



Medicare Diabetes Prevention Program (MDPP) 2026 Virtual Supplier Summit

Date: Thursday, April 23rd, 2026

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MDPP Virtual Summit Sessions

April 23, 2026 – 12-4pm ET

- Welcome & Opening Remarks
- Introduction to MDPP
- MDPP Program Updates
- Economics and Beneficiary Engagement Incentives (BEIs)
- MDPP Evaluation
- MDPP Billing and Payment
- Navigating Online Delivery of the National DPP Lifestyle Change Program
- Medicare Advantage (MA) Resources for MA Suppliers
- Takeaways and Resources

Instructions for Supplier Summit Participation

Overview

- All attendees will be on mute during the Virtual Supplier Summit presentations.
- The slides and recordings will be posted to the CMS MDPP website in about a week.
- When leaving the event, you will be prompted to complete a short survey.

How to Submit Questions

- Please submit any questions you have using the Q&A feature.
- When submitting a question, please select “All Panelists,” so that all the presenters see your question.

Technical Assistance

- If you encounter any issues, please contact MDPP Support by using the “Chat” feature or by emailing MDPP-Outreach@acumenllc.com

Opening Remarks

Amanda Ryan, Deputy Director, State and Population Health
Group (SPHG), Center for Medicare and Medicaid Innovation
(CMMI)

Introduction to MDPP

MDPP Orientation Video



The Centers for Diseases Control and Prevention's (CDC) National Diabetes Prevention Program (DPP)

MDPP builds on the success of the CDC's National DPP. The National DPP is a structured lifestyle intervention that was tested in the Medicare population through an Innovation Center-funded DPP Model Test (Y-USA test).



Decades of Evidence

- Backed by over 20 years of evidence
- Research shows DPP can decrease the risk of type 2 diabetes in individuals with prediabetes by 58%⁴



CDC's National DPP

- Implemented nationally
- CDC established the Diabetes Prevention Recognition Program (DPRP) to set quality assurance standards for the program



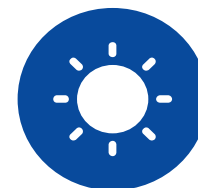
DPP Model Test (Y-USA test)

- Assessed DPP effectiveness among the Medicare population
- Showed that group-based community sessions can lead to beneficiary weight loss and Medicare savings



DPRP Recognition

- Organizations must achieve full or preliminary DPRP recognition before enrolling in Medicare as MDPP suppliers
- The [CDC DPRP Standards](#) define the criteria for recognition and were updated on June 1st, 2024
- DPRP recognition helps assure that organizations have the capacity to become MDPP suppliers



DPRP Curriculum

- MDPP suppliers utilize a CDC-approved curriculum to deliver MDPP services
- CDC-approved curricula include evidence-based topics like healthy eating and weight loss

Inter-Agency Coordination for MDPP

CMS and CDC each have unique roles and responsibilities with respect to MDPP services.

Payment, Enrollment, and Oversight Arm

MDPP suppliers receive payment from CMS and must meet and remain compliant with requirements established by Medicare



Quality Assurance Arm

MDPP suppliers must maintain CDC DPRP recognition and follow CDC quality standards, including the use of a CDC-approved curriculum on evidence-based topics like healthy eating and weight loss



The perfect time to amplify MDPP is now!

National Priority

The current CMS administration and the national health care market at large are prioritizing prevention, wellness, and whole-person care

GLP-1 Trends

GLP-1s are reshaping the conversation on diabetes and increasing awareness – and even with use of GLP-1s, lifestyle change is necessary to sustain long-term success

Shifting Focus

Healthcare providers and consumers are shifting focus on early intervention, sustained outcomes, and proven, scalable solutions

New Opportunities

With online delivery now available and the once-per-lifetime limit removed, MDPP is more accessible than ever before

Together, these factors create a powerful and time-sensitive opportunity to expand MDPP's reach, impact, and role in advancing prevention nationwide.

MDPP Program Updates

Allison Cipro, M.S., LCPC, MDPP Team Lead

Marvin Nichols, MHA, PCMH CCE, Social Science Research Analyst

Kate Smith, Health Insurance Specialist

2026 Consolidated Appropriations Act

The Consolidated Appropriations Act, 2026 ([H.R. 7148](#)) was signed into law on 2/3/2026

Division J, Title II, Section 6214 (pp. 482–483)

It eliminates MDPP’s “once per lifetime” limit through December 31, 2029, so beneficiaries can now participate in the program multiple times

SEC. 6214. INCLUSION OF VIRTUAL DIABETES PREVENTION PROGRAM SUPPLIERS IN MDPP EXPANDED MODEL.

(a) **IN GENERAL.**—For the period beginning on January 1, 2026, and ending on December 31, 2029—

(1) an entity may participate in the MDPP by offering only MDPP services via distance learning or online delivery modalities if such entity meets the conditions for enrollment as an MDPP supplier;

(2) if an entity participates in the MDPP in the manner described in paragraph (1), in the case of online MDPP services furnished by such entity to an MDPP beneficiary who was not located in the same State as the entity at the time such services were furnished, the entity shall not be prohibited from submitting a claim for payment for such services solely by reason of the location of such beneficiary at such time; and

(3) no limit is applied on the number of times an individual may enroll in the MDPP.

MDPP Enrollment Webinar



Medicare Diabetes Prevention Program (MDPP) Enrollment Webinar


Date: April 9th, 2026

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Diabetes Alert Day Email & Social Media Outreach

1 in 5



About 40 million Americans have diabetes, and 1 in 5 don't know it.

Medicare
.gov

CDC 2026
U.S. Department of Health and Human Services

Medicare Diabetes Prevention Program



Make changes to prevent or delay type 2 diabetes.

Medicare
.gov

MDPP Expanded Data Feedback Reporting (eDFR) Tool

ISP | eDFR expanded DATA FEEDBACK REPORTING

MODEL Medicare Diabetes Prevention Program (MDPP)

PARTICIPANT: MDPP

[Home](#) [Custom Export](#) [Resources](#)

Welcome to the Medicare Diabetes Prevention Program (MDPP) Expanded Data Feedback Reporting (eDFR) Tool.

The eDFR tool allows MDPP suppliers to access data and resources relevant to your engagement with MDPP. Here, you can access a list of Medicare beneficiaries who meet basic eligibility criteria and are identified as potentially eligible to participate in MDPP. Inclusion on this list does not guarantee participation. It is the responsibility of the MDPP supplier to conduct outreach and confirm each beneficiary's eligibility and ability to participate in MDPP. This list will be updated quarterly.

Access to MDPP Data and Resources:

Access MDPP beneficiary information under the **Custom Export Tool (CET) tab**.

Behavioral Economics and Beneficiary Engagement Incentives (BEIs)

Rob Lieberthal, Ph.D., Senior Advisor of Behavioral Economics
Alexis Malfesi, MSHS, Health Insurance Specialist

Agenda

- 1** | What Is Behavioral Economics (BEc)?
- 2** | Success Factors for MDPP by Leveraging Tools and Strategies
- 3** | Implementation Considerations
- 4** | Next Steps and Actions to Take

What is Behavioral Economics?

Behavioral Economics in Three Minutes

Why Behavioral Economics Matters for MDPP

- Three principles that drive behavior change

The Challenge

- MDPP asks for behavior change NOW for health benefits LATER

The Solution

- BEIs create immediate wins while building toward long-term goals

Principal	What it Means	MDPP Application
Present Bias	People value NOW over LATER	Use immediate rewards for attendance
Loss Aversion	Hate losing > love gaining	Celebrate what they KEEP (health, mobility)
Social Proof	People follow the group	Leverage peer success and group dynamics

BEc in MDPP – Examples and Compliance

Guidelines for Beneficiary Engagement Incentives



Targeted Eligibility

Programs are not universal—they're based on chronic conditions, financial hardship, or recent utilization.



Safeguards

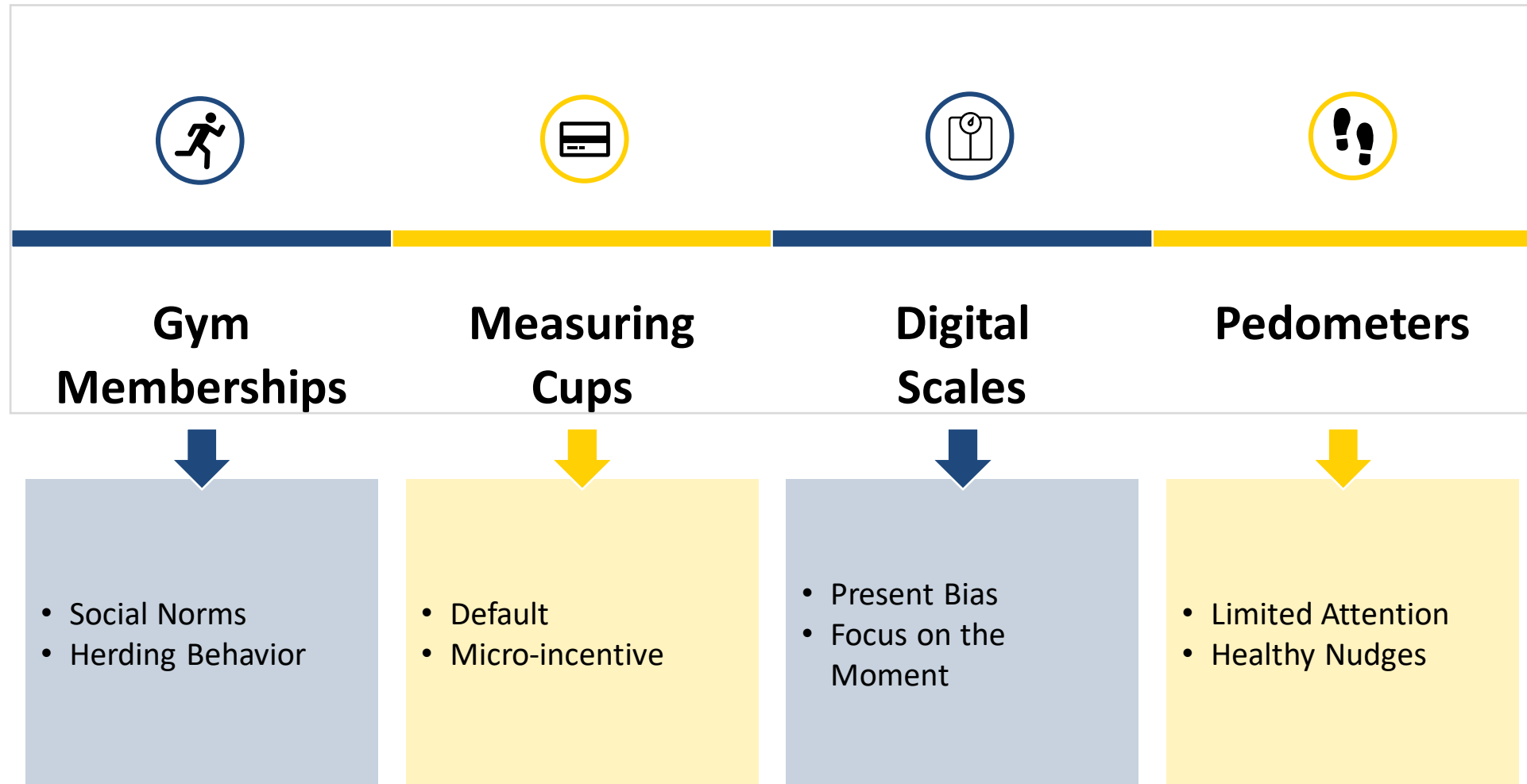
CMS requires documentation, CMS-approved implementation plans, and prohibits advertising of incentives—ensuring ethical use.



