



# Medicare Diabetes Prevention & Diabetes Self-Management Training

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## What's Changed?

- CMS extended flexibilities in the March 1, 2020, COVID-19 Interim Final Rule and the CY 2021 Physician Fee Schedule Final Rule to all patients getting services as of March 31, 2020. These flexibilities include allowing patients to get **all** MDPP services virtually, adding virtual weight measurement methods, and clarifying the baseline weight measurement when a patient restarts or resumes MDPP services.
- In January 2020, the American Association of Diabetes Educator (AADE) changed their name to the Association of Diabetes Care & Education Specialists (ADCES).

You'll find substantive content updates in dark red font.

## Introduction

This booklet explores:

- Diabetes Definition & Background
- Medicare Diabetes Prevention Program (MDPP)
- Diabetes Self-Management Training (DSMT)
- DSMT Accrediting Organizations (AOs)
- Oversight & Validation
- Resources

## Diabetes Definition & Background

Diabetes is a medical condition when the body can't use glucose properly. The pancreas makes insulin to reduce blood glucose levels. However, when the pancreas can't produce enough insulin or can't produce any insulin, the body's glucose levels remain high and diabetes develops.

## Diabetes Complications

Diabetes complications may result in small and large artery diseases, which can result in kidney disease, blindness, amputation, and/or stroke.

## Diabetes Prevalence & Cost

The CDC's [2020 National Diabetes Statistics Report](#) says diabetes is the 7th-leading cause of death in the United States and estimates that:

- 34.2 million people of all ages have diabetes (10.5% of the U.S. population)
- 88 million adults 18 and older have prediabetes, but only 7.3 million weren't aware of or didn't report having diabetes (a higher percentage of men [37.4%] have prediabetes than women [29.2%])

### [Diabetes Disparities in Medicare Fee-for-Service \(FFS\) Beneficiaries](#)

The CMS Office of Minority Health analyzed CMS data and shows the prevalence of Medicare FFS patients with diabetes varies by race, ethnicity, and geographic areas compared to their white counterparts:

- 40% higher for American Indian and Alaska Natives.
- 38% higher for Black, African Americans.
- 38% higher for Hispanics.
- 37% higher for Asian and Pacific Islanders.
- Prevalence by race and ethnicity varies greatly by region – while Colorado had the lowest prevalence rate (18%), Mississippi, New Jersey, New York, and West Virginia had the highest prevalence rate (31%). Use the interactive [Mapping Medicare Disparities Tool](#) to find and compare diabetes prevalence, utilization, and cost disparities in your county, region, and state.

Together we can eliminate health disparities for all minority groups. Find these resources and more from the [CMS Office of Minority Health](#):

- [Diabetes Management: Directory of Provider Resources](#)
- [A Culturally and Linguistically Tailored Type 2 Diabetes Prevention Resources Inventory](#)
- [Racial and Ethnic Disparities in Diabetes Prevalence, Self-Management, and Health Outcomes among Medicare Beneficiaries](#)
- [Medicare Plan Finder's "Insulin Savings" filter to search for plans](#)

- In 2016, 7.8 million hospital discharges listed diabetes as a diagnosis among adults 18 years or older
- In 2017, the total direct and indirect costs of diagnosed diabetes in the U.S. was \$327 billion
- The percentage of adults with diabetes increases with age, with 26.8% among those aged 65 or older

## Medicare Diabetes Prevention Program

The Medicare Diabetes Prevention Program (MDPP) includes an evidence-based set of services that help prevent onset of type 2 diabetes among eligible Medicare patients who have prediabetes. This service includes:

- Structured coaching sessions, using a CDC-approved curriculum, to provide training in dietary change, increased physical activity, and weight loss strategies
- 12 months of core sessions for patients with an indication of prediabetes, and an additional 12 months of ongoing maintenance sessions for participants who meet weight loss and attendance goals

Organizations that want to provide MDPP services to eligible patients and bill Medicare for those services must enroll in Medicare as an MDPP supplier. If you're already a Medicare provider, you need to enroll separately as an MDPP supplier.

