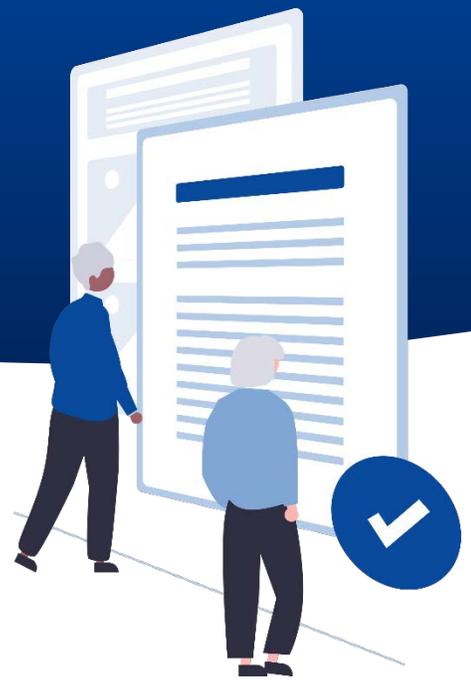


# The MDPP Bulletin

September 2025, Volume 2, Issue 2



Welcome to the Centers for Medicare & Medicaid Services (CMS) [Medicare Diabetes Prevention Program \(MDPP\)](#) quarterly newsletter, The MDPP Bulletin! MDPP is an evidence-based behavioral intervention that aims to prevent or delay the onset of type 2 diabetes for eligible Medicare beneficiaries diagnosed with prediabetes, through a combination of diet, physical activity, and weight loss. MDPP beneficiaries may attend up to 22 sessions within a 12-month period.

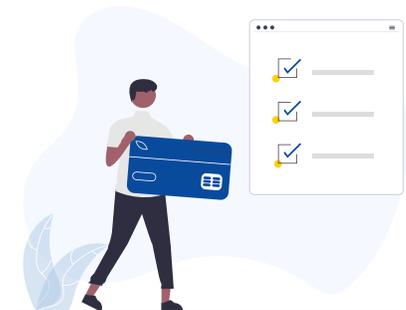


## MDPP Events

For a full list of upcoming events, please visit the [MDPP learning calendar](#).

## MDPP Office Hours: Billing & Payment Technical Assistance

The CMS MDPP Team provided MDPP Office Hours on Billing and Payment to existing MDPP suppliers on June 5th, 2025. We discussed common issues that suppliers experience when submitting claims for MDPP services, identified important information that suppliers must maintain in the Provider Enrollment, Chain, and Ownership System (PECOS) enrollment application, and outlined general documentation requirements. The Office Hours slide deck and recording will be posted on the MDPP website.



## Program Announcements and Resources

### MDPP Evaluation Report

The [Evaluation of the Medicare Diabetes Prevention Program](#), prepared for CMS by RTI International and Amico Consulting, was recently published in March 2025. Key findings include:

- Most MDPP suppliers are health care organizations (66.2%), followed by community-based organizations (19%), state or local health departments (7.8%), and YMCAs (7%).
- Weight loss is highly correlated with the number of sessions attended.

- Average weight loss for MDPP beneficiaries was 4.9% of starting body weight.
- More than half of beneficiaries achieved 5% weight loss, and one-quarter achieved 9% weight loss.
- Among beneficiaries who achieved at least 5% weight loss and stayed in the program, 80% maintained or lost more by the end of the program.
- Beneficiaries highlighted positive outcomes of the program, such as improved nutrition, increased physical activity, and health-related outcomes such as reductions in weight or A1c levels.
- While a referral from a health care provider is not required for program participation, health care providers are the primary referral source for MDPP.



## Calendar Year (CY) 2025 Physician Fee Schedule (PFS) Final Rule

In the [Calendar Year \(CY\) 2026 Physician Fee Schedule \(PFS\) Proposed Rule](#), the CMS MDPP team is proposing several changes to significantly increase uptake of and access to this important prevention-focused program, empowering beneficiaries, and promoting further alignment between MDPP and the [CDC DPRP Standards](#). CMS seeks comment on the following proposals to:

1. **Update weight collection requirements** to allow beneficiaries to self-report weight for MDPP sessions from home or a reasonable location outside of an in-person delivery site (e.g., fitness centers, medical facilities, and temporary abodes) and also allow for the submission of weight collected as part of a medical record, dated within two days of a scheduled MDPP session, to reduce burden, promote safety, and increase access.
2. **Extend the flexibilities allowed during the PHE for COVID-19 through December 31, 2029**, including the option for MDPP suppliers to deliver some or all MDPP sessions via distance learning and for beneficiaries to virtually self-report weight for MDPP distance learning sessions.
3. **Test the additional coverage of asynchronous, online delivery of MDPP through December 31, 2029**, in hopes of further increasing program participation among suppliers and beneficiaries and promoting alignment between MDPP and CDC's DPRP Standards. CMS recommends adding the online delivery modality through December 31, 2029, to test if evaluation results, including weight loss, are similar to in-person and distance learning delivery modalities.
4. **Clarify that MDPP suppliers are not required to maintain in-person delivery capability through December 31, 2029**, to facilitate the ability of MDPP suppliers to deliver the program asynchronously. This will allow for virtual-only organizations to enroll in Medicare as an MDPP supplier and streamline the process to allow for greater asynchronous delivery.