Oversight

CMS can revoke participation if incentives are misused or if integrity is compromised.

Examples from MDPP – Why They Work



Strategies to Implement

Medicare Diabetes Prevention Program (MDPP) Journey Map

The **Medicare Diabetes Prevention Program (MDPP) Expanded Model** is a **lifestyle change program for eligible patients diagnosed with prediabetes**.^{*} Delivered in-person or virtually, MDPP supports weight loss and healthy habits to prevent diabetes. Patients who are ages 65+ qualify based on Body Mass Index (BMI) and prediabetes risk factors.

Key 2026 MDPP Features



In 2026, MDPP will provide flexible ways to join and new tools to help patients prevent diabetes and stay healthy.

- Patients can take **all MDPP classes online** through 2029—no in-person attendance needed.
- Live classes are offered **In Person or by Distance Learning**, while **self-paced classes are Online**. Patients can combine In-Person and Distance Learning classes, but Online classes must be taken separately.
- Online classes are available anytime, so patients can join when it works best for them.

Provider Guidance



- Provider identifies prediabetic patients
- Provider reviews patient labs during health appointment
- Provider asks if the patient is ready to make lifestyle changes
- Provider explains how the patient can participate in MDPP

Patient Experience



"I'm a social person and I enjoy group dynamics."



"I can participate from home but still have real-time live support."



"This self-paced format is exactly what I need with my busy schedule."

Discovery

Enrollment

Patient Participation

Long-Term Success

- Provider helps patient confirm that all program costs are covered by Medicare
- Provider talks with patient about which type of program option is best
- Provider helps patient find a MDPP supplier that fits their needs

- Provider may monitor outcomes that are tracked by MDPP suppliers
- Provider checks in during patient visits to understand how the program is helping
- Patients can track their weight by sending a photo or by using weight records from their medical files

Visit facility to meet staff in person

Attend a video orientation session

Register online and access platform to explore modules

Face-to-face weekly group sessions in a community setting

Weekly live video conferences

Weekly, self-paced digital modules accessible 24/7 from anywhere with internet



Provider Results

- Coordinate care with other providers, lifestyle coaches, and partners to improve patients' clinical metrics
- Reduce the number of patients who develop Type 2 diabetes
- Monitor patient weight to improve patient outcomes

Patient Results



- Lose weight
- Lower risk or delay getting Type 2 diabetes
- Maintain healthier blood sugar levels
- Keep up new healthy habits
- Motivate family members to prevent diabetes



Need more information? Visit the [MDPP webpage](#).

^{*}MDPP has no copay for individuals covered by Original Medicare, or for Medicare Advantage (MA) beneficiaries who use in-network providers. However, out-of-network use may involve cost-sharing. Beneficiaries should check directly with their plan to confirm coverage and any potential costs.

BEc Principles to Apply



Limited Attention

Problem

People often focus on a small set of their information.

Solution

Give people time to process their choices.



Reference Framing

People tend to choose based on comparison.

Frame at-home options as more convenient.

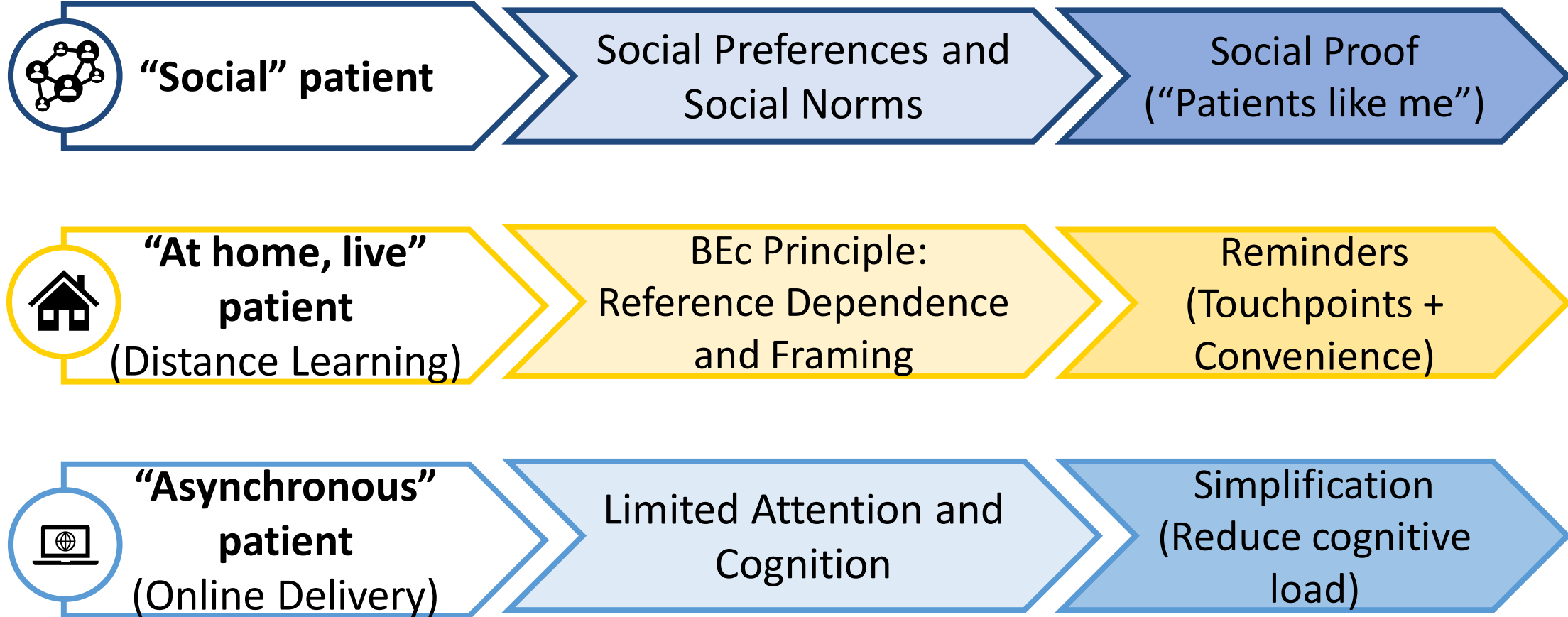


Social Norms

People follow what others like them do.

Make group success visible.

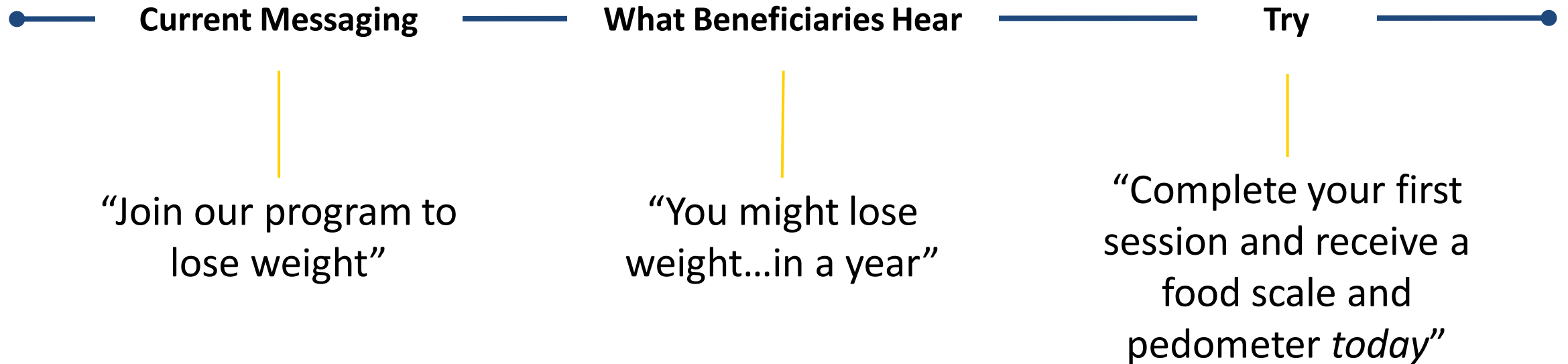
Behavioral Economic Personalization



Present Bias: Make the First Step Rewarding

Example

Digital tools



The **immediate, tangible** reward offsets the “cost” of showing up.

Timing Your Incentives

Program Phase	When	BEI Focus
Core Session	<ul style="list-style-type: none">Months 1-6	<ul style="list-style-type: none">Welcome kit and attendance incentive
Core Maintenance	<ul style="list-style-type: none">Months 7-12	<ul style="list-style-type: none">5% weight loss milestone reward

Action Steps and Wrap Up

Next Steps – How You Can Implement



Choose One Strategy to Pilot



Budget for Costs



Consult Legal Counsel on Your Specific Plan

Key Takeaways



Incentives Work

They leverage behavioral economics to drive engagement



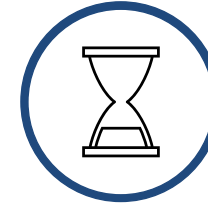
Start Small

Pilot one strategy, track results, scale what works



Stay Compliant

Meet all requirements and document



Focus on Timing

Immediate rewards, milestone celebrations, and social dynamics

Questions for Presenters?

