained according to DPRP standards, and employed by an MDPP supplier to deliver approved curriculum to participants.

**National Provider Identifier Required:** For an MDPP supplier to bill for services, the Lifestyle Coach must obtain a National Provider Identifier (NPI), be enrolled on PECOS associated with the MDPP supplier, and have that NPI number included as the rendering provider on a medical claim.

People with prediabetes over 60 years old who take part in this structured lifestyle change program can reduce their risk of developing type 2 diabetes by up to 71%.

The MDPP delivers training from a Lifestyle Coach to make realistic, lasting behavior change around healthy eating and physical activity and offers support from peer participants with similar goals and challenges.

## CMS Resource for MDPP Suppliers with information on how to work with MA



Both original Medicare and Medicare Advantage (MA) are required to reimburse for delivery of the MDPP once per lifetime for Medicare beneficiaries who are eligible for the MDPP.

Medicare beneficiaries are **eligible** if they meet the following criteria:

- Enrolled in Medicare Part B (for more information see CMS's [Checking Medicare Eligibility](#) resource);
- BMI  $\geq 25$ ;  $\geq 23$  if self-identified as Asian;
- A1C (HgA1c) between 5.7 and 6.4%, or a fasting plasma glucose of 110-125 mg/dL, or a two-hour post-glucose challenge of 140-199 mg/dL (oral glucose tolerance test) within the previous 12 months;
- No previous diagnosis of type 1 or type 2 diabetes with the exception of a previous diagnosis of gestational diabetes; and
- Does **not have end-stage renal disease (ESRD)** at any point during the MDPP services period.

### The Medicare Diabetes Prevention Program Value Proposition for MA plans:

- **Strong evidence base:** The MDPP is a proven health behavior change program to help participants prevent type 2 diabetes. Studies have followed participants for [over 20 years](#) after completion of the program and found that those whom participated in the lifestyle change program were still more protected against developing type 2 diabetes than those who were given metformin or received no intervention.
- **Risk adjustment:** CMS Innovation Center (CMMI) uses [risk adjustment](#) to determine the payment that MA plans receive for serving their members based on a member's age, sex, health, and socioeconomic status, factors that are in part determined through annual wellness visits. MA plans can work with MDPP suppliers to encourage members to attend annual wellness visits so the plans can develop a better understanding of overall member health.
- **NCQA accreditation:** The National Committee for Quality Assurance (NCQA) sets requirements for MA plans to achieve [Healthcare Effectiveness Data and Information Set \(HEDIS\) performance measures](#). The MDPP can support achievement of the HEDIS measures due to the year-long touchpoints provided and the lifestyle change skills which are included in the program. For example, measures included in the HEDIS CY 2024 include controlling high blood pressure, physical activity tracking for older adults, and adult access to preventive health services, all of which are [proven results or outcomes](#) of the MDPP. Additionally, the MDPP can be used to support additional measures, such as medication adherence, because MDPP participants are required to track daily food intake as part of curriculum.
- **Member satisfaction:** The [CMS Star Rating](#) measures the quality of health services received by consumers enrolled in MA plans, and is often used by Medicare beneficiaries as a way to select high-quality MA plans. Measurements included in the Star Ratings include the plan's ability to monitor physical activity and provide care for older adults, both of which are accomplished through participation in the MDPP. The MDPP can be offered both in-person and via distance learning, giving members options for accessing the lifestyle change program, leading to an improved member experience.
- **Annual Enrollment Period marketing support:** Many MDPP suppliers have in-house marketing and outreach resources to engage MA plan beneficiaries. MDPP suppliers can work with MA plans to market the program prior to the Annual Enrollment Periods (AEP).
- **Cost savings:** Preventing diabetes in an MA population can translate to significant [cost savings](#). People diagnosed with diabetes incur an average of \$16,750 annually in medical expenses, about 2.3x the medical expenses of someone without diabetes.