## Share Your Thoughts on the Proposed Changes to MDPP

When CMS publishes proposed rules in the Federal Register, there is a public comment period when stakeholders can submit feedback. The public comment period for the CY 2026 PFS Proposed Rule ends on **September 12, 2025**. Your expertise is crucial in helping CMS understand the real-world implications of regulatory changes to programs such as MDPP, so we encourage you to actively participate in the rulemaking process.

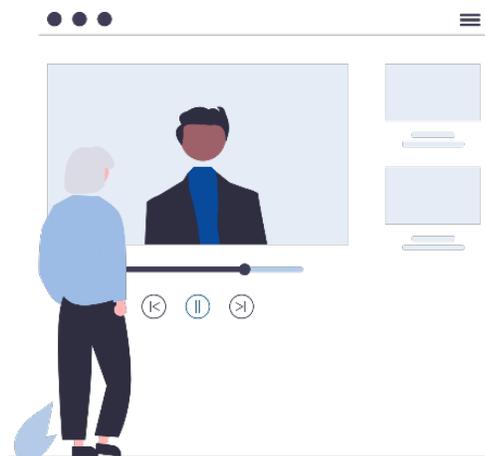
To leave a public comment, visit <https://www.regulations.gov/> and search for the specific rule using its docket number or title (e.g., CMS-1832-P) and submit your comments:

1. **Electronically.** You may submit electronic comments on <http://www.regulations.gov/>. Follow the “Submit a comment” instructions.
2. **By regular mail.** You may mail written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1832-P, P.O. Box 8016, Baltimore, MD 21244-8016. Please allow sufficient time for mailed comments to be received before the close of the comment period.
3. **By express or overnight mail.** You may send written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1832-P, Mail Stop C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850.

## CMS Medicare Learning Network®

The CMS Medicare Learning Network® provides educational materials for health care providers on CMS programs, policies, and initiatives including free self-paced learning on a broad range of topics relevant to MDPP suppliers. Selected web-based trainings include:

- [World of Medicare](#)  
Learn fundamentals, beneficiary eligibility, enrollment & benefit options and the role of providers, agencies, contractors & organizations in administering the Medicare Program. Understand Medicare Parts A, B, C & D, and see how Medigap and other insurance works with the Program.
- [Part C Organization Determination, Appeals, & Grievances](#)  
Learn to recognize Part C (Medicare Advantage) definitions, determinations, appeals, grievances, and identify common problems
- [Introduction to Language Access Plans](#)  
Learn about developing and using a language access plan, and how it impacts health care services for those with limited English proficiency.



*The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health & Human Services*

## MDPP Inactivity Reminder

Suppliers should be aware that failure to submit MDPP claims for a period of 12 consecutive months may lead to supplier deactivation from CMS payment systems due to inactivity. If you are approaching this threshold, please make every effort to submit outstanding claims and seek technical assistance as needed through the [MDPP Supplier Support Center](#).

## MDPP Supplier Support Center

To ensure that all suppliers receive consistent, accurate, and timely support, the CMS MDPP Team has established the [MDPP Supplier Support Center](#) as the primary channel for all program-related inquiries. This system allows the CMS MDPP Team to:

- Track and prioritize requests effectively
- Provide comprehensive responses with proper documentation
- Ensure all suppliers have equal access to support resources

Please direct program-related inquiries to the MDPP Supplier Support Center, and a team member will respond to your message as soon as possible. Additionally, please visit the [MDPP Frequently Asked Questions](#) page for responses to common questions about MDPP.

## MDPP Supplier Success Stories

Each issue of the MDPP Bulletin features an MDPP supplier who has experienced success implementing and administering MDPP. This month, we're thrilled to introduce the [National Kidney Foundation of Michigan \(NKFM\)](#), a non-profit organization with the mission to prevent kidney disease and improve the quality of life for those living with it. Special thanks to Caitlin McEvilly Rosenbach and Arlene Guindon from NKFM for sharing your story with the MDPP community.



### NKFM At-A-Glance

- MDPP supplier since 2018
- Currently supports 64 active MDPP cohorts
- Employs 45 lifestyle coaches

NKFM gained Centers for Disease Control and Prevention (CDC) recognition in 2014 and became an MDPP supplier in 2018. In 2020, NKFM began offering MDPP via distance learning in response to the COVID-19 Public Health Emergency (PHE). NKFM has 64 active MDPP cohorts and employs 45 coaches. NKFM's coaches include full- and part-time employees. Coaches who are full-time often have other responsibilities and roles within the organization, including workshop coordinators and registered dietitians. On average, NKFM's MDPP cohorts include about 14 participants.

NKFM shared the latest participant risk reduction results after one year of MDPP participation. Results showed strong outcomes for NKFM:

- 62% of program completers achieved one of the program outcomes, such as 5% or 9% weight loss
- Among Medicare beneficiaries, average weight loss after completing MDPP at NKFM was 6%.
- 68% of the Medicare population had achieved at least a 5% weight loss.