How to Submit Questions

- Please submit any questions you have using the Q&A feature.
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Technical Assistance

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MDPP Evaluation

Evaluation Report March 2025

Mary Blain Grist, M.S., Economist

Patricia Markovich, PhD, MPP, Project Officer

Evaluation Summary (2018-2024)



Key Findings



- Over the first 6 years of the program, a total of 9,015 beneficiaries enrolled in the program



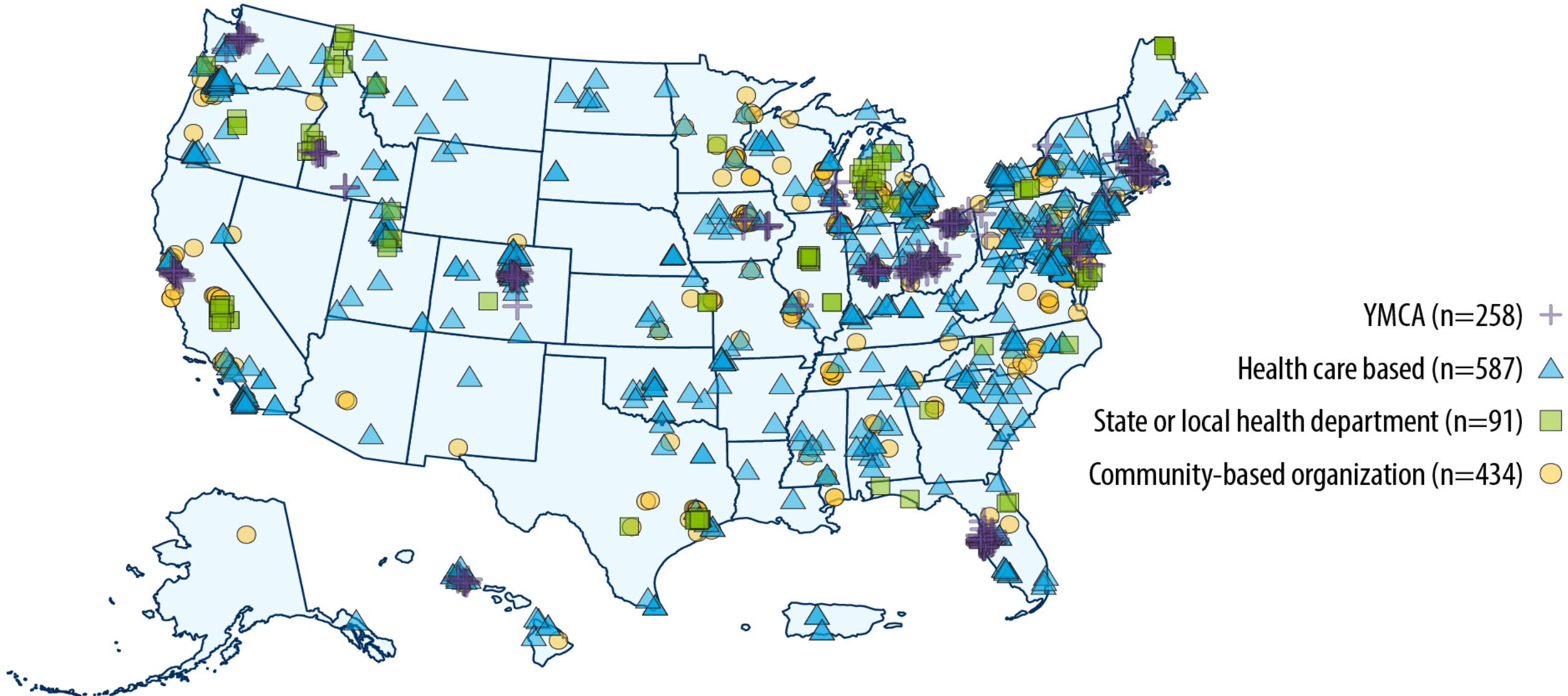
- Average weight loss was 4.9%
- Over half of beneficiaries achieved at least 5% weight loss
- Among those that achieved 5% weight loss over 80% maintained or lost additional weight by the end of the program
- 72% of beneficiaries met the 150 minutes activity goal



Supplier Participation

- April 2024: 414 suppliers
- Of the 414 MDPP suppliers, 357 suppliers, have provided MDPP services to beneficiaries.
 - 1,370 delivery sites
- Most MDPP suppliers are health care organizations, followed by community-based organizations, state or local health departments, and YMCAs.
- MDPP delivery sites tend to be in areas of lower diabetes prevalence.
- Most MDPP beneficiaries (64%) live within 25 miles of their MDPP supplier.

MDPP Supplier Locations by Organizational Type





MDPP Beneficiaries

- MDPP suppliers enrolled 9,015 beneficiaries, with about half being in Medicare Advantage and the other half being in fee-for-service (FFS).
 - Most MDPP beneficiaries (70%) are between 65 and 74 years of age.
 - Most MDPP beneficiaries (76%) are female.
- Almost half of MDPP beneficiaries identified a health care provider referral as their motivation to enroll in the program.
- On average, MDPP beneficiaries completed 18 sessions and were enrolled for 8 months



“[The lifestyle coach]’s everything. She’s a guide. If you go to a wedding, she says enjoy yourself and have the cake. I’m halfway to my goal. I was so afraid of failing I didn’t involve my family except my husband. But now, I will shout from rooftops.”
– MDPP Beneficiary

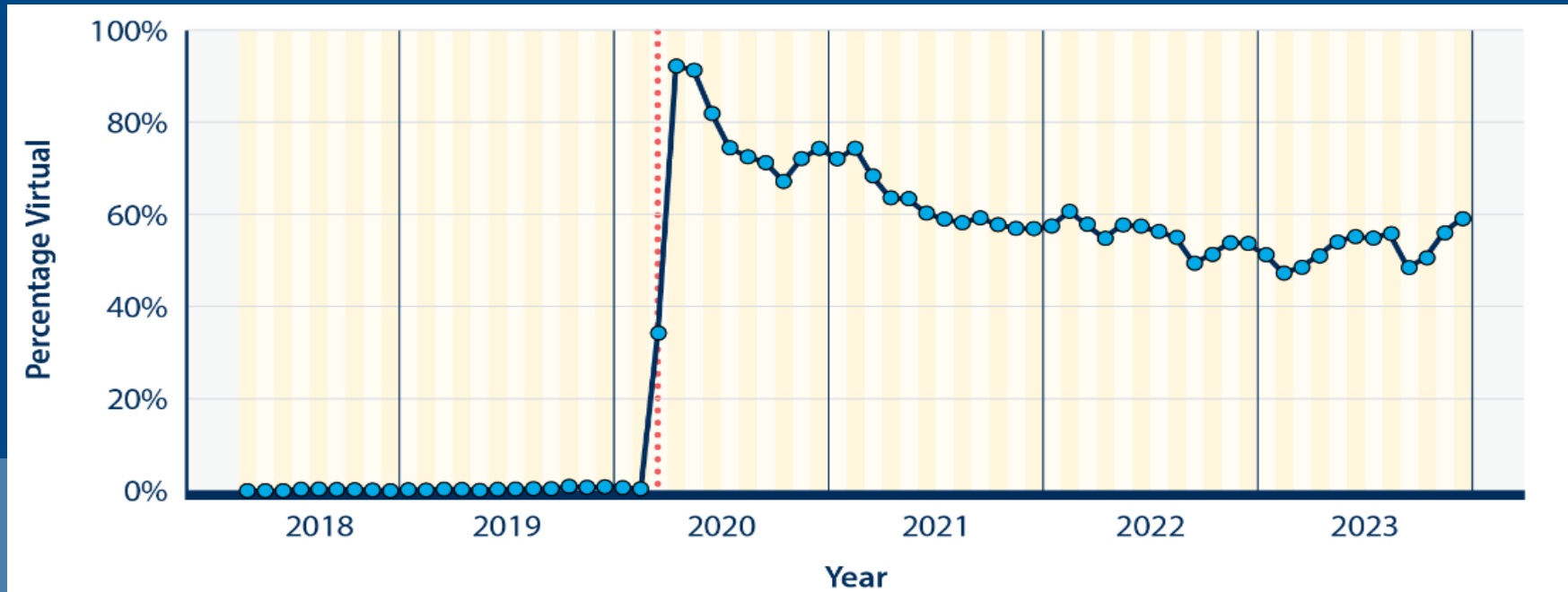
Delivery Modes



The majority of MDPP beneficiaries (**59%**) predominantly attended the program **in person**

About one-third (**33.5%**) of MDPP beneficiaries predominantly attended the program **virtually**

7.5% of MDPP beneficiaries attended the program through a mix of **in-person and virtual sessions**



March 2020:
Start of Covid-19
PHE



Beneficiary Outcomes

- The average weight loss of MDPP beneficiaries was 4.9%. Average weight loss was highly correlated with the numbers of sessions attended.
- More than half of beneficiaries (53%) met the 5% weight loss goal. Of those who lost at least 5% of body weight and stayed in the program, 80% maintained at least 5% weight loss.
- Early progress in weight change, A1C, and other measures encouraged beneficiaries to remain in the program
- Among the MDPP FFS beneficiaries, an estimated 5.9% progressed to diabetes each year after participating in the program.

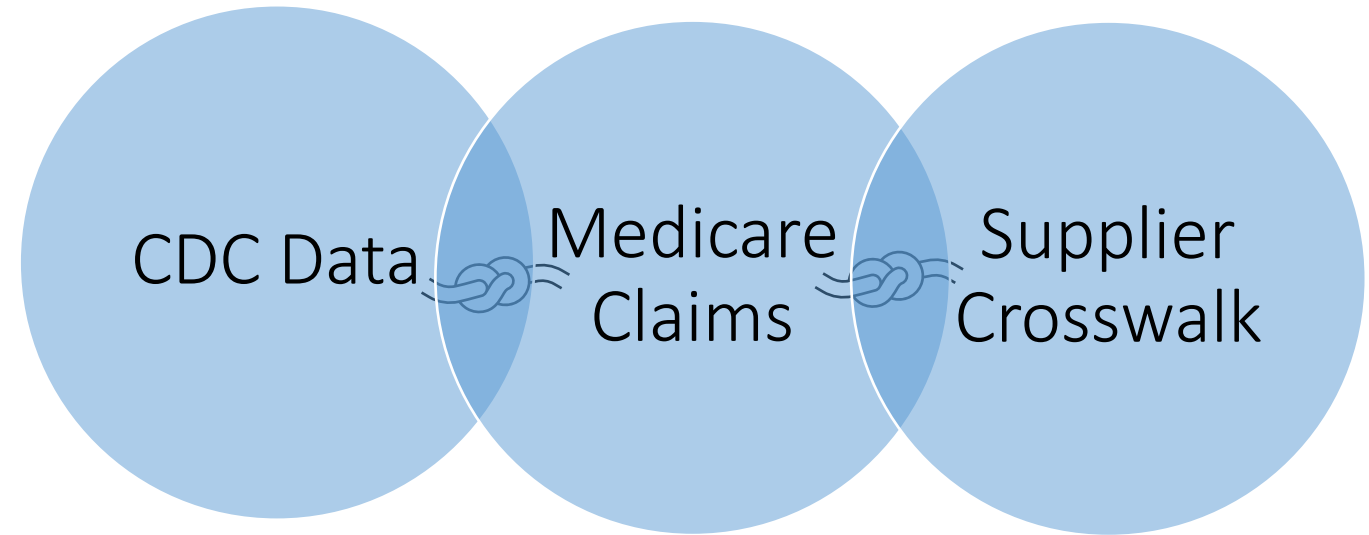


“[I] lost 52 pounds ... And I [typically] didn’t lose weight ... but then I really started to think about the program. ... I think now this is something I really need to do. It just kind of clicked after a while, the things we had talked about in the program.”

