

# Increase Beneficiary Enrollment in the Medicare Diabetes Prevention Program

## **Track beneficiary enrollment by referral source**

Prepared by:

Joanna DiBenedetto, MNM

Stefanie Hansen, MA

Kelly McCracken, RD, CDCES

Jennifer Barnhart, MPH

Marti Macchi, DrPH, MPH, M.Ed.



NATIONAL ASSOCIATION OF  
**CHRONIC DISEASE DIRECTORS**

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## Executive Summary

The prevalence of diabetes and prediabetes in adults aged 65 and older is both high and increasing. In 2021, 13.8 million U.S. adults aged 65 years or older (24.4%) had diagnosed diabetes, and almost half of U.S. adults aged 65 years and older had prediabetes.<sup>1,2</sup>

Type 2 diabetes can be prevented or delayed for individuals with prediabetes in this age range through the evidence-based National Diabetes Prevention (National DPP) lifestyle change program (known as the Medicare Diabetes Prevention Program (MDPP) when covered by Medicare). With approximately 65.7 million Medicare beneficiaries in the U.S., there could potentially be 31.5 million Medicare beneficiaries with prediabetes, who would be eligible to participate in the MDPP.<sup>3</sup>

Despite the effectiveness of the MDPP, enrollment has remained low due to many factors, including a lack of awareness about the program among Medicare beneficiaries and health care providers. MDPP suppliers, the delivery organizations of the MDPP program, must strategically plan marketing, recruitment, and referral initiatives to increase beneficiary enrollment in the program.



Increase Medicare beneficiary enrollment into the MDPP by tracking referrals and enrollment *by referral source*.

The National Association of Chronic Disease Directors (NACDD) through funding and guidance from the Centers for Disease Control and Prevention (CDC), developed the MDPP Enrollment Project, a project focused on increasing beneficiary enrollment in the MDPP by working directly with MDPP suppliers. A main takeaway from this project is that MDPP suppliers and/or public health professionals would benefit from tracking participant referrals and enrollment *by referral source*. Tracking this data shows the MDPP supplier which referral sources yield the highest (or lowest)

volume of MDPP enrollments and which referral sources produce the highest referral-to-enrollment conversion rates. MDPP suppliers can increase their financial viability by using this referral and enrollment data. For example, it can be used to determine how to allocate marketing resources, schedule marketing and recruitment activities, and schedule health care provider (HCP) referral initiatives to ensure there is sufficient and efficient enrollment.

As a result of the MDPP Enrollment Project, NACDD developed an interactive website called [DPP Business Tools](https://www.dppbusinessstools.org) ([www.dppbusinessstools.org](https://www.dppbusinessstools.org)) to project and track referrals, and solve for barriers faced by MDPP suppliers. Specifically, the Participant Enrollment Planning (PEP) Tool can be used to understand, plan, and streamline the recruitment, referral, and enrollment process.



## Background

Currently, it is estimated that over 38 million people in the U.S. have type 2 diabetes (diagnosed or undiagnosed).<sup>1</sup> Another 97.6 million adults (or approximately 38% of the adult population) are estimated to have prediabetes, which puts them at high risk for developing type 2 diabetes in the absence of intervention.<sup>1</sup> The costs of treating and managing diabetes is high and continues to grow. Approximately one in four health care dollars in the U.S. is spent on people with diagnosed diabetes (61% of which is attributable to diabetes).<sup>4</sup>



**Approximately one in four health care dollars in the U.S. is spent on people with diagnosed diabetes.**

The prevalence of diabetes in older adults is both high and growing. In 2021, 13.8 million U.S. adults aged 65 years or older (24.4%) had diagnosed diabetes, and almost half of U.S. adults aged 65 years and older had prediabetes.<sup>1, 2</sup>

Type 2 diabetes can be prevented or delayed for these individuals with prediabetes through achievable lifestyle changes, such as modest weight loss and being physically active.<sup>5</sup> These lifestyle changes are the primary goals of the National Diabetes Prevention Program (National DPP) lifestyle change program.<sup>5</sup> The National DPP lifestyle change program is an evidence-based program shown to help adults aged 60 years and over with prediabetes lose 5% to 7% of their body weight and reduce their risk of developing type 2 diabetes by 71%.<sup>6</sup>



