

Diabetes Education and Diabetes Prevention Programs: KNOW THE DIFFERENCE TO REFER OR DELIVER EFFECTIVELY

Education Program	DSMES/DSMT	EDC	National DPP/MDPP
Description	Diabetes Self-Management Education and Support (DSMES) may be offered to all ages regardless of insurance status. Diabetes Self-Management Training (DSMT) is DSMES that qualifies for Medicare reimbursement.	Everyone with Diabetes Counts (EDC) is a type of DSMES that is free, community-based, and not billable to Medicare. It is funded by the CMS Center for Clinical Standards and Quality (CCSQ).	*National Diabetes Prevention Program (National DPP) is overseen by the Centers for Disease Control and Prevention (CDC). *Medicare Diabetes Prevention Program (MDPP) refers to National DPP programs which qualify for Medicare reimbursement; a large part of the requirements is being CDC-recognized. The MDPP is led by the CMS Innovation Center.
Purpose	Manage diabetes	Manage diabetes	Prevent or delay diabetes
Target Audience	People with diabetes	People with diabetes who are Medicare or Medicare-Medicaid recipients and belong to rural or minority populations (i.e., those who tend to not have access to established, reimbursable DSMES programs)	People with prediabetes
Aim	DSMES/DSMT is aimed at empowering people with diabetes in reaching their glycemic target, preventing or reducing complications from elevated glycemic levels, and improving their quality of life.	EDC is aimed at empowering people with diabetes in reaching their glycemic target, preventing or reducing complications from elevated glycemic levels, and improving their quality of life.	National DPP/MDPP is aimed at improved nutrition and increased physical activity to result in the goal of 5-7% weight loss and reduced risk for type 2 diabetes.
Cost to Medicare Beneficiary	DSMT has a 20% copay.	EDC includes free community-based workshops in partnership with local community or clinical organizations, supported by CMS funding.	Medicare coverage for MDPP begins April 1, 2018. There is no copay; it is considered a Medicare preventive service.

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Length of Program	DSMES/DSMT is covered up to ten hours in the first year a person uses the benefit. Two hours is covered each subsequent year for life. The ten hours in the first year is a once-in-a-lifetime benefit.	EDC includes six two-hour sessions, one week apart. Participants are allowed to repeat sessions or a series, but the intent of the program is to have participants complete the program once.	National DPP/MDPP is covered up to 2 years total: <ul style="list-style-type: none"> • Core (Months 0-6): 16 sessions, at least one week apart • Core Maintenance (Months 7-12): six sessions, one month apart • Ongoing Maintenance (Months 13-24): Programs offer monthly maintenance sessions. If person achieves and maintains ≥5% weight loss and attendance goals, may receive 3-month intervals of monthly maintenance sessions up to one year. MDPP is a once-in-a-lifetime benefit.
Billable to Medicare?	Yes, if person has Medicare Part B or Medicare Advantage Plan that covers DSMT and if the program meets CMS requirements for DSMT	No	Yes, if person has Medicare Part B or is in a Medicare Advantage Plan that has a contract with an eligible supplier and if program meets CMS requirements for the MDPP
For more information	<p>Medicare-Covered Diabetes Supplies and Services: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE0738.pdf</p> <p>CMS Policy Manual (Chapter 15, pg 263-270): https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf</p> <p>CMS Policy Manual (Chapter 13, RHCs pg 43, FQHCs pg 45): https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c13.pdf</p>	<p>To find the EDC programs in your state, go to http://qioprogram.org; then click in top right on Locate Your QIO, select your state, and call the phone number listed. You will be told or shown where the current classes are listed.</p> <p>For more info on EDC: http://www.qioprogram.org/edc/faq</p>	<p>MDPP Homepage: https://innovation.cms.gov/initiatives/medicare-diabetes-prevention-program/</p> <p>MDPP Overview Fact Sheet: https://innovation.cms.gov/Files/x/MDPP_Overview_Fact_Sheet.pdf</p> <p>CMS and CDC Roles Fact Sheet: https://innovation.cms.gov/Files/fact-sheet/CMS-CDC-Roles-Fact-Sheet.pdf</p> <p>Supplier Enrollment, Delivery, and Billing & Claims outlined at: https://innovation.cms.gov/Files/x/mdpp_101_orientation_webinar.pdf</p>

**MDPP refers to those programs which adhere to the Medicare coverage requirements. Medicare modeled their reimbursement requirements after the National DPP (CDC's standards), but note not all requirements are exactly the same. Note this difference: For Medicare coverage, the person must have a blood test showing A1C 5.7-6.4, fasting blood sugar in the range of 110-125 mg/dL, or 2-hour glucose of 140-199mg/dL. CDC quality standards also allow any of the three tests, but fasting blood sugar can be in the range of 100-125, mirroring ADA Standards of Care. CDC also allows 65% of participants to enter the program based on a positive paper risk test rather than a blood test, and a minimum of 35% of participants are required to have a qualifying blood test. The paper risk test is at <https://www.cdc.gov/diabetes/prevention/pdf/prediabetestest.pdf>. For more eligibility requirements, see slide 8 at <https://innovation.cms.gov/Files/slides/mdpp-expansion-slides.pdf>.*