– MDPP Beneficiary

Supplier Crosswalk: Linking Datasets

- Provides more complete picture of beneficiaries served
- Suppliers submit:
 - Their name
 - Org code assigned by CDC
 - Beneficiary information:
 - CDC participant code
 - Variable indicating FFS or MA
 - MBI or HICN for FFS beneficiaries
- Identifies how many people are in the program



How to Submit Crosswalk Data

MDPP suppliers are expected to use the MDPP Crosswalk Data System to submit their quarterly crosswalk data

MDPP Registration

MDPP Supplier Crosswalk Registration Form

Information about this form:

This form is used to collect information from CMS approved MDPP suppliers for the evaluation of the MDPP. This enables RTI International to provide you with the information you need to submit the required crosswalk data. RTI, a non-profit contract research organization, is performing the evaluation of the MDPP under contract to CMS.

Once you've registered with RTI, there is no need to ever re-register. If you need to update, change, or add additional contact information for your organization please contact RTIsuppliercrosswalkhelp@rti.org.

For further information about the MDPP crosswalk please see the links below.

Crosswalk Guidance Document:
<https://innovation.cms.gov/Files/x/mdpp-crosswalk-guidance.pdf>

MDPP Website:
<https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/>

If you have further questions, please email us at RTIsuppliercrosswalkhelp@rti.org.

How does my organization submit data using the MDPP Crosswalk System?

- Register at: <https://mdpp.knack.com/registration>
 - Only need to register 1x
 - Directions and user guide provided upon registration
- Enter data in the system at:
<https://mdpp.knack.com/crosswalk#user-guide/>
 - Should include all MDPP beneficiaries ever served

Any questions?

Email: RTIsuppliercrosswalkhelp@rti.org.

Break

MDPP Billing and Payment

Helena Manu, MHA, Health Insurance Specialist

Overview of CY 2026 PFS Changes for MDPP Billing and Payment

- **New G-Code:** Online Core Session (*G9871*)
- **Updated Payment Rates for MDPP Services:** Payments for certain MDPP services have increased to account for inflation
- **Limitation Removal:** The MDPP model has removed the one per lifetime limitation on model participation for beneficiaries
- **Same-Day Make-Up Sessions:** The MDPP model has allowed for modifier 76 to be billed with new g-code (*G9871*)

New G-Code

What's new:

- The MDPP model has added an online only component (**G9871**) to the list of HCPCS G-Codes that will be accepted for MDPP service dates from January 1st, 2026 and later.

Updated Payment Rates for MDPP Services

The payment rates for G9880, G9881, G9886, and G9887 have been increased to account for inflation

	CORE SESSIONS	CORE MAINTENANCE SESSIONS
	MONTHS 1-6 (MAX 16 SESSIONS)	MONTHS 7-12 (MAX 6 SESSIONS)
Fee-For-Service Payments	G9886 (\$27): MDPP beneficiary attended a core session in-person, group, for 60 minutes	
	G9887 (\$27): MDPP beneficiary attended a core session via distance learning, for 60 minutes	
	G9871 (\$18): MDPP beneficiary attended a core session via online, for 60 minutes	
Performance Payments	G9880 (\$153): MDPP beneficiary achieved 5 percent weight loss from baseline weight (billable once)	
	G9881 (\$27): MDPP beneficiary achieved 9 percent weight loss from baseline weight (billable once)	
		G9888 (\$8): MDPP beneficiary maintained 5 percent weight loss from baseline in months 7-12

Note: The G-codes presented in this table are based on the CY 2026 PFS and are relevant for claims with dates of service starting January 1, 2026¹

Limitation Removal

- The **2026 Consolidated Appropriations Act** has removed the MDPP model restriction of once per lifetime participation through December 31, 2029.
- Effective February 3rd, 2026, this once-per-lifetime benefit has been removed. Beneficiaries can now restart MDPP after completion or if they discontinued the program without completing.
- The removal of the once-per-lifetime enrollment limit allows eligible beneficiaries to re-enroll in MDPP when they meet program criteria, expanding access to this important diabetes prevention benefit.
- This systematic update is currently being updated for billing and payment purposes.

Billing for Same-Day Make-Up Sessions

- To enable MDPP suppliers the flexibility of scheduling make-up sessions on the same day as a regularly scheduled session, suppliers must append a modifier code on the claim for the make-up session
- MDPP suppliers will need to append **Current Procedural Terminology (CPT) Modifier 76** (“repeat services by same physician”) to any claim for an in-person session (G9886), a distance learning session (G9887), or online session (G9871) that indicates a make-up MDPP session that was held on the same day as a regularly scheduled session
 - The **CPT Modifier 76** is **ONLY** for the specific claim for a same-day make-up session
 - Failure to append the **CPT Modifier 76** to claims for same-day make-up sessions may lead to denials or rejections by the Medicare Administrative Contractors (MACs)
 - MDPP make-up sessions can only be furnished using the modalities permitted by the CY2026 PFS final rule for MDPP sessions: **in-person, distance learning, and online** service delivery

MDPP FFS Claim Submission



1. Use a Vendor/Third Party Billing Agent:

Providers and suppliers may use a third-party billing agent to manage billing and payment processes on their behalf. If using a billing agent, the billing agent's information must be listed on your **MDPP Enrollment Application** (at <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS20134.pdf>).

OR

2. Self-Submit Claims:



If not using a billing agent, a MDPP supplier can submit claims to its MAC directly. The MDPP supplier must install claims software and obtain a submitter ID from the MAC(s). Organizations may obtain **PC-Ace Pro 32** claims submission software at no cost (at <http://www.edissweb.com/cgp/software/pace.html>) or other recommended software from their MACs.

Note: *Please contact your MAC for additional information on claims software.*

Communicating with Medicare Administrative Contractors (MACs): Introducing MACs

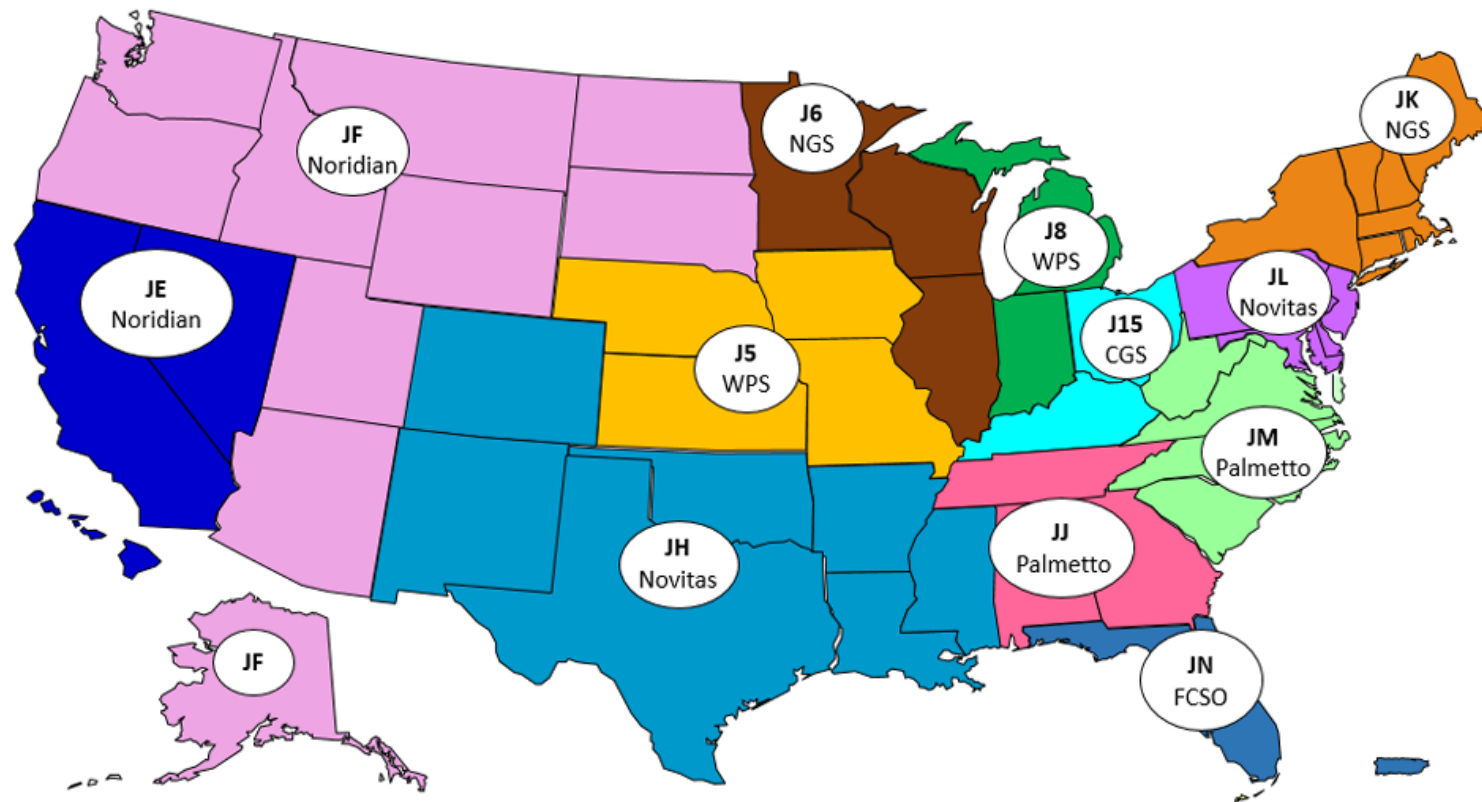
- **What are MACS?**
 - MACs process Medicare enrollment applications and claims for Medicare FFS providers and suppliers in their assigned state(s)
- **What do MACs do?**
 - Review and process enrollment applications;
 - Process FFS Medicare claims;
 - Respond to inquiries; and
 - Provide information on billing and coverage requirements

You should contact your MAC if you have questions about enrolling in Medicare or submitting MDPP claims.

Communicating with Medicare Administrative Contractors (MACs): Identifying MACs

Each MAC covers a specific jurisdiction - contact the MAC in your jurisdiction for FFS billing and payment support

The 12 A/B MAC Jurisdictions, March 2023



Find your MAC Provider Portal and contact information by state here:

<https://www.cms.gov/mac-info>

Working with MACs is key to billing success: We strongly encourage you to visit your MAC's website and contact your MAC soon after your Medicare enrollment is approved to ensure proper set up of your claim submission systems and procedure.

Multiple MACs: if an MDPP supplier has administrative locations in multiple states, the MDPP supplier may work with more than one MAC.