When the National DPP lifestyle change program was tested for effectiveness with Medicare beneficiaries, significant cost savings to Medicare were achieved when beneficiaries reached weight loss and physical activity goals throughout the program.<sup>7</sup> In 2018, Medicare began covering this program as a preventive service for eligible Medicare beneficiaries, calling it the Medicare Diabetes Prevention Program (MDPP). The Centers for Medicare & Medicaid Services (CMS) created a new Medicare supplier category, called MDPP suppliers, for organizations that meet quality standards set by CDC.<sup>8</sup> This allowed the program to be delivered by various organizations, including community-based organizations, health care systems, pharmacies, and older adult living centers.<sup>9</sup>

There are approximately 65.7 million Medicare beneficiaries in the U.S.<sup>3</sup> Given the data on prediabetes rates, there could potentially be 31.5 million Medicare beneficiaries with prediabetes, who would be eligible to participate in the MDPP.<sup>1</sup> However, despite this large need for the MDPP, the enrollment of Medicare beneficiaries in the MDPP has been slow. Many MDPP suppliers and other interested partners are looking for ways to increase beneficiary enrollment in the program.

This white paper reflects learnings from the MDPP Enrollment Project (2020-2023), a project offered by NACDD with support from CDC, the American Medical Association (AMA), and Wellb Health to increase beneficiary enrollment in the MDPP. In the MDPP Enrollment Project, NACDD gave 12 to 36 months of support to 63 MDPP suppliers to increase health care provider referrals, develop marketing strategies, and improve Medicare billing and claims submissions. The MDPP suppliers were comprised of 36 community-based organizations and 27 health care



organizations from 26 states and the territory of Puerto Rico. Qualitative and quantitative data were gathered from the MDPP suppliers throughout the project.

## MDPP Beneficiary Enrollment Challenges

Since Medicare began covering the program in 2018, over 800 MDPP suppliers have enrolled with CMS to offer the MDPP. Still, Medicare beneficiary enrollment in the MDPP has been slow. For example, the year prior to participating in the MDPP Enrollment Project, 36 of the MDPP suppliers reported enrolling fewer than 10 Medicare beneficiaries, and 25 reported enrolling zero.

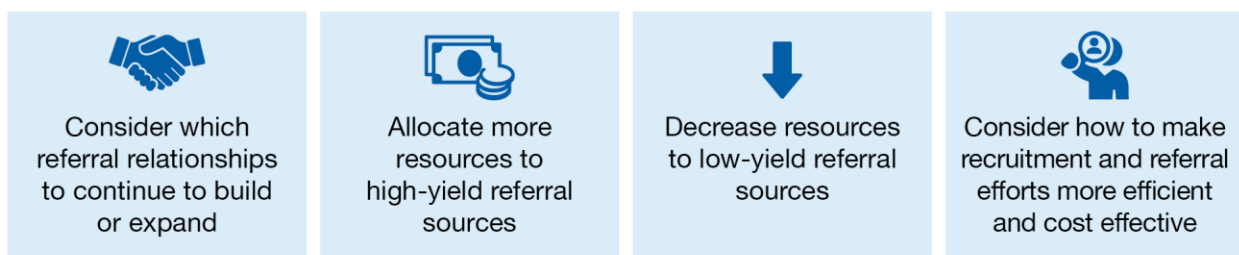
Enrolling Medicare beneficiaries in the MDPP can be challenging for several reasons:<sup>10</sup>

 <b>Lack of MDPP awareness</b>	 <b>Supplier challenges</b>
Among Medicare beneficiaries <sup>11, 12, 13</sup>	Developing and implementing marketing strategies to reach Medicare beneficiaries <sup>14, 15, 16</sup>
Among health care providers <sup>11, 12, 13</sup> (who play a critical role in referring individuals to the program)	Inexperience with submitting claims for reimbursement or other administrative processes <sup>17, 18</sup>

Addressing these challenges was the focus of NACDD's MDPP Enrollment Project.