To enroll as an MDPP supplier, organizations must:

- Have and maintain preliminary or full CDC Diabetes Prevention Recognition Program (DPRP) recognition
- Have an active and valid Tax Identification Number (TIN) or National Provider Identifier (NPI)
- Pass the high categorical risk level enrollment screening
- On the MDPP enrollment application, submit and maintain a list of MDPP coaches who will lead sessions including full name, date of birth, SSN, active and valid NPI, and coach eligibility start and end dates (if applicable)
- Meet MDPP supplier standards and requirements, and other existing Medicare provider or supplier requirements
- Revalidate enrollment every 5 years

Get MDPP conditions of coverage at [42 CFR Section 410.79](#).

## Legal Authority

The MDPP is an expansion of CMS's Center for Medicare and Medicaid Innovation's (Innovation Center) Diabetes Prevention Program (DPP) model test under [SSA Section 1115A](#). HHS expanded the DPP model test in duration and scope under [SSA Section 1115A\(c\)](#) authority.

During the COVID-19 Public Health Emergency (PHE), we added these flexibilities for patients who got MDPP services as of March 31, 2020:

- Suppliers can deliver MDPP services virtually or suspend in-person MDPP services and resume them later.

- Suppliers must prepare to resume in-person MDPP services to start new cohorts and to serve patients who wish to return to in-person services after the PHE or 1135 waiver event ends.
- MDPP patients beginning MDPP services virtually, or changing from in-person MDPP services to virtual, can continue the MDPP services virtually, even after the PHE or 1135 waiver event ends.
- Some patients can get the set of MDPP services more than once per lifetime.
- MDPP patients getting MDPP services virtually during the PHE or an applicable 1135 waiver event may not get MDPP services more than once per lifetime.
- MDPP patients can add virtual weight measurements by submitting a time and date-stamped photo or video of their home scale with their current weight measurement. Patients can also use online video technology like video chatting or video conferencing with an MDPP coach.
- The limit placed on the number of virtual make-up sessions doesn't apply during the remainder of the COVID-19 PHE or any future 1135 waiver event for MDPP suppliers to provide MDPP services virtually.
- MDPP patients getting MDPP services before January 1, 2021 aren't required to meet or maintain a 5% weight loss to maintain eligibility for the ongoing maintenance year and may resume or restart services without meeting the 5% weight loss requirement. However, we will require MDPP patients starting the MDPP services on or after January 1, 2021, to meet and maintain the 5% weight loss goal to remain eligible for the ongoing maintenance year.

## Diabetes Self-Management Training

Diabetes Self-Management Training (DSMT) is another Medicare preventive service that helps patients manage their diabetes and prevent additional complications. DSMT providers cooperate to offer patients with type 1 or type 2 diabetes a full range of service options.

The DSMT program goals include educating and empowering Medicare patients diagnosed with diabetes to better manage and control their conditions, reduce hospitalizations and complications, and reduce costs.

## Legal Authority

[SSA Section 1861\(qq\)](#) establishes DSMT services and gives CMS legal authority to regulate Medicare DSMT outpatient coverage services.

## Definitions

The SSA defines DSMT educational and training services as medically reasonable and necessary. A certified provider (one who meets standards originally set by the National Diabetes Advisory Board and revised and maintained by participating organizations) must offer these services to help patients comply with therapy or develop skills and knowledge to manage their condition. Providers must describe and document these services in a comprehensive plan of care in the patient's medical record.

## Regulations for DSMT Accrediting Organizations

Get the DSMT and DSMT Accrediting Organization (AO) regulations at [42 CFR Section 410.140–410.146](#).

We require DSMT AOs use 1 of these accreditation standards:

1. The organization uses and enforces CMS quality standards that meet or exceed the National Standards for Diabetes Self-Management Education Programs (NSDSMEP), defined in [42 CFR Section 410.144\(b\)](#).
2. The organization meets the approved organizational requirements, defined in [42 CFR Section 410.143](#).
3. The organization isn't owned or controlled by the entities it accredits, defined in [42 CFR Section 413.17\(b\)\(2\) or \(b\)\(3\)](#).
4. The organization doesn't accredit any entity it owns or controls.

CMS approved 2 national DSMT AOs to accredit DSMT entities:

1. The American Diabetes Association (ADA)
2. **The Association of Diabetes Care & Education Specialists (ADCES)**

CMS approves a DSMT AO for a 6-year term.