- **Reduced plan burden:** MDPP suppliers can reduce the chronic disease burden of MA plan members leading to a reduction of health care costs for high-risk members. Many MDPP suppliers have established infrastructure to support receiving referrals for MA members with prediabetes. MDPP supplier referral infrastructure lends itself to efficient transitions of care and improved care coordination.
- **Corollary health benefits:** While geared towards preventing type-2 diabetes, the MDPP’s long-term focus on weight loss, healthy eating, and increased physical activity offers a wide range of health benefit and can [combat other chronic conditions](#), such as hypertension and kidney disease, and have beneficial effects on mental health conditions like mild to moderate depression.
- **Addressing HRSN:** Health plans are increasingly focused on developing methods to identify and address [health-related social needs \(HRSN\)](#) among members and [studies have shown](#) that diabetes is more prevalent among populations who experience economic instability, food insecurity, lack of access to sufficient education and quality healthcare quality, and social isolation. In addition to preventing type 2 diabetes, participation in the MDPP can also help MA plans reach priority populations, connect members to social services or resources, and provide support for navigating complex healthcare systems.
- **Program standards:** Organizations that provide and facilitate the National Diabetes Prevention Program (National DPP) lifestyle change program must be [CDC-recognized](#), which means the organization must meet rigorous standards set forth by CDC. CDC-recognized organizations must adhere to the evidence-based curriculum, meet data collection prerequisites, and program evaluation requirements.
- **Risk pool impact:** Given that MA plans take on the financial risk for all enrollees, they are incentivized to prevent high-cost conditions such as type 2 diabetes. The MDPP can positively impact an MA plan’s risk pool.
- **Value Based Payment Model:** [The Calendar Year 2024 Physician Fee Schedule \(PFS\) Payment Schedule for MDPP](#) includes both attendance-based payments and value-based payments (VBP). The VBP features of the MDPP payment schedule can support MA plan goals around innovative payment methodologies.
- **Data sharing:** MDPP suppliers collect various process and outcome measures as part of their CDC recognition status. This data can be shared with the MA plan to track enrollee participation and progress.
- **Efficient claims submission:** MDPP suppliers can access and navigate the Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS) to confirm Medicare eligibility and MA plan membership to ensure successful claims submission. MDPP suppliers have access to significant resources related to working with MA plans on the National Association of Chronic Disease Director’s (NACDD) National DPP Coverage Toolkit [MDPP Implementation Resources](#) page.

## Working with a Contracted MDPP Supplier

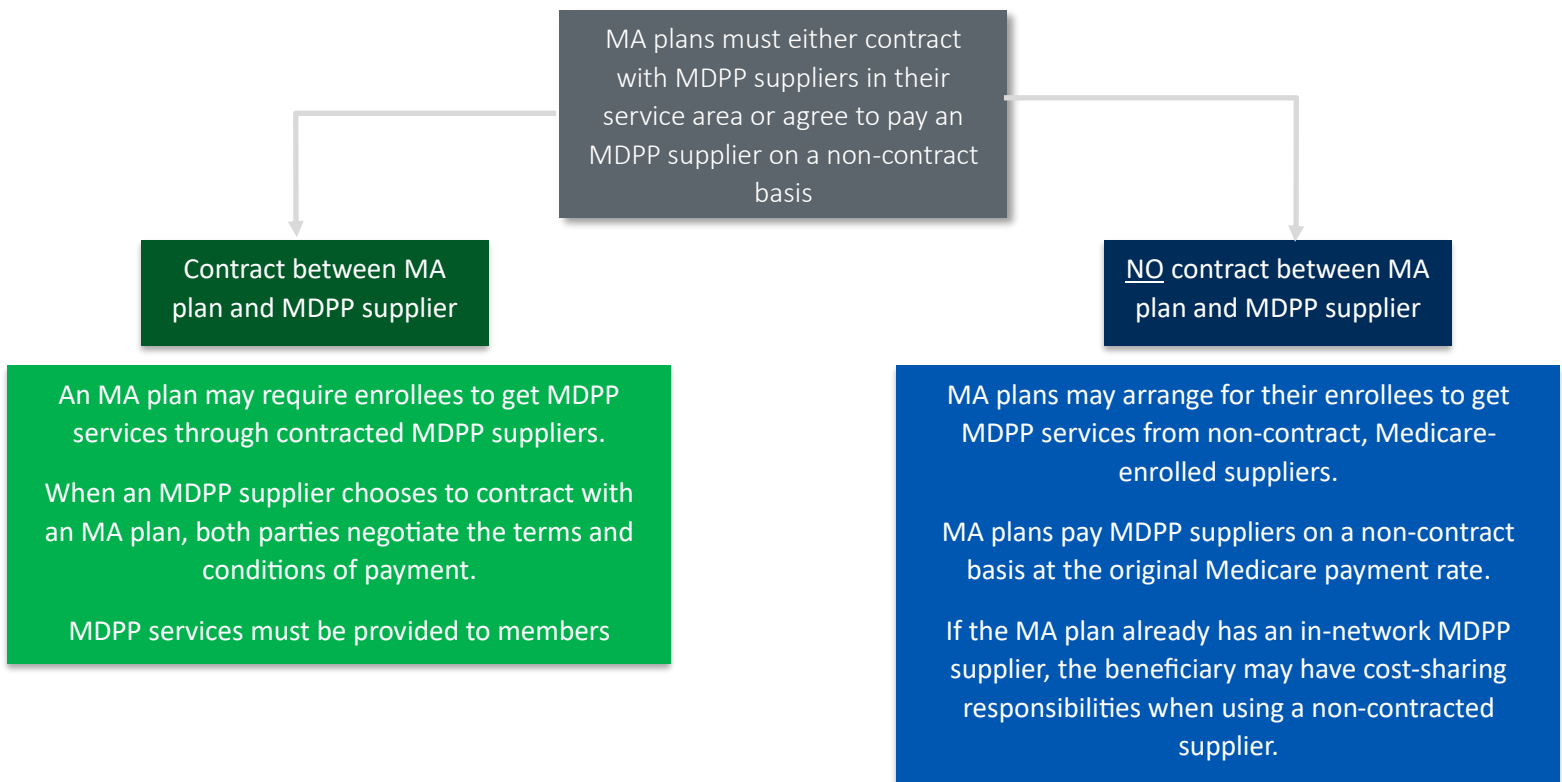
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[According to CMS](#), MA plans must either:

- 1) contract with enrolled MDPP suppliers to provide the MDPP to their enrollees;
- 2) cover out-of-network services; or
- 3) the MA plan may enroll in Medicare as an MDPP supplier itself.



The diagram below shows the two options MA plans have for reimbursing MDPP suppliers for the MDPP:



#### Additional considerations for working with a contracted MDPP supplier:

- **Lifestyle Coaches:** CMS requires all Lifestyle Coaches to obtain an NPI to ensure Lifestyle Coaches meet CMS program integrity standards. MDPP suppliers are required to supply the name and NPI of the Lifestyle Coach who furnished each MDPP session. This information will appear as the rendering provider on box 24J of the CMS-1500 claim form or the electronic equivalent, the 837p.
- **Member Status:** In collaboration with MA plans, MDPP suppliers will determine the prediabetes status of members and work to enroll them in the MDPP. Enrollment and participation will be voluntary on the part of the member.
- **Umbrella Hub Arrangements:** MDPP suppliers can participate as a subsidiary in an [umbrella hub arrangement](#) (UHA), which is a network of CDC-recognized organizations that deliver the MDPP. The lead organization, or umbrella hub organization (UHO), can provide administrative support to participating CDC-recognized organizations, or subsidiary organizations, in accessing health care reimbursement, obtaining referrals, program fidelity and reporting, and Lifestyle Coach training. MA plans that contract with a single UHA would have access to a wide network of MDPP suppliers which streamlines contracting, billing, and claims processes while addressing network adequacy. While UHAs can work with multiple payer types, MDPP supplier enrollment is a high priority for UHAs.

## Call to Action for MA Plans

MA plans interested in the MDPP specific service offerings should review the [CMS website for the MDPP Expanded Model](#)

### Connect with MDPP suppliers located where your members are:

- Access the [MDPP Supplier Map](#) or [view a list of all current MDPP suppliers](#), along with supplier location information and contact information
- Connect with an MDPP supplier
- Consider contracting with an MDPP supplier to provide MDPP to your members

### Consider:

- Network adequacy to deliver the MDPP to your members
- Leverage population health data to identify members at risk for pre/diabetes
- Integrate prediabetes screening into case management services
- Strategies to improve awareness about the MDPP to your members
- Strategies to improve awareness about the MDPP to your network providers
- Supplemental benefits that improve your members' readiness to enroll and maintain enrollment in the MDPP
- Reimbursing at rates higher than CMS schedule
- Quality outcomes you are focused on improving

### Review the following:

- [CMS website for the MDPP Expanded Model](#): This page provides a background on the MDPP, its latest evaluation reports, and additional information and MDPP resources.
- [CMS MDPP Medicare Advantage Fact Sheet](#): This document provides an introduction to Medicare Advantage (MA) for MDPP suppliers and outlines important information about MA that MDPP suppliers should be aware of when furnishing MDPP services to MA enrollees.
- [Coverage Toolkit MDPP Basics page](#): This page provides a brief overview of the MDPP.
- [Coverage Toolkit MDPP Implementation Resources page](#): This page provides an up-to-date repository of resources for MDPP suppliers. See the "Working with MA Plans" tab in the MDPP Webinars and Resources section to understand the types of resources made available to MDPP plans that currently work with or hope to work with MA plans.





The National Association of Chronic Disease Directors (NACDD) and its more than 7,000 Members seek to strengthen state-based leadership and expertise for chronic disease prevention and control in states and nationally. Established in 1988, in partnership with the U.S. Centers for Disease Control and Prevention, NACDD is the only membership association of its kind to serve and represent every chronic disease division in all states and U.S. territories. For more information, visit [chronicdisease.org](http://chronicdisease.org).

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