MDPP FFS Claim Submission

Each claim (regardless of how it is submitted) must contain the following:

- Demo Code (**82**)
- Billing Provider/MDPP supplier organizational National Provider Identifier (NPI)
- Rendering Provider/Coach information for each session including NPI
- International Classification of Diseases, 10th Revision (ICD-10) diagnosis code
 - MDPP suppliers can get the appropriate ICD-10 diagnosis code from a referral or can use the most appropriate ICD-10 code that captures the nature of the encounter (e.g., Z71.89, Other specified counseling)
- Date of service (DOS) for each MDPP session
- Beneficiary first name, last name, and Medicare Beneficiary Identifier (MBI)
- HCPCS G-Code for each MDPP service
- Place of Service (POS) code to indicate where the MDPP service was furnished
 - e.g., **“Office” (11)**, **“Outpatient Facility Code” (19 or 22)**, or **“Other” (99)** if the service was furnished in a community setting or as a distance learning session

MDPP FFS Claim Submission: Reminders



Remember these MDPP-specific billing requirements:

- Must enroll separately in Medicare as an MDPP supplier to bill for MDPP services
- Requesting a MDPP-specific NPI is highly encouraged, even if your organization has an existing NPI
- Use the MDPP-specific NPI to bill for MDPP services only
 - Claims submitted to Medicare may not contain non-MDPP HCPCS and MDPP HCPCS codes on the same claim form, though MDPP claims may include multiple MDPP HCPCS G-codes on a claim for a single beneficiary
- Only bill Medicare for MDPP-eligible beneficiaries
 - MDPP suppliers are **not** allowed to bill Medicare for participants ineligible for MDPP

Post-Claim Submission: Rejected or Denied Claims



- If you receive a denied or returned claim from the MAC:
 - review the documentation sent from the MAC; and
 - contact your MAC for claims-specific questions.
- If a claim is unable to be processed, you must correct the errors and submit a new claim
- If a claim is denied, you can file an appeal if you think the claim was denied incorrectly
 - Check your MAC's website for more information appealing a denied claim
- Some MACs offer MDPP specific resources and educational events
 - Suppliers can visit their MACs' websites and join their listservs to learn more
- **Important Reminder:** Suppliers only have 12 months from the date of service to submit a claim.

How to Complete a Paper Claim For MDPP – Live Demo

MDPP Billing and Claims Cheat Sheet (2026)

Use the MDPP Billing and Claims Cheat Sheet to learn about HCPCS G-Codes.

Medicare Diabetes Prevention Program (MDPP) Billing and Claims Cheat Sheet*

This cheat sheet provides the Healthcare Common Procedure Coding System (HCPCS) G-codes and Calendar Year (CY) 2026 payment rates for each MDPP session. After each table, there are tips for submitting MDPP-related claims to your Medicare Administrative Contractors (MACs).

Table 1: Core Sessions

MDPP HCPCS G-Code	CMS Claim Description	Payment
G9886*	Behavioral counseling for diabetes prevention, in-person, group, 60 minutes	\$27
G9887*	Behavioral counseling for diabetes prevention, distance learning, group, 60 minutes	\$27
G9871*	Behavioral counseling for diabetes prevention, online, group, 60 minutes	\$18

Submit claims to your MAC in the order in which services were provided. The initial claim submission for a beneficiary registers them as participating in MDPP.

*Medicare pays up to 22 sessions billed with codes G9886 and G9887, combined, in a 12-month period: Months 1-6: 1 in-person or distance learning session every week (max 16 sessions), Months 7-12: 1 in-person or distance learning session every month (max 6 sessions) or up to 22 sessions billed with code G9871 in a 12-month period: Months 1-6: 1 online session every week (max 16 sessions), Months 7-12: 1 online session every month (max 6 sessions).

Table 2: Additional Codes

MDPP HCPCS G-Code	CMS Claim Description	Payment
G9880	5 percent weight loss (WL) achieved from baseline weight	\$153
G9881	9 percent WL achieved from baseline weight	\$27
G9888	Maintenance 5 percent WL from baseline in months 7-12	\$8

Tips for Successfully submitting claims to your MAC(s)

- Be sure to include the demo code, 82, on all claims
- To prevent claim rejections for duplicate services, suppliers need to append Current Procedural Terminology (CPT) Modifier 76 ("Repeat procedure by same physician") to any claim for G9886, G9887, or G9871 to identify a same-day make-up session.
- Make sure your coach roster is up-to-date to avoid claims being denied or rejected. Coaches are the "rendering provider" on MDPP claims.
- Submit the 5% weight loss claim prior to the 9% weight loss claim.
- 5% weight loss and 9% weight loss claims can be submitted once and at any time during MDPP performance period.

* This cheat sheet applies to MDPP suppliers furnishing services to beneficiaries with FFS Medicare, also known as Original Medicare. MDPP suppliers can use the [MDPP Medicare Advantage Fact Sheet](#) or contact the beneficiary's Medicare Advantage plan for information on Medicare Advantage payment & billing.



What is covered in the MDPP Billing and Claims Cheat Sheet (2026)?

- HCPCS G-codes and CY 2026 payment rates for each MDPP session
- Tips for submitting MDPP-related claims to MACs

Who is it for?

All MDPP suppliers submitting Medicare FFS claims in CY 2026.

Where can I find the MDPP Billing and Claims Cheat Sheet (2026)?

Go to: <https://www.cms.gov/priorities/innovation/files/mdpp-cy26-billingclaims-cheatsheet.pdf>

MDPP Billing and Payment Fact Sheet (2026)

Use the MDPP Billing and Payment Fact Sheet to learn about your Medicare Administrative Contractor (MAC) and how to submit your claims.

Medicare Diabetes Prevention Program (MDPP)
2026 Medicare FFS Billing and Payment Fact Sheet

Calendar Year (CY) 2026 MDPP expanded model regulations allow for fee-for-service (FFS) payments for beneficiary attendance as well as performance-based payments for diabetes risk reduction (weight loss). This fact sheet explains the billing process for MDPP services, including changes to the MDPP payment schedule in the [CY 2026 Physician Fee Schedule \(PFS\)](#), and provides tips on how to submit claims and where to get help along the way. This resource is relevant to MDPP-related claims for dates of service beginning January 1, 2026. For guidance on MDPP-related claims with dates of service on or before December 31, 2025, please see the [2025 Billing and Claims Cheat Sheet](#) or the [2025 Medicare FFS Billing and Payment Fact Sheet](#). MDPP suppliers may use the [MDPP Medicare Advantage Fact Sheet](#) or contact the beneficiary's Medicare Advantage plan for information on Medicare Advantage billing and payment.

1. Identify Your MAC 2. Understand Payment/Billing 3. Submit Your Claims 4. Payment/Next Steps

1. Identify Your Medicare Administrative Contractor (MAC)

What Are MACs?

MACs are contractors that, among other things, process Medicare enrollment applications and claims for FFS Medicare providers and suppliers. Activities performed by MACs include:

- Review and processing of enrollment applications
- Processing of FFS Medicare claims
- Responses to inquiries
- Provision of information on billing and coverage requirements

A supplier's administrative location(s) determine(s) which MAC(s) a supplier should enroll with. For more information on how to identify your MAC, please visit the ["Who are the MACs"](#) page on the Medicare website and search for the Part A/B MAC that serves the geographic area of your administrative location(s). Each MAC processes claims for certain states. If an MDPP supplier has administrative locations in multiple states and offers MDPP services, the MDPP supplier may work with more than one MAC.¹ You should contact your MAC if you have questions about enrolling in Medicare or submitting MDPP claims.

2. Understand the Billing/Payment Structure


What the Centers for Medicare and Medicaid Services (CMS) Pays for

Medicare pays MDPP suppliers for furnishing the MDPP Set of services to eligible beneficiaries using FFS payments. Suppliers may also receive performance-based payments when participants achieve diabetes risk reduction (weight loss) milestones.

MDPP Billing and Payment Quick Facts

- An organization must be separately enrolled in Medicare as an MDPP supplier to bill for MDPP services, even if the organization is already enrolled in Medicare as a different provider type.
- MDPP suppliers may electronically submit claims to a MAC for each session that a beneficiary attends (up to 22 sessions). Suppliers may also submit claims for performance payments when beneficiaries achieve certain weight-loss milestones.
- Eligible MDPP beneficiaries are *not* required to pay anything out-of-pocket for MDPP services. MDPP suppliers must accept Medicare's payment for MDPP services as payment in full and cannot bill or collect any amount from MDPP beneficiaries.
- MDPP suppliers must collect beneficiary body weight measurements at each MDPP session to document baseline weight and achievement of any weight loss performance goals. Weight may be obtained in-person by the MDPP supplier, via digital technology (such as scales that transmit weights securely via wireless or cellular transmission), or self-reported by the beneficiary from a digital scale.
- Suppliers may deliver all MDPP services virtually via online, distance learning, in person, or through a combination of in-person and distance learning delivery. Suppliers must maintain their Centers for Disease Control and Prevention (CDC) Diabetes Prevention Recognition Program (DPRP) registration and be able to provide services in person, even if providing distance learning services only (i.e., the supplier must maintain an "in-person", "in-person with a distance-learning component", or "online" DPRP organization code).
- Distance learning sessions must be delivered by trained lifestyle Coaches via live, synchronous delivery in a virtual classroom.

1. An administrative location is a physical location associated with an MDPP supplier's operations, where the supplier is the primary operator of the space. Supplier operations include MDPP services and any other services provided by the supplier. The supplier may furnish the MDPP set of services from this location, but it is not required. An administrative location may be the same location as a supplier's headquarters or office space.



1. MDPP Billing and Payment Fact Sheet

What is covered in the MDPP Billing and Payment Fact Sheet (2026)?