## Solution: Track Enrollment by Referral Source

This white paper proposes a way in which MDPP suppliers can increase enrollment in the MDPP - **by tracking which referral sources have the highest volume of MDPP enrollments and the highest conversion rate to enrollment.** Further examination of referral sources could help MDPP suppliers and public health practitioners:



Moreover, systematically examining referral sources may be a translatable quality improvement strategy for their entire National DPP program and/or other interventions.

Additional strategies to increase MDPP enrollment can be found in the [MDPP Implementation Resources](#) page of the National DPP Coverage Toolkit.

## Data: MDPP Enrollment Project

The 63 MDPP suppliers in [NACDD's MDPP Enrollment Project](#) tracked the number of referrals received from each referral source, shown in Table 1 below. A definition for each referral source can be found in Table 2 in the Appendix.



Physicians and clinical care teams provided the most referrals and the highest total number of individuals enrolled from a single referral source. The referrals with the highest referral-to-enrollment conversion rate were self-referrals (when participants reported that they found the program independently). This finding likely reflects the fact that an individual who considers themselves as the seeker of the program is more likely to be ready to enroll. The next highest referral-to-enrollment conversion rates were referrals by a community-based organization and referrals from a family member/friend, perhaps indicating the effectiveness of being referred to the program by a trusted source.

Other important pieces of data needed to create an outreach strategy would be whether the MDPP supplier has the ability to increase the number of referrals received by a referral source, and the cost in time or money to do so. By combining all these data points together, an MDPP supplier could identify which efforts to increase enrollment are most cost effective and which are most likely to result in individuals enrolled in the MDPP.

**Table 1. MDPP Enrollment Project: Individuals Enrolled in MDPP by Referral Source**

Referral Source	Individuals Referred	Individuals Enrolled in MDPP	Referral-to-Enrollment Conversion Rate
Self	344	222	65%
Community-Based Organization	433	254	59%
Family/Friend	185	93	50%
Employer	29	12	41%
Other (e.g., MDPP supplier staff/ national partners)	113	41	36%
Marketing/Media	1215	310	26%
Physician/Clinical Care Team	4560	872	19%
CMS Advertisement	26	5	19%
Insurance Company	874	45	5%
<b>Total</b>	<b>7779</b>	<b>1854</b>	<b>24%</b>

Note: Sixty-three suppliers reported 13,580 referrals (mean=216) and 2020 enrollments (mean=32) throughout the project. However, these totals included data from a supplier that reported an unusually high number of referrals from bulk electronic medical record (EMR) data pulls and were defined as outliers (more than 2 standard deviations (SD) from the mean) and excluded from all analyses in this report containing referral data. Excluding these outliers from the referral-to-enrollment totals resulted in 62 MDPP suppliers with 7779 MDPP referrals (mean=126) and 1854 MDPP enrollments (mean=30). This yielded an overall conversion rate from referral to enrollment of 24%.

All referral sources for this project reflect how the beneficiary heard about the program, except the physician referral source, which included point-of-care referrals by the physician/clinical care team (CCT) and bulk referrals identifying potentially eligible participants from EMRs.

