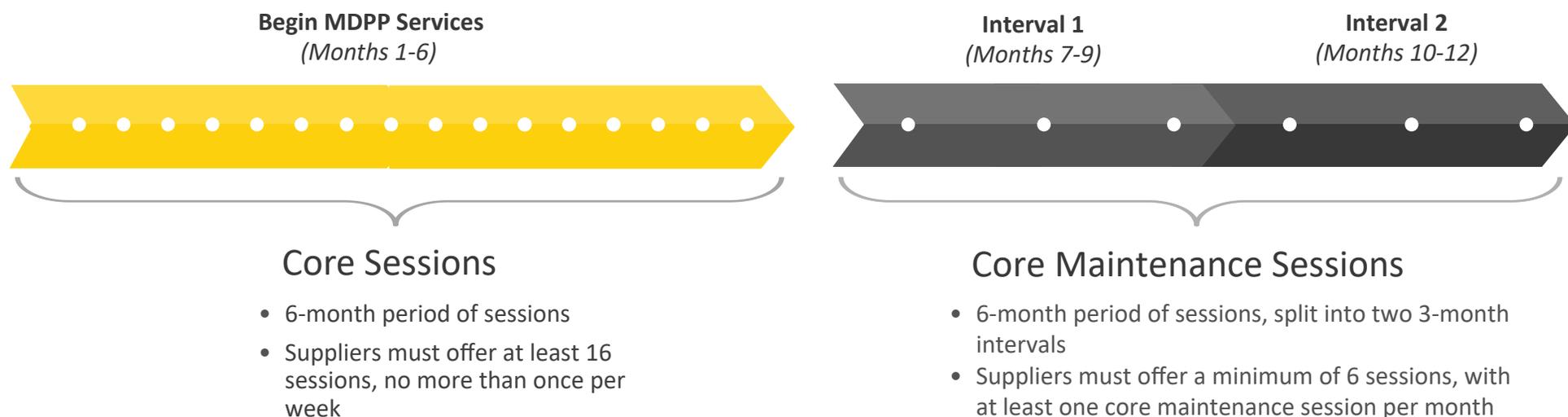


Medicare Diabetes Prevention Program (MDPP) Sessions Journey Map

MDPP services are structured health behavior change sessions aimed at lowering the risk of type 2 diabetes in Medicare beneficiaries with prediabetes. These sessions promote weight loss through healthy eating and physical activity. This journey map is intended to help MDPP suppliers understand the different session types, session sequencing, and important information to keep in mind when furnishing sessions.

MDPP Session Timeline and Sequencing



○ Represents 1 MDPP session

Requirements for All MDPP Sessions



All sessions must be approximately 1 hour in length



All sessions must follow a CDC-approved curriculum



All weight measurements must be taken in-person at a session or via a virtual alternative method to count toward performance goals



All core sessions must be conducted in-person or via distance learning

What if a beneficiary misses a session?

Suppliers may offer make-up sessions (in-person or virtual) to any beneficiary who misses a regularly scheduled session. A make-up session must address the same topics as the regularly scheduled session. Any virtual make-up sessions must follow the CDC's Diabetes Prevention Recognition Program (DPRP) standards. Suppliers are not required to offer make-up sessions.

For all make-up sessions, suppliers may offer:

- A maximum of 1 make-up session per week
- A maximum of 1 make-up session on the same day as the regularly scheduled session

Activities Before a Session

- For each interested MDPP beneficiary:
- Determine whether he/she receives Free-For-Service (FFS) Medicare or Medicare Advantage (MA)
 - Mixed cohorts are acceptable
 - Determine beneficiary eligibility
 - Disclose required information about the set of MDPP services before the first core session

Activities During a Session

- Follow MDPP recordkeeping requirements for each session
- Collect session-level data consistent with CDC DPRP standards (including session-level data for ongoing maintenance sessions as required by CMS)
- If applicable, document any beneficiary engagement items provided to beneficiaries

Activities After a Session

- Submit claims to the Medicare Administrative Contractors (MACs) for FFS Medicare beneficiaries when a performance goal is met or there is an eligible bridge payment
- Submit encounter data to the MA plan for MA beneficiaries for payment
- Maintain CMS/CDC beneficiary identifiers crosswalk for quarterly submission to CMS