



**A Key Tool in Health Care: Diabetes Self-Management Education and Training (DSME/T)  
California: Background, Benefits, and Insurance Coverage of DSME/T**

This fact sheet provides information about public and private insurance coverage for diabetes self-management education and training (DSME/T)<sup>i</sup> services in California.

**Diabetes and DSME/T in the United States**

The nation is in the grips of a diabetes epidemic. According to the Centers for Disease Control and Prevention, 30.3 million Americans have diabetes,<sup>1</sup> exceeding the entire population of Texas.<sup>2</sup> In 2015, 1.5 million adults were diagnosed—more than 4,100 every day.<sup>1</sup> One in 3 adults has prediabetes, which often leads to diabetes.<sup>1</sup>

Some risk factors for developing type 2 diabetes are increased age, higher weight, high blood pressure, high cholesterol, and physical inactivity.<sup>3</sup> Further, people of color disproportionately bear the burden of type 2 diabetes and the related health effects. They are more likely to be diagnosed with the disease,<sup>1</sup> are less likely to have positive diabetes control indicators, such as lower A1c levels,<sup>4</sup> and experience worse health outcomes overall.<sup>5-7</sup>

Effective diabetes management depends largely on individual self-care,<sup>8,9</sup> making DSME/T critical to addressing this epidemic. DSME/T is “the process of facilitating the knowledge, skill, and ability necessary for diabetes self-care.”<sup>10</sup> This process requires incorporating patients’ unique needs and experiences into individualized education and support plans that promote new behaviors and solutions.<sup>10</sup> These solutions include healthy eating, physical activity, self-monitoring, medication use, risk reduction, management of acute and chronic complications, and problem-solving strategies to address psychosocial issues and establish healthy habits.<sup>11</sup>

Research shows that by giving patients the tools necessary to better manage their diabetes, DSME/T significantly improves health outcomes<sup>12-15</sup> and reduces health care expenditures.<sup>8,9,16-23</sup> Indeed, “persons with diabetes who do not receive [DSME/T] are four times as likely as those who do to develop a major diabetes complication.”<sup>24</sup>

Despite this evidence, participation in DSME/T remains low,<sup>25,26</sup> particularly among rural populations,<sup>12</sup> Medicare<sup>27</sup> and Medicaid beneficiaries,<sup>16</sup> uninsured or underinsured persons,<sup>28,29</sup> and “ethnic minorities, older persons, and persons with language barriers and low literacy.”<sup>24</sup> Moreover, DSME/T services often do not conform to best practices.<sup>28</sup> To offer the most effective care, providers may consider

patterning DSME/T services after the National Standards for Diabetes Self-Management Education and Support, developed by the American Diabetes Association (ADA) and American Association of Diabetes Educators (AADE).<sup>11</sup>

Insurance coverage presents one lever for facilitating delivery of and access to high-quality DSME/T. In many states, statutes and regulations require public and private insurers to cover DSME/T services. Some Medicaid materials, including managed care contracts and Medicaid agency guidance, have specific DSME/T coverage requirements. Public health professionals and policymakers may use these statutes, regulations, and Medicaid materials to understand the patterns, trends, and gaps in DSME/T coverage and to identify opportunities for reform.

**Diabetes in California**

As of 2015, nearly 1 in 10 adults in California had been diagnosed with diabetes—more than 3 million people in total.<sup>30</sup> Hispanics and African Americans in the state are nearly twice as likely as non-Hispanic whites to have the disease.<sup>31</sup> A study published in March 2016 found that nearly half of adults in California have prediabetes, including 33% of adults ages 18 to 39, 49% of adults ages 40 to 59, and 60% of adults ages 55 and older.<sup>32</sup>

Californian adults with diabetes are more likely to have hypertension, cardiovascular disease, and arthritis.<sup>31</sup> In 2015, 48.6% of Californian adults diagnosed with diabetes reported “fair or poor” general health and 35.1% reported an inability to do usual activities at least 1 day in the past 30 days.<sup>30</sup> The annual medical and economic costs attributable to diabetes in California exceeds \$50 billion.<sup>33</sup> Yet, California spends less per capita on diabetes prevention than any other state.<sup>34</sup>

CA Diabetes Burden Compared With National Diabetes Burden (Age-Adjusted) <sup>30,35</sup>	CA	U.S.
% of Adults with Diagnosed Diabetes (2015)	9.6%	9.1% <sup>iii</sup>
New Cases of Diabetes / 1,000 Adults (2015)	10.1	6.5
Completed a DSME/T Class <sup>ii</sup> (2010)	59.3%	57.4%
Daily Self-Monitoring Blood Glucose <sup>ii</sup> (2010)	61.9%	63.6%
Overweight or Obese <sup>ii</sup> (2010)	78.2%	84.7%
Physical Inactivity <sup>ii</sup> (2010)	27.1%	36.1%
High Blood Pressure <sup>ii</sup> (2015)	54.9%	57.9% <sup>iii</sup>
High Cholesterol <sup>ii</sup> (2015)	50.5%	55.5% <sup>iii</sup>

<sup>i</sup> DSME/T may also be referred to as diabetes self-management education (DSME), diabetes self-management training (DSMT), or diabetes self-management education and support.