- HCPCS G-codes and CY 2026 payment rates for each MDPP session
- Tips for submitting MDPP-related claims to MACs

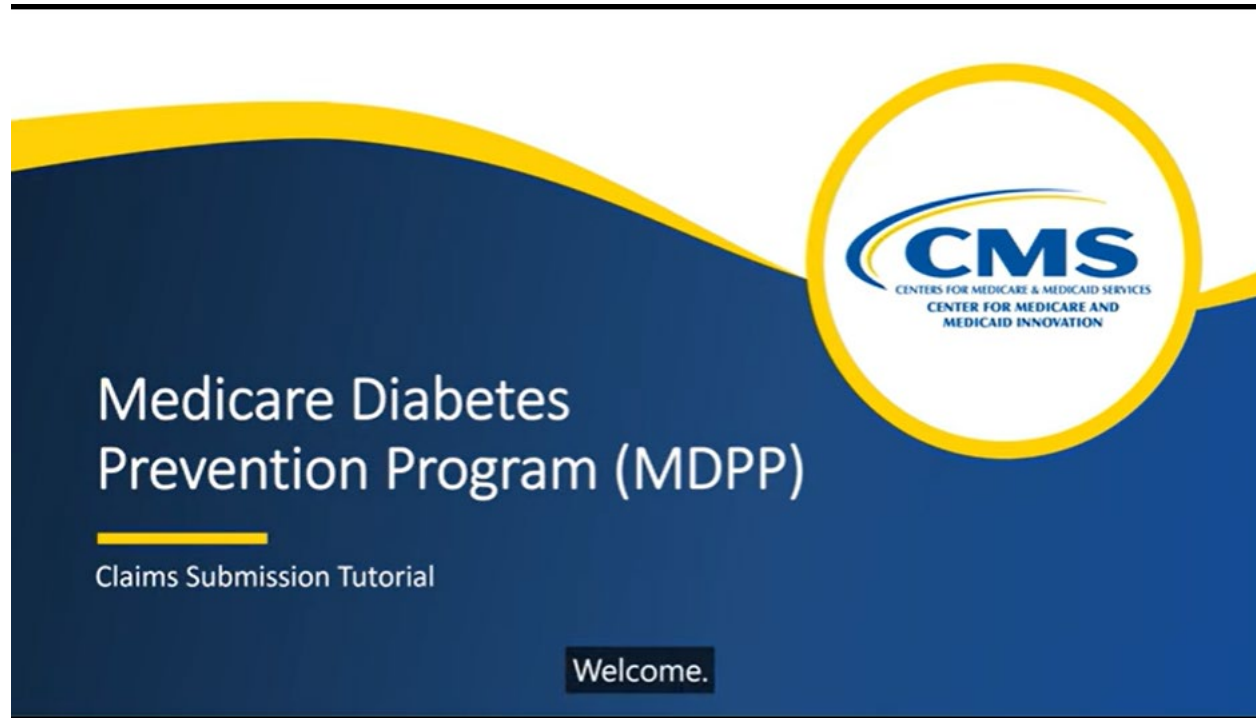
Who is it for?

All MDPP suppliers submitting Medicare FFS claims in CY 2026.

Where can I find the MDPP Billing and Payment Fact Sheet (2026)?

Go to: <https://www.cms.gov/priorities/innovation/files/mdpp-billing-pymt-fs-2026.pdf>

Video Tutorial: MDPP Claims Submission using PC-ACE



Tutorial: MDPP Claims Submission using PC-ACE



Subscribe



What is covered in the MDPP Claims Submission using PC-ACE Tutorial?

- Step-by-step guidance on the claims submission process for MDPP services through the free PC-ACE software

Who is it for?

MDPP suppliers who need to submit claims for MDPP services to MACs

Where can I find the MDPP Claims Submission using PC-ACE Tutorial?

Go to:

<https://www.youtube.com/watch?v=WjxLELw1Yk>

Break



Navigating Online Delivery of the National DPP Lifestyle Change Program

2026 MDPP Supplier Summit

Elizabeth Ely, M.S., Statistician

Background

Delivering the Lifestyle Change Program (LCP)

- CDC recognizes organizations delivering the LCP using any of 5 delivery mode options:
 - Live (synchronous) delivery:
 - In person
 - Distance learning
 - In person with a distance learning component
 - Non-live (asynchronous) delivery:
 - Online
 - Combination with an online component*



*Not approved for Medicare Diabetes Prevention Program (MDPP) delivery.

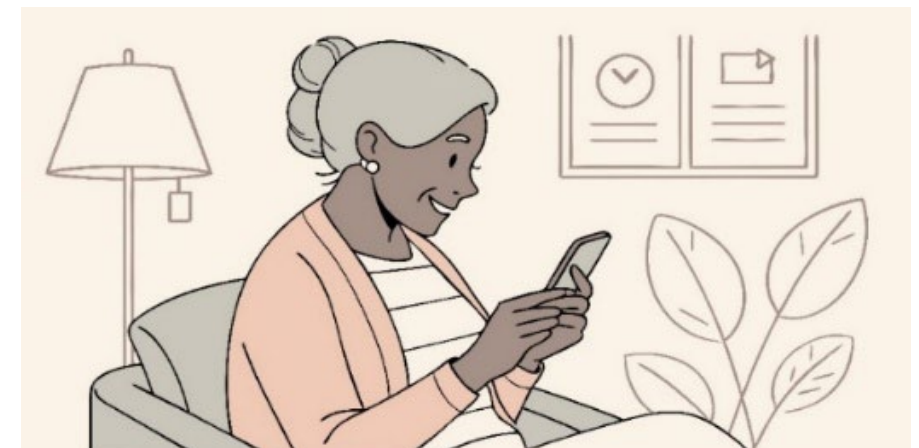
Delivering the Lifestyle Change Program (LCP)

- CMS is 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.

Note: Organizations may deliver the LCP using any or all delivery modes, but each must be associated with its own organization code.

What does it mean to deliver the Medicare Diabetes Prevention Program (MDPP) online (asynchronously)?

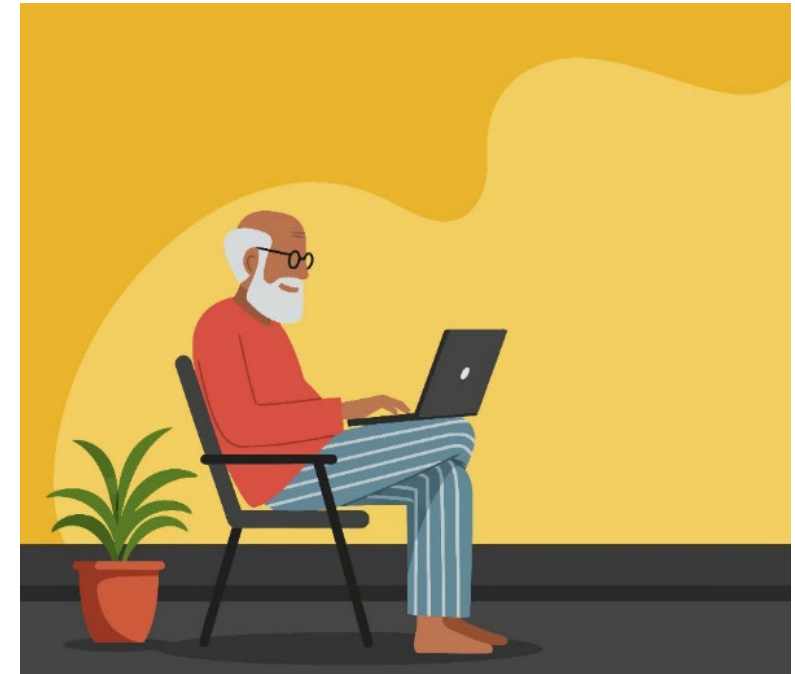
- Content accessed through the Internet via phone, tablet, or laptop (even hard media such as VHS or DVD could be used).
- Self-paced.
- No live Lifestyle Coach teaching the content.
- Live Lifestyle Coach interaction is required.



How can a participant take the program online?

Example 1:

- Participants log into an app via cell phone, tablet, or computer.
- All content is presented through the app, with the participant reviewing it at their own pace.
- The coach is monitoring progress through an online system.
- During the week in which the participant completes a module, they receive a text from their coach following up.
- The coach and the participant text back and forth to ensure the participant is ready to move to the next module.



How can a participants take the program online?

Example 2:

- The Lifestyle Coach pre-records session content.
- The recordings are posted on a website, or if necessary and practical, can be sent out on DVDs or VHS tapes to the participant.
- The participant watches the recordings at their own pace.
- Once the content has been downloaded or sent, the coach reaches out to the participant to schedule time for follow-up.
- The coach and participant speak by phone to ensure the participant is ready to move to the next module.

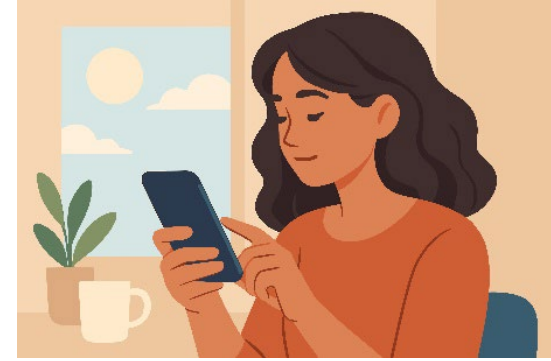
How can a participant take the program online?

Example 3:

- The Lifestyle Coach emails curriculum content to the participant each week.
- The participant reads and reviews the content at their own pace.
- The coach schedules weekly live discussion sessions for multiple participants.
- If the participant does not join the weekly sessions, the coach reaches out to them via phone call, email, or text to schedule 1:1 time with them.

Tip: Consider setting up an online “bulletin board” or chat group, where participants can post questions to the Lifestyle Coach or to other participants.

Lifestyle Coach Requirements



- Organizations must offer live Lifestyle Coach interaction to each participant for each completed module.
 - Participants are not required to initiate Lifestyle Coach interactions; organizations should be proactive and responsive.
 - Email or text messages may be used as long as there is bi-directional communication between the Lifestyle Coach and participant.
- Chatbots and artificial intelligence (AI) forums do not count as live Lifestyle Coach interaction.

Intensity Requirements



- The DPRP Standards require that sessions in the first 6 months (core sessions) be held no *more* frequently than once per week.
- The DPRP Standards require that sessions in the second 6 months (core maintenance sessions) be held no *less* frequently than once per month.
- Participants may only complete one makeup session per week.*
- A single makeup session may be completed on the same day as a regular session.

*CMS has additional considerations for makeup sessions mentioned in the Code of Federal Regulations under § 410.79(d): “No more than 4 virtual make-up sessions within the core services period described in paragraph (c)(2)(i) of this section, of which no more than 2 virtual make-up sessions are core maintenance sessions.”

Duration Requirements

- The DPRP Standards require that sessions be scheduled to last a year.
- Sessions should take about 1 hour (including the Lifestyle Coach interaction).



Data Collection and Reporting Requirements: Session Completion

- Organizations must have an online system in place to track participant progress through the content.
- If sessions are being recorded for future viewing by participants, the organization must be able to confirm that the participant watched the entire video.
- Multiple logins to complete a single module do not count as multiple sessions. **The completion of one curriculum module counts as one session.**

Data Collection and Reporting Requirements: Weight and Physical Activity Minutes



- Weight must be collected at each session (or else use the default entry of 999 to indicate that weight was not reported).
- Physical activity minutes performed since the previous session attended must be collected at each session (0 if the participant did not report minutes).
- Organizations **may** use artificial intelligence (AI), machine learning (ML), or algorithms to flag weight outliers for the purpose of reaching out to the participant for confirmation by a human.*
- Organizations **may** use AI, ML, or algorithms to flag physical activity outliers for the purpose of reaching out to the participant for confirmation by a human.*

***Organizations may NOT use AI, ML, or algorithms to change or exclude reported data.**



Why Deliver Online?