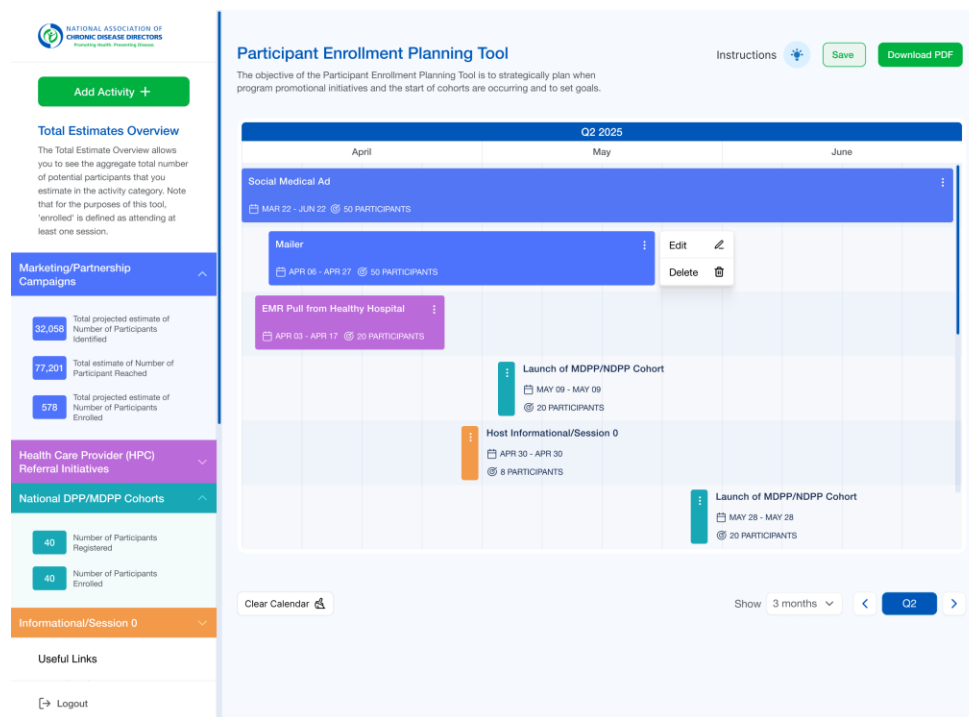


Most MDPP suppliers participating in the MDPP Enrollment Project showed an increase in Medicare beneficiary enrollment from the number of enrollments attained during the year prior to joining the project. The MDPP suppliers said the training they received from NACDD was appreciated and impactful, particularly in a small forum with a peer mentor where connections between MDPP suppliers could be made, individual issues discussed, and solutions provided. To view all of the best practices and resources provided by NACDD and their project partners to MDPP suppliers and state health department staff participating in the project, visit the [MDPP Implementation Resources page](#) on the Coverage Toolkit ([www.coveragetoolkit.org](http://www.coveragetoolkit.org)).

## Using Recruitment and Referral Projections and Tracking in an Interactive Platform to Increase Success

Projecting and tracking enrollment by referral source can be used to determine how to allocate resources, and programs need tools to facilitate this process. In support of MDPP suppliers, NACDD built the DPP Business Tools website ([www.dppbusinessstools.org](http://www.dppbusinessstools.org)), which includes a Participant Enrollment Planning (PEP) Tool (shown below). The DPP Business Tools provide MDPP suppliers an interactive environment to assess their capacity for delivering the MDPP, identify gaps, realistically project revenue that can be generated from the program, strategically schedule recruitment activities and referral initiatives, and maximize enrollment into cohorts. All of the tools on the DPP Business Tools website were designed with CreateApe, a digital product and website design company with user experience (UX) expertise, and were developed using feedback from MDPP suppliers, state health department staff, and [umbrella hub organizations \(UHOs\)](#).

Figure 1. An example image of the Participant Enrollment Planning (PEP) Tool from May 2025.



Note that additional enhancements to this tool, including more tracking capabilities and dashboards, are planned for future iterations.



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## Data Limitations

Data limitations for the MDPP Enrollment Project include potentially decreased accuracy and reliability of the submitted referral and enrollment data due to human error in the self-reported manual data entry process and corrections to previous data submissions throughout the project. To overcome these limitations, NACDD worked with MDPP suppliers to continuously validate data submissions. It should also be noted that the data quality may have increased over time as the MDPP suppliers improved their data reporting capacity and expertise throughout the project.

Additionally, this project took place during the COVID-19 pandemic that disrupted the ability of Medicare beneficiaries to meet for in-person classes and increased the workload of participating MDPP suppliers during their pivot to COVID-19 vaccination distribution and meeting other community needs. Due to these constraints, CMS did respond with authorization of flexibilities through calendar year 2027 to enable MDPP suppliers to deliver the program virtually, potentially increasing MDPP accessibility.<sup>19,20</sup>

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To view all of the best practices and resources provided by NACDD and their project partners to MDPP suppliers and state health department staff participating in the project, visit the [MDPP Implementation Resources page](#) on the Coverage Toolkit ([www.coveragetoolkit.org](http://www.coveragetoolkit.org)).