- [42 CFR Section 410.143\(a\)](#) identifies the ongoing DSMT AO's responsibilities
- [42 CFR Section 410.143\(b\)](#) identifies CMS's or its agents' oversight requirements ensuring a CMS-approved DSMT AO and the entities the organization accredits continue meeting quality standards, defined in [42 CFR Section 410.144](#)
- [42 CFR Section 410.145](#) identifies DSMT requirements entities must meet
- [42 CFR Section 410.146](#) requires an approved entity collect and record this patient assessment information at least quarterly:
  - Medical information, including:
    - Diabetic condition duration
    - Use of insulin or oral agents
    - Height and weight by date
    - Lipid test results and date
    - HbA1C results and date
    - Self-monitoring frequency and results
    - Blood pressure and corresponding dates
    - Last eye exam date

- Other information, including:
  - Educational goals
  - Educational needs assessment
  - Training goals
  - Follow-up assessment plan to review achievement of training goals between 6 months and 1 year after the patient's training ends
  - Training goals assessment documentation

DSMT entities may also collect follow-up assessment information.

## DSMT Accrediting Organizations

### General Information

Get a complete description of CMS's national accrediting organizations' approval process at [42 CFR Section 410.142](#).

Becoming a CMS-approved DSMT AO is voluntary. Only a nonprofit or not-for-profit organization with demonstrated experience in working with individuals with diabetes can apply for accreditation.

When you apply, input this information:

- If you don't use 1 of the established standards in [42 CFR Section 410.144\(a\) or \(b\)](#), submit a detailed comparison of your accrediting requirements and quality standards to our standards
- Details about your organization's accreditation process, including accreditation frequency, copies of accreditation forms, guidelines, and instructions to evaluators; monitoring and enforcing compliance process details; and types and categories of accreditation offered
- The procedures used to notify a deemed entity of deficiencies in its DSMT program and procedures to monitor deficiency correction
- Detailed evaluator background and qualifications information
- A description of the organization's major operational policies and procedures, such as:
  - Data management and analysis
  - Responding to and investigating complaints and non-compliance issues per [42 CFR Section 410.133\(g\)\(8\)\(i-iii\)](#)
- Contact information for owners and others with controlling interest
- Your organization's documentation of accreditation and ability to carry out the necessary tasks



## Specific Accreditation Programs

### ADA Education Recognition Program (ERP)

The American Diabetes Association Education Recognition Program Diabetes Self-Management Training Accrediting Organization (ADA ERP DSMT AO) application process includes 3 main elements:

1. The entity must already supply Diabetes Self-Management Education and Support (DSMES) under current national standards to apply.
2. You must contact the ERP to access the online application portal. You may submit supporting documents online, by fax, or through mail.
3. An ERP team member reviews the application and notifies the entity through the application portal of approval for a 4-year recognition period. The ERP team member notifies entities not approved in the same way and gives feedback on specific application recognition elements still needed.

To monitor approved AOs, the ADA will:

- Perform an annual, random site visit audit of less than 5% of all recognized programs
- Always notify entities 10 working days before a site visit with this information:
  - Give the entity's DSMES quality coordinator an [Audit Toolkit](#)
  - Inform the entity about the required documentation

You can search recognized [DSMES Programs](#) by zip code.

### Association of Diabetes Care & Education Specialists (ADCES) Accreditation Program

The ADCES has a 1-level DSMT AO accreditation program.

- A DSMT entity that meets DSMES standards may complete an [online application](#).
- The ADCES conducts an in-depth, comprehensive review to see if the entity fulfilled all quality standards.
- An approved program is accredited for 4 years.

To monitor approved AOs, the ADCES will:

- Perform an annual, random site visit audit of approximately 5% of all recognized programs
- Always notify entities 10 working days before a site visit

Find an ADCES accredited [DSMT Diabetes Education Program](#) in your area.

## Oversight & Validation

We created the DSMT oversight and validation process to evaluate CMS-approved DSMT AO performance. This includes:

- External DSMT AO oversight to ensure DSMT AO entities meet federal requirements
- Determining if approved DSMT AOs meet Medicare regulations
- A contractor to perform the oversight and validation process and report findings
- A survey tool and scoring mechanism

## Resources

- [Association of Diabetes Care & Education Specialists \(ADCES\)](#)
- [American Diabetes Association \(ADA\)](#)
- [DSMT Accreditation Program](#)
- [DSMT Coding and Billing](#)
- [MDPP & CDC Roles Fact Sheet](#)
- [MDPP Coding and Billing](#)
- [MDPP Expanded Model](#)
- [National Standards for DSMES](#)

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