- May offer more scheduling flexibility for participants.
- Participants digest content at their own pace.
- Potential for reaching more people.



Special Considerations Related to Online Delivery

- Easier for participants to lose interest.
- Easier for participants to not complete modules.
- Weight and physical activity minutes are submitted remotely so it may be easier for participants not to submit.
- Ensuring a plan is in place for Lifestyle Coach interaction.

How to Successfully Deliver Online

Lifestyle Coach Interaction

- Lifestyle Coaches should track participant engagement and completion of online modules.
- Be proactive! Reach out to participants when they engage with content (and when they don't).
- Reach out to participants when they don't submit weight and physical activity minutes.



Intensity of Content Engagement

- Online participants should not complete modules too close together as this could impact their ability to achieve program goals.
- Ensure that measures are in place to prevent participants from bingeing sessions.
- Consider intensity requirements when allowing participants to complete sessions on a Saturday and Sunday (if modules are unlocked on Sundays).

Duration of Program Content

- Participants who only engage at the beginning and end of the yearlong program are not fully completing the program.
- If you use rolling enrollment, ensure that participants are offered a full year's worth of content regardless of when they enroll.

Data Collection and Reporting: Session Completion

- Ensure that each session date represents the completion of a ***single*** module of the curriculum.
Reminder: If a participant logs in several times to complete the module, only the date the module is completed should be logged on the spreadsheet.
- Provide a simple, easily accessible way for participants to report weight and physical activity. Bluetooth-enabled scales are recommended but not required.
- Have a procedure in place for reaching out to participants who do not report weight and physical activity, especially if it is a regular occurrence.
- Have a plan in place for reaching out to participants with large gaps between sessions.

Data Collection and Reporting: Weight and Physical Activity Minutes

- If a participant does not enter their weight, **do not carry over the weight from the previous session**; you must enter 999.
- If the participant does not enter physical activity minutes, **do not carry over minutes from the previous session**; you must enter 0 minutes.

Next Steps for Delivering Online

Ready to Apply Checklist

- ✓ Review the DPRP Standards, particularly the sections that pertain to online delivery.
- ✓ Take the Organizational Capacity Assessment, focusing on the questions that pertain to online delivery.
- ✓ Complete and submit the DPRP Application.

CDC Assistance

National DPP Customer Service Center

The National DPP Customer Service Center (CSC) is an online hub for resources and technical assistance (<http://nationaldppcsc.cdc.gov/>).

Purpose: Provide a one-stop shop for resources, training, and technical assistance for CDC-recognized organizations and other National DPP stakeholder groups (including State Quality Specialists!).

Find Resources and Information



- Quickly and easily find resources and events relevant to your needs (FAQs, toolkits, training videos, webinars, etc.).
- Discuss opportunities and challenges with the National DPP community.

Receive Technical Assistance



- Engage with technical assistance coordinators and subject matter experts via the web-based platform or email.
- View the status of and update existing technical assistance requests.
- Submit feedback on technical assistance support.

Provide Discussion and Feedback



- Engage with a community discussion board to seek answers or share best practices.
- Share success stories and suggest additional resources.

THANK YOU!

The findings and conclusions in this presentation are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Medicare Advantage (MA) Resources for MDPP Suppliers

David O'Reilly, Health Insurance Specialist

Enrollment: MA vs. Original Medicare

- The average Medicare beneficiary has 32 MA plans¹ available to them, offering a wide range of choices in coverage and benefits.
- In 2025, MA enrollment reached 34.1 million beneficiaries, covering 54% of all Medicare beneficiaries (62.8 million beneficiaries total), and is projected to grow to 64% by 2034.²
- As of 2025, 46% of eligible Medicare beneficiaries – are enrolled in Original Medicare.
- There have been 4,650 MA and 4,396 Original Medicare beneficiaries³ that have participated in MDPP between April 2018 and March 2024.

Sources: **1)** [Medicare Advantage Plan Offerings](#) (Kaiser Family Foundation [KFF]), **2)** [Medicare Advantage Enrollment Trends](#) (KFF) **3)** [Evaluation of the Medicare Diabetes Prevention Program \(MDPP\)](#)

MA Coverage of MDPP Services

- All Medicare health plans, including MA plans, are required to cover MDPP services for eligible beneficiaries.
- MA plans are allowed to limit coverage to a network of providers if the services covered under Medicare, including MDPP services, are available under the MA plan.
- MA plans must arrange for out-of-network access to care when in-network providers are unable to meet beneficiaries' needs.

Payment for MDPP Services

- CMS cannot require an MAO to contract with specific providers or require specific price or payment structures with in-network providers.
- MA plans must pay out-of-network providers the amount that would have been paid under Original Medicare when these providers furnish covered services to an MA beneficiary.

MA Resources for MDPP Suppliers

Resource	Resource Location
Original Medicare vs. Medicare Advantage	https://www.medicare.gov/basics/get-started-with-medicare/get-more-coverage/your-coverage-options/compare-original-medicare-medicare-advantage
Parts of Medicare	https://www.medicare.gov/basics/get-started-with-medicare/medicare-basics/parts-of-medicare
Medicare and You	https://www.medicare.gov/medicare-and-you
Medicare Advantage & Other Plan Types	https://www.medicare.gov/health-drug-plans/health-plans
CMS Medicare Learning Network® (MLN) Web-Based Trainings World of Medicare (90 minutes) Part C Organization Determination, Appeals, & Grievances (60 minutes)	https://www.cms.gov/training-education/medicare-learning-networkr-mln/resources-training
Medicare Advantage and MDPP Webinar Slide Deck (September 25, 2025)	https://www.cms.gov/priorities/innovation/files/mdpp-ma-webinar-sept25-slides.pdf
MDPP Medicare Advantage Fact Sheet	https://www.cms.gov/priorities/innovation/files/fact-sheet/mdpp-ma-fs.pdf

MA Resources for MDPP Suppliers (Continued)

Resource	Resource Location
Federal Register (FR) Title 42 <ul style="list-style-type: none"> About the FR 	https://www.ecfr.gov/current/title-42 https://www.govinfo.gov/help/fr#about
Medicare Internet-Only Manuals (home) <ul style="list-style-type: none"> Medicare Managed Care Manual 100-16 	https://www.cms.gov/medicare/regulations-guidance/manuals/internet-only-manuals-ioms https://www.cms.gov/regulations-and-guidance/guidance/manuals/internet-only-manuals-ioms-items/cms019326
Medicare Advantage/Part Contract and Enrollment Data	https://www.cms.gov/data-research/statistics-trends-and-reports/medicare-advantagepart-d-contract-and-enrollment-data
Medicare Advantage Appeals Fact Sheet	https://www.cms.gov/priorities/innovation/files/mdpp-ma-appeals-process.pdf
Medicare Managed Care Appeals & Grievances	https://www.cms.gov/medicare/appeals-grievances/managed-care
Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance	https://www.cms.gov/medicare/appeals-and-grievances/mmcag/downloads/parts-c-and-d-enrollee-grievances-organization-coverage-determinations-and-appeals-guidance.pdf
National Association of Chronic Disease Directors Coverage Toolkit	https://coveragetoolkit.org/
Diabetes Self-Management Training (DSMT)	https://www.medicare.gov/coverage/diabetes-self-management-training

MDPP Supplier Support Center

- The purpose of the [MDPP Supplier Support Center](#) is to answer any MDPP policy-related questions from organizations, stakeholders and the general public.
- If your organization needs information or assistance with MDPP payment policy or the MA billing processes (such as determinations and appeals), please submit questions to the [MDPP Supplier Support Center](#) by following the steps to start a new inquiry.

Suppliers should be prepared with specific information when submitting a question:

- Type of issue, such as repeated or intermittent denials for a specific reason (e.g., “prior authorization required” or “non-recognized provider”)
- Dates of service, claim submission date, denial reason, appeal status and response
- Exact language from Remittance Advice or other notice accompanying a denial (including plan clarifications, if applicable)
- Plan name(s) and location(s) (e.g., city and state)

Glossary of Terms (Types of Plans)

Term	Description
Health Maintenance Organization (HMO)*	An HMO requires enrollees to use doctors, specialists, and hospitals within its network (except for emergencies) to receive coverage.
Preferred Provider Organization (PPO)*	A PPO allows members to see both in-network and out-of-network providers, but out-of-network care usually costs more.
Private Fee-for-Service (PFFS) Plan	A PFFS lets people see any Medicare-approved provider who agrees to the plan's payment terms; the plan, not Medicare, sets the costs and may offer extra benefits.
Medical Savings Account (MSA) Plan	An MSA pairs a high-deductible health plan with a savings account for medical costs; once the deductible is met, the plan covers all Medicare Part A and B services, but doesn't cover prescription drugs.
Special Needs Plan (SNP)	An SNP provides tailored benefits to people with specific conditions, low income, or institutional care needs, limiting membership to those who meet these criteria.

* HMOs and PPOs are the most common forms of Medicare Advantage or Other plan

Glossary of Terms (Medicare Advantage Appeals)

Term	Description
Adverse Organizational Determination	An MA plan's denial of a supplier's or enrollee's request for a pre-service approval or payment.
Annual Notice of Change (ANOC)	An ANOC outlines any changes to a beneficiaries' coverage, costs, and other plan details that will be effective the following January.
Code of Federal Regulations (CFR)	The CFR contains official rules that implement laws like the Medicare statute.
Denial Notice	A Denial Notice is a written communication from an MA plan informing an enrollee that a request for healthcare service or coverage has been denied, either partially or in full, and explains the reason for denial.
Diabetes Self-Management Training (DSMT)	Diabetes Self-Management Training is an evidence-based standard of care program that incorporates the needs and goals of people with diabetes into a personalized plan that has proven to improve health outcomes.
Evidence of Coverage (EOC)	The EOC outlines the details of a beneficiaries' health coverage for the upcoming year, including costs, benefits, and how to access care.

Glossary of Terms (Medicare Advantage Appeals)

Term	Description
Grievances	A grievance is an expression of dissatisfaction (other than an organization determination) by an enrollee with any aspect of the operations, activities, or behavior of a Medicare health plan, or its providers.
Health Maintenance Organization (HMO)	An HMO requires enrollees to use doctors, specialists, and hospitals within its network (except for emergencies) to receive coverage.
Preferred Provider Organization (PPO)	A PPO allows members to see both in-network and out-of-network providers, but out-of-network care usually costs more.
Reconsiderations	A reconsideration is a review of the MA plan's initial decision by the MA plan itself.
Remittance Advice	A remittance advice provides a detailed explanation of a claim payment and reasons for denial, if any.
Waiver of Liability	A Waiver of Liability is a document where a healthcare supplier agrees not to bill a Medicare Advantage enrollee for a denied claim, ensuring the enrollee is not financially responsible regardless of the appeal outcome. It protects beneficiaries from costs not covered by their MA plan.