<sup>ii</sup> Adults with Self-reported Diagnosed Diabetes

<sup>iii</sup> 50 States + DC: US Median

## Current State Insurance Coverage for DSME/T

This section examines DSME/T coverage by the 3 primary sources of health insurance: private insurance, Medicare, and Medicaid. Private insurance includes coverage provided by an employer, purchased through an Affordable Care Act Marketplace, or purchased directly from an insurer. Medicare is a public health insurance program that provides coverage for most individuals ages 65 or older, as well as certain individuals with disabilities.<sup>36</sup> Medicaid is a public health insurance program for many low-income populations, certain individuals with disabilities, and pregnant women. Unlike Medicare, Medicaid limits eligibility based upon an individual's income and assets.<sup>37</sup> These limitations, as well as the services Medicaid covers, vary among the states.<sup>38</sup>

Insurance Type	Private	Medicare	Medicaid
% of State Population <sup>39</sup>	54%	10%	26%
Coverage Required	Yes	Part B only	Yes* (See below)
Cost Sharing	Copayment	Up to 20% copay Deductible	Varies
Limitations	Referral or prescription required	10 hours within 12 months of initial referral 2 hours annual follow-up training Referral required	* Medi-Cal Health Plans only

### Private Insurance

California state law requires all private health insurance plans to provide coverage for outpatient DSME/T and medical nutrition therapy.<sup>40</sup> This includes, at minimum, "instruction that will enable diabetic patients and their families to gain an understanding of the diabetic disease process, and the daily management of diabetic therapy, in order to thereby avoid frequent hospitalizations and complications."<sup>41</sup> Any appropriately licensed or registered health care professional may provide DSME/T services,<sup>41</sup> and a patient's copayment cannot exceed their copayment for physician office visits.<sup>42</sup>

### Medicare Coverage

Medicare provides recipients with up to 10 hours of outpatient DSME/T in the year following their first referral for DSME/T.<sup>43,44</sup> Subject to limited exception,<sup>45</sup> recipients may

receive 1 hour of private training and 9 hours of group training.<sup>46</sup> Recipients may qualify for up to 2 hours of follow-up training each year after they receive initial training.<sup>47</sup> To receive coverage for DSME/T, a Medicare recipient must obtain a referral from the health care professional treating the recipient's diabetes<sup>48,49</sup> and receive the training from an ADA- or AADE-accredited program.<sup>48,50</sup> Recipients may be responsible for any applicable deductible and a copay up to 20% of the total cost of DSME/T services.<sup>48,51</sup>

### Medicaid Coverage

California's Medicaid program, Medi-Cal, covers all individuals at or below 138% of the federal poverty level (approximately \$33,948 for a family of four in 2017)<sup>52</sup> as well as certain populations that do not otherwise meet the income eligibility requirements, such as some pregnant women.<sup>53,54</sup> Medi-Cal covers more than 13 million people in California, and approximately 80% of those individuals are in Medi-Cal Managed Care Health Plans.<sup>55</sup> These plans are required to provide DSME/T services upon a patient's request or when presented with a referral from the patient's provider.<sup>56</sup>

### Conclusion

Research suggests that by empowering patients to manage their diabetes, DSME/T can improve health outcomes and reduce treatment costs.<sup>12-23</sup> Private insurance and Medicaid coverage for DSME/T services may help with the provision of and access to DSME/T. States that already require such coverage might consider building on those efforts by ensuring covered DSME/T services comply with the National Standards. They may also consider reducing barriers to access, such as pre-authorization requirements, cost sharing, and utilization limitations; raising awareness about the availability of DSME/T; and increasing the frequency and duration of DSME/T services.

### Resources

**California Medicaid Information**  
[www.dhcs.ca.gov/services/medi-cal/](http://www.dhcs.ca.gov/services/medi-cal/)

**Medicare DSME/T Information**  
<http://bit.ly/2wC4pRE>

**Diabetes Information from the CDC**  
[www.cdc.gov/diabetes/](http://www.cdc.gov/diabetes/)

**LawAtlas California DSME/T Website**  
<http://j.mp/2capVC3>

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