Medicare Diabetes Prevention Program (MDPP)
Beneficiary Eligibility Fact Sheet

This checklist contains a summary of MDPP beneficiary eligibility requirements, as well as tips that MDPP suppliers can use to determine beneficiary eligibility. A full list of the beneficiary eligibility requirements can be found in the CY18 Medicare Physician Fee Schedule final rule at 42 C.F.R. 410.79(c).

**REQUIREMENTS TO START SERVICES**

To start MDPP services, beneficiaries must have:

- **Medicare Part B coverage** through Original Medicare (Fee-for-Service) or a Medicare Advantage (MA) plan.
- Results from **one** of three **blood tests** conducted within one year before the first core session:
  - Hemoglobin A1c test with a value of 5.7-6.4%
  - Fasting plasma glucose test with a value of 110-125 mg/dl
  - Oral glucose tolerance test with a value of 140-199 mg/dl
- **A body mass index (BMI)** of at least 25, 23 if self-identified as Asian.
- **No history of type 1 or type 2 diabetes**, with the exception of gestational diabetes.
- **No End Stage Renal Disease** (ESRD).
- **Not received MDPP services previously**.

**REQUIREMENTS TO CONTINUE SERVICES**

Represents when a beneficiary must meet a specific performance goal (i.e., attendance, weight loss) to be eligible to continue having coverage of services.

<table>
<thead>
<tr>
<th>CORE SESSIONS</th>
<th>CORE MAINTENANCE SESSIONS</th>
<th>ONGOING MAINTENANCE SESSIONS</th>
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</thead>
<tbody>
<tr>
<td>16 sessions</td>
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<tr>
<td>Months 0-6</td>
<td>Interval 1 3 sessions</td>
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<td>Months 13-24</td>
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**Eligibility for Coverage of Core and Core Maintenance Sessions**
- Eligible beneficiaries can participate in core and core maintenance sessions in the first 12 months regardless of attendance or weight loss.

**Eligibility for Coverage of Ongoing Maintenance Sessions**
- **Interval 1**: Beneficiaries must attend at least one in-person core maintenance session during months 10-12 and achieve or maintain 5% weight loss to proceed to interval 1.
- **Intervals 2-4**: Beneficiaries must attend at least two sessions (at least one in-person) in the previous interval and maintain 5% weight loss to go on to the next interval.

*Note: An interval is a 3-month period tied to beneficiary performance and payment.*
**VERIFYING ELIGIBILITY**

**Medicare Coverage**

- Suppliers should confirm that a beneficiary has Medicare Part B coverage through Original Medicare or a Medicare Advantage (MA) plan before the first core session.
- To confirm Original Medicare coverage, suppliers can contact their Medicare Administrative Contractor (MAC).
- If a beneficiary is enrolled in a Medicare Advantage (MA) plan, the supplier should contact the plan to confirm that the beneficiary is currently enrolled.

**Blood Tests**

- Beneficiaries are only required to provide results from one of the blood tests by the first core session.
- The test must be completed in the 12 months before the first core session.
- Beneficiaries may work with their health care provider to obtain the blood tests.
- CMS does not designate specific types or forms of documentation that should be used as evidence of blood test results.

**BMI**

- Beneficiaries’ weight and height must be measured in-person at the first core session and should be used to calculate BMI.

**History of Diabetes**

- Beneficiaries may self-report their history of type 1 or 2 diabetes.
- If a beneficiary develops diabetes while receiving MDPP services, they can continue with the program.
- History of gestational diabetes, which develops during pregnancy, does not disqualify a beneficiary from receiving MDPP services.

**ESRD**

- Beneficiaries may self-report history of ESRD or ESRD status. Suppliers can also contact their MAC to see if a beneficiary has Medicare via ESRD.
- Beneficiaries who develop ESRD while receiving MDPP services cannot continue with the program.

**MDPP Services**

- Beneficiaries may self-report that they have previously received MDPP services. Suppliers may also contact their MAC to see if a beneficiary has previously received MDPP services.
- Beneficiaries are only eligible for services once-per-lifetime.
- Beneficiaries who participated in any Diabetes Prevention Program (DPP) services before April 1, 2018, or before they had Medicare coverage, are still eligible because these are not considered MDPP services.

**Need More Information?**

Visit: [http://go.cms.gov/mdpp](http://go.cms.gov/mdpp)

Email: mdpp@cms.hhs.gov

Contact your MAC