

# 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.

### Requirements to Start 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

#### Beneficiaries must NOT have:

- A history of type 1 or type 2 diabetes, with the exception of gestational diabetes
- End Stage Renal Disease (ESRD)
- Received MDPP services previously
- Beneficiaries are only eligible for MDPP services once-per-lifetime

### Requirements for Beneficiary Coverage of MDPP Services



#### Eligibility for Coverage of Core and Core Maintenance Sessions

- All eligible beneficiaries can participate in core and core maintenance sessions in the first 12 months.
- In months 1 to 6, payments are allowed for one in-person or distance learning session every week up to a maximum of 16 sessions.
- In months 7 to 12, payments are allowed for one in-person or distance learning session every month up to a maximum 6 sessions.

## Additional Guidance on Eligibility Requirements

Medicare Coverage	Blood Tests	MDPP Services
<ul style="list-style-type: none"> <li>Suppliers should confirm that a beneficiary has coverage through Original Medicare (Fee-for-Service) or a Medicare Advantage (MA) plan before the first core session.</li> <li>To confirm Original Medicare coverage, suppliers can contact their Medicare Administrative Contractor (MAC).</li> <li>If a beneficiary is enrolled in a MA plan, the supplier must contact the plan to confirm that the beneficiary is currently enrolled and eligible.</li> </ul>	<ul style="list-style-type: none"> <li>Beneficiaries are only required to provide results from one of the blood tests by the first core session.</li> <li>The test must be completed in the 12 months before the first core session.</li> <li>Beneficiaries may work with their health care provider to obtain the blood tests.</li> <li>CMS does not designate specific types or forms of documentation that should be used as evidence of blood test results.</li> </ul>	<ul style="list-style-type: none"> <li>Suppliers can see if a beneficiary has previously received MDPP services by contacting their MAC or utilizing the HIPPA Eligibility Transaction System (HETS). For more information, visit: <a href="https://www.cms.gov/hetshelp/">https://www.cms.gov/hetshelp/</a>.</li> <li>Beneficiaries are only eligible for MDPP services once-per-lifetime.*</li> <li>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.</li> </ul>
History of Diabetes	ESRD	BMI
<ul style="list-style-type: none"> <li>If a beneficiary develops diabetes while receiving MDPP services, they can continue with the program.</li> <li>History of gestational diabetes, which develops during pregnancy, does not disqualify a beneficiary from receiving MDPP services.</li> </ul>	<ul style="list-style-type: none"> <li>Suppliers can contact their MAC or utilize HETS to see if a beneficiary has Medicare via ESRD. For more information, visit: <a href="https://www.cms.gov/hetshelp/">https://www.cms.gov/hetshelp/</a>.</li> <li>Beneficiaries who develop ESRD while receiving MDPP services cannot continue with the program.</li> </ul>	<ul style="list-style-type: none"> <li>Beneficiaries' weight and height must be measured in-person at the first core session and should be used to calculate BMI.</li> </ul>

\*Beneficiaries who were receiving the MDPP set of services as of March 1, 2020, and whose sessions were paused or cancelled due to the PHE may get the set of MDPP services more than once per lifetime.



### Verify Eligibility

There are four options available to verify coverage for a beneficiary with Original Medicare (Fee-for-Service):

1. Medicare Administrative Contractor (MAC ) Online Provider Portal: <https://www.cms.gov/mac-info>
2. MAC phone verification
3. HIPPA Eligibility Transaction System (HETS): <https://www.cms.gov/hetshelp/>
4. Billing Agency, clearinghouse, or software vendor

To verify coverage for a beneficiary with a MA plan, you must contact the MA plan.

For further information on how to verify a beneficiary's eligibility, visit:

<https://innovation.cms.gov/Files/x/mdpp-verify-medicare-coverage.pdf>



### Beneficiary Self-Reporting

Beneficiaries can self-report the following requirements:

- Asian ethnicity
- History of type 1 or type 2 diabetes (other than gestational)
- Development of ESRD



### Document Beneficiary Information

For the first core session suppliers must document basic beneficiary information for each MDPP beneficiary in attendance, including:

- Beneficiary's name
- Medicare Beneficiary Identifier (MBI)
- Age

**Need More Information?**



Visit:

<http://go.cms.gov/mdpp-exp>



Ask a Question:

<https://cmsorg.force.com/mdpp/>