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## Appendix

**Table 2: MDPP Enrollment Project: Referral Source Categories and Definitions**

<b>Referral Category</b>	<b>Definition</b>
<b>Self</b>	The action of finding an MDPP program by oneself.
<b>Community-Based Organization</b>	A community-based organization (wellness center, YMCA, faith-based institution, local gym, etc.) refers a Medicare beneficiary to an MDPP supplier or recommends the program to the beneficiary.
<b>Family/Friend</b>	A word-of-mouth referral from a family member, a friend, or an acquaintance to the MDPP that leads to an enrollment of a Medicare beneficiary in the program.
<b>Employer</b>	An employer refers a Medicare beneficiary to an MDPP supplier or recommends the program to the beneficiary.
<b>Other</b>	Not one of the sources defined above. For example, MDPP supplier staff or national partners.
<b>Marketing/Media</b>	An email, letter, social media, newsletter, newspaper article, etc. is leveraged to increase awareness of the MDPP and leads to an enrollment of a Medicare beneficiary in the program.
<b>Physician/Clinical care team</b>	A physician, nurse practitioner, physician assistant, clinical care team member (medical assistant, nurse, dietitian, etc.) refers a Medicare beneficiary to an MDPP supplier or recommends the program to the beneficiary (including point-of-care referrals by the physician/clinical care team (CCT) and bulk referrals identifying potentially eligible participants from EMRs).
<b>CMS Advertisement</b>	A CMS ad on Facebook or Twitter (CMS geo-mapping project) is leveraged to increase awareness of the MDPP and ONLY the ad leads to an enrollment of a Medicare beneficiary in the program.
<b>Insurance company</b>	A Medicare Advantage plan refers a member to an MDPP supplier.



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## References

- <sup>1</sup> Centers for Disease Control and Prevention. National Diabetes Statistics Report website. <https://www.cdc.gov/diabetes/php/data-research/>. Accessed June 5, 2025.
- <sup>2</sup> Centers for Disease Control and Prevention. Prediabetes – Your Chance to Prevent Type 2 Diabetes website. <https://www.cdc.gov/diabetes/basics/prediabetes.html>. Accessed March 27, 2024.
- <sup>3</sup> Center for Medicare Advocacy. Medicare Enrollment Numbers. <https://medicareadvocacy.org/medicare-enrollment-numbers/>. Accessed June 5, 2025.
- <sup>4</sup> American Diabetes Association. New American Diabetes Association Report Finds Annual Costs of Diabetes to be \$412.9 Billion. <https://diabetes.org/newsroom/press-releases/new-american-diabetes-association-report-finds-annual-costs-diabetes-be>. Accessed June 5, 2025.
- <sup>5</sup> Centers for Disease Control and Prevention. Prevent Type 2 Diabetes. <https://www.cdc.gov/diabetes/prevent-type-2/index.html>. Accessed March 27, 2024.
- <sup>6</sup> Diabetes Prevention Program (DPP) Research Group. The Diabetes Prevention Program (DPP): description of lifestyle intervention. *Diabetes Care*. 2002 Dec;25(12):2165-71. doi: 10.2337/diacare.25.12.2165. PMID: 12453955; PMCID: PMC1282458.
- <sup>7</sup> Alva ML, Hoerger TJ, Jeyaraman R, Amico P, Rojas-Smith L. Impact Of The YMCA Of The USA Diabetes Prevention Program On Medicare Spending And Utilization. *Health Aff (Millwood)*. 2017 Mar 1;36(3):417-424. doi: 10.1377/hlthaff.2016.1307. PMID: 28264942.
- <sup>8</sup> Centers for Medicare and Medicaid Services. Medicare Diabetes Prevention Program (MDPP) Expanded Model. <https://www.cms.gov/priorities/innovation/innovation-models/medicare-diabetes-prevention-program>. Accessed June 5, 2025.
- <sup>9</sup> Centers for Disease Control and Prevention. Diabetes Prevention Recognition Program Standards and Operating Procedures. May 1, 2021. <https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf>. Accessed March 27, 2024.
- <sup>10</sup> Centers for Medicare & Medicaid Services. Medicare Diabetes Prevention Program. Q1 2024. <https://data.cms.gov/cms-innovation-center-programs/alternative-payments-medicare-diabetes-prevention-program/medicare-diabetes-prevention-program/data>. Accessed March 5, 2024.
- <sup>11</sup> Gruß I, Firemark A, Papajorgji-Taylor D, Fitzpatrick SL. Challenges with implementing the Diabetes Prevention Program for Medicare beneficiaries in an integrated health system. *Am J Manag Care*. 2021 Nov 1;27(11):e400-e403. doi:10.37765/ajmc.2021.88784.
- <sup>12</sup> Xuanping Z, Cannon M, Nhim K, Khan T. How Barriers Affect Primary Care Providers' Referral to the National Diabetes Prevention Program Lifestyle Change Program. *Diabetes*. 2020 June 1;69 (Suppl 1):804-P. <https://doi.org/10.2337/db20-804-P>.
- <sup>13</sup> Hulbert LR, Zhang X, Ng BP, Nhim K, Khan T, Cannon MJ. Health Care Providers' Knowledge, Attitudes, and Practices and the Association with Referrals to the National Diabetes Prevention Program Lifestyle Change Program. *Am J Health Promot*. 2022 Feb;36(2):236-247. doi:10.1177/08901171211044937.
- <sup>14</sup> Centers for Disease Control and Prevention. Key to Success: How to Enroll and Retain Older Adults in the Medicare Diabetes Prevention Program or the National Diabetes Prevention Program. [https://nccdphp.my.salesforce.com/sfc/p/#t0000000TZNF/a/3d000000zcfh/vbHmHZ9hIDKlhNDNI\\_YhzXJFyBW59kwGhI3UBkNncxk](https://nccdphp.my.salesforce.com/sfc/p/#t0000000TZNF/a/3d000000zcfh/vbHmHZ9hIDKlhNDNI_YhzXJFyBW59kwGhI3UBkNncxk). Accessed November 15, 2023.
- <sup>15</sup> Breuing J, Joisten C, Neuhaus AL, Heß S, Kusche L, Haas F, Spiller M, Pieper D. Communication strategies in the prevention of type 2 diabetes and gestational diabetes in vulnerable groups: a scoping review. *Syst Rev*. 2021 Nov 24;10(1):301. doi: 10.1186/s13643-021-01846-8. PMID: 34819163; PMCID: PMC8611985.