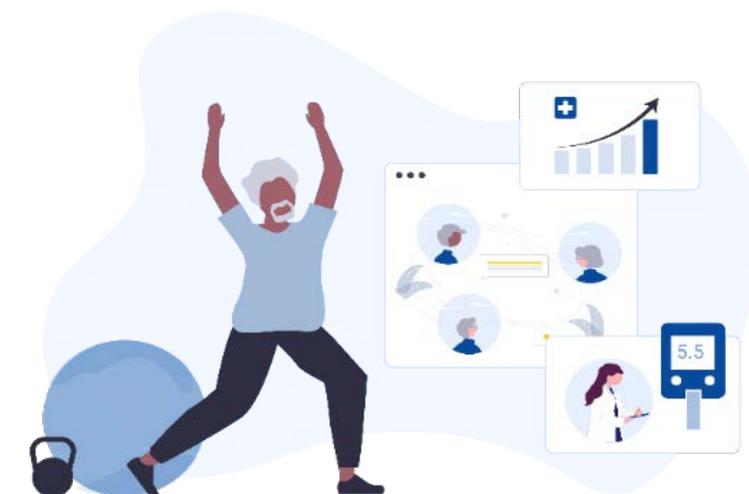
## MDPP Recruitment Strategies through Partnership

NKFM recruits Medicare beneficiaries for MDPP through two primary channels. One channel includes traditional healthcare partners such as health plans, health systems, and federally qualified health centers, while another includes community-based organizations including senior centers, libraries, and faith-based groups. Currently, NKFM supports 64 active cohorts. Strong partnerships are essential to the program's success, and NKFM tailors its recruitment strategy based on the type and location of each partner. As a community-based nonprofit, NKFM collaborates closely with both healthcare and community partners to engage Medicare participants.



NKFM's healthcare partners use clinical pathways like electronic health records (EHRs) to refer eligible MDPP beneficiaries. Additionally, NKFM's community partners play a critical role in outreach and engagement to spread the word about NKFM's MDPP programs. These partners are trusted agencies in the community, facilitate referrals to NKFM's programs, and lend credibility to NKFM's programs and approach. For example, NKFM has recently partnered with a senior apartment building, and recruited residents for an MDPP cohort in this location, further expanding its reach and impact to the Medicare population.

NKFM's DPP Program Coordinator works with participants to better understand what type of health insurance and coverage they have to ensure program access and remove barriers to participation. NKFM does not have a prediabetes registry, but they work with health plans and systems who have access to these registries. These partnerships support plans and systems in adapting their registries and outreach practices to identify Medicare beneficiaries who are eligible to participate in MDPP. NKFM has found that health plans often cast a wider net to target beneficiaries. For example, one of NKFM's partners built a Best Practice Alert in Epic that generates an automatic referral to MDPP if a beneficiary's BMI and lab results meet the eligibility criteria for MDPP.





## Tips for Success

Most of NKFM's MDPP cohorts are offered via distance learning. Specifically, NKFM currently offers 4 in-person cohorts and 1 in-person with distance learning component (hybrid) cohort. All remaining MDPP cohorts are offered via distance learning. The distance learning modality has promoted beneficiary retention year-round due to increased flexibility. Additionally, weight loss has been higher in distance learning cohorts. Lifestyle coaches build comradery and rapport early in MDPP cohorts, and beneficiaries who participate via distance learning tend to be highly engaged and attend a greater number of sessions.

NKFM currently employs 45 certified lifestyle coaches to deliver MDPP. After investing in infrastructure and coaching/training, NKFM has found success in allowing coaches to create authentic relationships with participants. NKFM coaches utilize facilitation techniques taught in lifestyle coach training. Coaches take great care in tailoring discussions to the needs of the individuals and cohort. Many NKFM MDPP participants have noted they value one-on-one connections with their coach. If an MDPP participant feels the program is not the right fit for them, they can work with NKFM for programs regarding other chronic health conditions (e.g., high blood pressure).

NKFM shared advice for suppliers seeking to expand their MDPP programs. NKFM stated, "The infrastructure and billing process will seem daunting at first, and revenue wins are tough in the first few years. However, sticking with the program is worth it. If possible, becoming part of an [umbrella hub](#) or relying on referral partnerships will be helpful." Before becoming a supplier, they suggest taking the time to understand the environment and the circumstances that the program is existing within.

Finally, learning to preempt rejections of Medicare B claims was an initial challenge for the organization. NKFM has addressed this challenge by preparing the PECOS application before each quarter and ensuring any new coaches are added to the PECOS application in a timely fashion. These efforts have helped NKFM avoid challenges with claims submission.



## Thank You

Thank you for reading The MDPP Bulletin. The CMS MDPP Team hopes this information will be helpful to your organization. We welcome feedback from MDPP suppliers! If you have suggestions for future newsletter topics or events, or if you'd like your organization to be featured in an MDPP success story, please email us at [mdpp@cms.hhs.gov](mailto:mdpp@cms.hhs.gov). Have a great day!