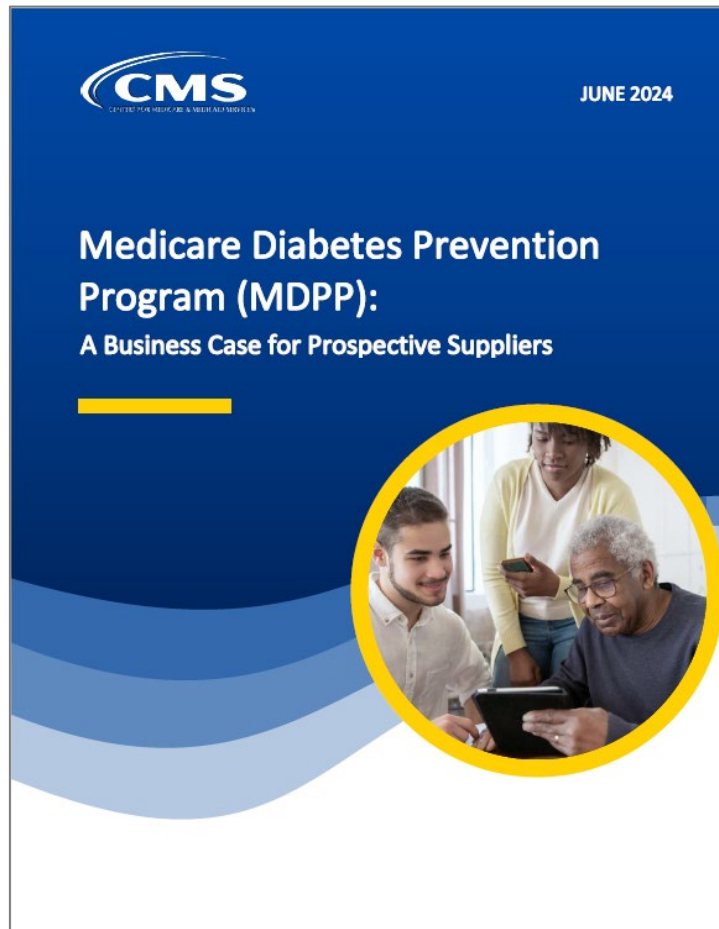
Takeaways and Resources

Allison Cipro, M.S., LCPC, MDPP Team Lead

Juliana Tiongson, Senior Advisor & Acting Division Director –
Division of Health Care Delivery (DHCD)

MDPP: A Business Case for Prospective Suppliers

Use the Business Case to learn more about MDPP and how to enroll as an MDPP supplier.



What is covered in the Business Case?

- A high-level overview of MDPP
- Why and how to participate as a supplier
- How to recruit MDPP participants
- How to deliver and bill for MDPP services
- MDPP reporting requirements
- Expected costs and revenue when delivering MDPP

Who is it for?

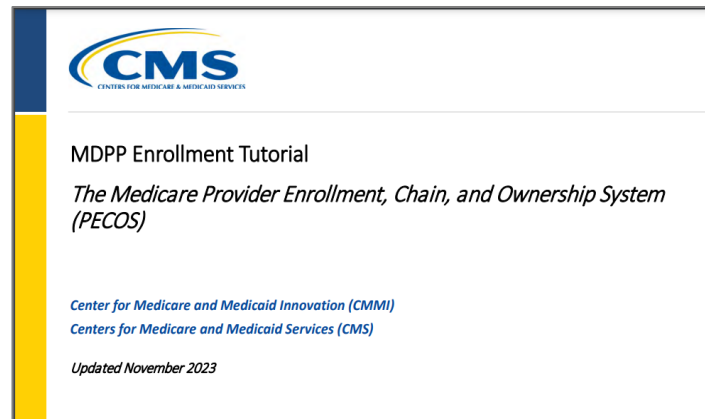
All organizations interested in learning more about MDPP and becoming MDPP suppliers.

Where can I find the Business Case?

Go to: <https://www.cms.gov/priorities/innovation/files/mdpp-business-case.pdf>

MDPP Enrollment Tutorial

Use the MDPP Enrollment Tutorial to learn how to enroll as an MDPP supplier.



What is covered in the MDPP Enrollment Tutorial?

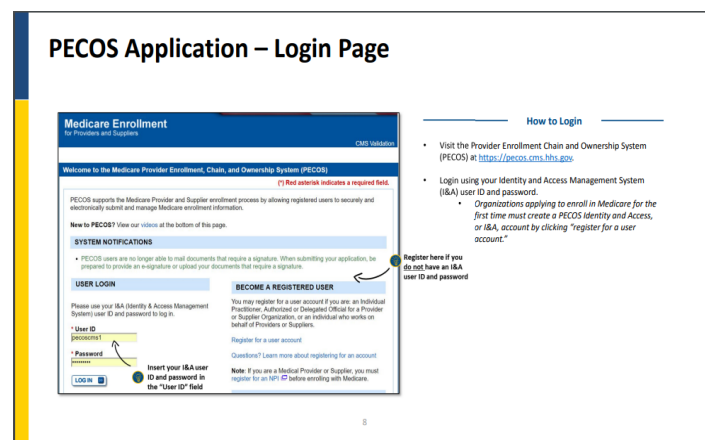
- A high-level description of steps to enrolling as an MDPP supplier
- Step-by-step instructions for the PECOS MDPP enrollment application
- Additional resources related to MDPP supplier enrollment

Who is it for?

All organizations interested in learning more about how to enroll as MDPP suppliers.

Where can I find the MDPP Enrollment Tutorial?

Go to: <https://www.cms.gov/files/document/mdpp-enrollment-tutorial-2024.pdf>



MDPP Coach Eligibility Fact Sheet

Use the Coach Eligibility Fact Sheet to learn more about MDPP coach eligibility requirements.

Medicare Diabetes Prevention Program (MDPP) Coach Eligibility Fact Sheet

MDPP sessions are conducted by trained coaches who could be employees, contractors, or volunteers of an MDPP supplier. This checklist summarizes coach eligibility requirements and provides tips to ensure coach eligibility.

Coach Eligibility Checklist

Coaches must:

- Obtain and maintain a valid National Provider Identifier (NPI) number in order for organizations to receive payment for MDPP services provided by its coaches. Organizations may obtain individual NPIs on behalf of coaches or coaches may obtain their own individual NPI. If a coach already has an individual NPI number, they do not need to obtain another to furnish MDPP services.
 - To get an NPI, visit: <https://nppes.cms.hhs.gov/#!/>
 - For more information on NPIs, visit: <https://innovation.cms.gov/Files/x/mdpp-enrollmentfs.pdf>

Coaches must NOT:

- Have Medicare billing privileges revoked and be currently subject to the re-enrollment bar.
- Have Medicaid billing privileges terminated-for-cause or be excluded by a state Medicaid agency.
- Be excluded from any other Federal health care program.
- Be debarred, suspended, or otherwise excluded from participating in any other federal procurement or non-procurement program.
- In the previous 10 years, have one of the following state or federal felony convictions including guilty pleas or pre-trial diversion:
 - Crimes against persons, such as murder, rape, assault, and other similar crimes
 - Financial crimes, such as extortion, embezzlement, income tax evasion, insurance fraud, and other similar crimes
 - Any felony that places Medicare or its beneficiaries at immediate risk, such as a malpractice suit that results in the individual being convicted
 - Any felonies that would result in mandatory exclusion

Confirm Eligibility

- MDPP suppliers may choose to conduct background checks before and/or after enrolling in Medicare to avoid receiving an enrollment denial or revocation due to failure to meet coach eligibility standards.
- If CMS deems a coach ineligible at any time before or after enrollment, MDPP suppliers have 30 days to submit a Corrective Action Plan (CAP) and remove the ineligible coach from the roster.
- If ineligible coaches are not removed, an organization's MDPP supplier status could be denied or revoked.


Update the Roster

- MDPP suppliers must include all coaches on the coach roster in the MDPP enrollment application.
- Suppliers must update changes to the coach roster in PECOS within 30 calendar days to avoid claims being rejected or denied. Access your PECOS site here: <https://pecos.cms.hhs.gov/pecos/login.do#headingv1f>.
- CMS will assess all coaches on a supplier's roster to ensure each coach is eligible.

Train Coaches

- Coaches should be trained consistent with the CDC's Diabetes Prevention Recognition Program (DPRP) staffing and training requirements: <https://www.cdc.gov/diabetes/prevention/staffing-training.htm>
- CMS does not require coaches to receive training beyond the CDC's requirements.

Need More Information? Visit: <http://go.cms.gov/mdpp> **Ask a Question:** <https://cmsorg.force.com/mdpp/>



What is covered in the MDPP Coach Eligibility Fact Sheet?

- A checklist to determine coach eligibility to deliver MDPP sessions
- Tips to confirm coach eligibility, update the coach roster, and train coaches

Who is it for?

All current and prospective suppliers seeking information on MDPP coach eligibility requirements.

Where can I find the MDPP Coach Eligibility Fact Sheet?

Go to: <https://www.cms.gov/priorities/innovation/files/fact-sheet/mdpp-coachelig-fs.pdf>

MDPP Beneficiary Eligibility Fact Sheet

Use the Beneficiary Eligibility Fact Sheet to learn more about beneficiary eligibility requirements.

**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

CORE SESSIONS	CORE MAINTENANCE SESSIONS
(16 Sessions)	(6 Sessions)
Months 1-6	Months 7-12

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.



What is covered in the MDPP Beneficiary Eligibility Fact Sheet?

- A checklist and tips to determine beneficiary eligibility for MDPP services
- How to verify beneficiary Medicare coverage
- Beneficiary information that should be documented by suppliers

Who is it for?

All current and prospective suppliers seeking information on MDPP beneficiary eligibility requirements.

Where can I find the MDPP Beneficiary Eligibility Fact Sheet?

Go to: <https://www.cms.gov/priorities/innovation/files/fact-sheet/mdpp-beneelig-fs.pdf>

Call to Action: The perfect time to amplify MDPP is now!

National Priority

The current CMS administration and the national health care market at large are prioritizing prevention, wellness, and whole-person care

GLP-1 Trends

GLP-1s are reshaping the conversation on diabetes and increasing awareness – and even with use of GLP-1s, lifestyle change is necessary to sustain long-term success

Shifting Focus

Healthcare providers and consumers are shifting focus on early intervention, sustained outcomes, and proven, scalable solutions

New Opportunities

With online delivery now available and the once-per-lifetime limit removed, MDPP is more accessible than ever before

Together, these factors create a powerful and time-sensitive opportunity to expand MDPP's reach, impact, and role in advancing prevention nationwide.

Thank You for Attending the Virtual Supplier Summit

Please Remember to Complete the Post-Event Survey!