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- <sup>16</sup> Williams A, Bowen SA, Murphy M, Costa K, Echavarria C, Knight M. Enhancing the Adoption of Evidence-Based Health Marketing and Promotion Strategies in Local Communities: Building a Communication Dissemination and Support System for the National Diabetes Prevention Program. *Health Promot Pract.* 2022 Nov;23(6):920-923. doi: 10.1177/15248399211013817. Epub 2021 May 19. PMID: 34009044; PMCID: PMC8602410.
- <sup>17</sup> Madrigal L, Manders OC, Kegler M, Haardörfer R, Piper S, Blais LM, Weber MB, Escoffery C. Inner and outer setting factors that influence the implementation of the National Diabetes Prevention Program (National DPP) using the Consolidated Framework for Implementation Research (CFIR): a qualitative study. *Implement Sci Commun.* 2022 Oct 1;3(1):104. doi: 10.1186/s43058-022-00350-x. PMID: 36183133; PMCID: PMC9526531.
- <sup>18</sup> Madrigal L, Haardörfer R, Kegler MC, Piper S, Blais LM, Weber MB, Escoffery C. Patterns of Sustainability Capacity Among Organizations That Deliver the National Diabetes Prevention Program: A Latent Profile Analysis. *Prev Chronic Dis.* 2023 Oct 12;20:E91. doi: 10.5888/pcd20.230067. PMID: 37824699; PMCID: PMC10599327.
- <sup>19</sup> Centers for Medicare & Medicaid Services. Rule 88 FR 78818. <https://www.federalregister.gov/documents/2023/11/16/2023-24184/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other>. Accessed March 27, 2024.
- <sup>20</sup> Smith EJ, Apfelbaum LJ, Yeh MC, Horlyck-Romanovsky MF. Staff resilience and innovation essential to New York City diabetes prevention programs going virtual during COVID-19 pandemic lockdowns. *BMC Health Serv Res.* 2023 Oct 25;23(1):1148. doi: 10.1186/s12913-023-10129-y. PMID: 37880714; PMCID: PMC10599031.

