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A Key Tool in Health Care: Diabetes Self-Management Education and Training (DSME/T)

Nevada: 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)[i] services in Nevada.

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,[1] exceeding the entire population of Texas.[2] In 2015, 1.5 million adults were diagnosed—more than 4,100 every day.[1] One in 3 adults has prediabetes, which often leads to diabetes.[1]

Some risk factors for developing type 2 diabetes are increased age, higher weight, high blood pressure, high cholesterol, and physical inactivity.[3] 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,[1] are less likely to have positive diabetes control indicators, such as lower A1c levels,[4] and experience worse health outcomes overall.[5–7]

Effective diabetes management depends largely on individual self-care,[8,9] 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."[10] This process requires incorporating patients' unique needs and experiences into individualized education and support plans that promote new behaviors and solutions.[10] 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.[11]

Research shows that by giving patients the tools necessary to better manage their diabetes, DSME/T significantly improves health outcomes[12–15] and reduces health care expenditures.[8,9,16–23] 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."[24]

Despite this evidence, participation in DSME/T remains low,[25,26] particularly among rural populations,[12] Medicare[27] and Medicaid beneficiaries,[16] uninsured or underinsured persons,[28,29] and "ethnic minorities, older persons, and persons with language barriers and low literacy."[24] Moreover, DSME/T services often do not conform to best practices.[28] 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).[11]

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 Nevada

As of 2015, nearly 1 in 11 adults in Nevada had been diagnosed with diabetes—more than 215,000 individuals in total.[30] There is no statistically significant difference in the prevalence of diabetes among African Americans, Hispanic individuals, and non-Hispanic whites in the state.[31] However, African American females in Nevada are more than twice as likely as non-Hispanic white females to have the disease.[31] According to the ADA, an additional 787,000 individuals—38.5% of the state's adult population—have prediabetes.[32]

In 2015, 45.5% of Nevada adults with diabetes reported "fair or poor" general health, and 61.9% reported poor mental or physical health at least 1 day in the past 30 days.[30] However, in 2015, 13.7% of Nevada adults with the disease did not visit a health professional for their diabetes, and only 69.6% had 2 or more A1c tests in the past year.[30] The annual medical and economic costs attributable to diabetes in Nevada exceeds $3.2 billion.[33]

NV Diabetes Burden Compared with National Diabetes Burden (Age-Adjusted)[30,34]	NV	U.S.
% of Adults with Diagnosed Diabetes (2015)	9%	9.1%[iii]
New Cases of Diabetes / 1,000 Adults (2015)	7	6.5
Completed a DSME/T Class [ii] (2010)	54.4%	57.4%
Daily Self-Monitoring Blood Glucose [ii] (2010)	60.9%	63.6%
Overweight or Obese [ii] (2010)	76.8%	84.7%
Physical Inactivity [ii] (2010)	31.5%	36.1%
High Blood Pressure [ii] (2015)	58.2%	57.9%[iii]
High Cholesterol [ii] (2015)	51.7%	55.5%[iii]

[i] 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.

[ii] Adults with Self-reported Diagnosed Diabetes

[iii] 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.[35] 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.[36] These limitations, as well as the services Medicaid covers, vary among the states.[37]

Insurance Type	Private	Medicare	Medicaid
% of State Population[38]	53%	13%	17%
Coverage Required	Yes	Part B only	Yes
Cost Sharing	Varies by plan	Up to 20% copay Deductible	Varies
Limitations	Not specified	10 hours within 12 months of initial referral 2 hours annual follow-up training Referral required	Initial training up to 10 hours Additional initial or follow-up training requires prior authorization

Private Insurance

Nevada requires private health insurance policies to provide coverage for medically necessary DSME/T.[39] Private insurance covers nutrition counseling and other DSME/T services upon an initial diabetes diagnosis, upon a significant change in an individual's symptoms or condition, or when needed because new methods of treating or managing diabetes are introduced.[40] Insurers may impose the same cost-sharing requirements applicable to other covered benefits.[41]

Medicare Coverage

Medicare provides recipients with up to 10 hours of outpatient DSME/T in the year following their first referral for DSME/T.[42,43] Subject to limited exception,[44] recipients may receive 1 hour of private training and 9 hours of group training.[45] Recipients may qualify for up to 2 hours of follow-up training each year after they receive initial training.[46] To receive coverage for DSME/T, a Medicare recipient must obtain a referral from the health care professional treating the recipient's diabetes[47,48] and receive the training from an ADA- or AADE-accredited program.[47,49] Recipients may be responsible for any applicable deductible and a copay up to 20% of the total cost of DSME/T services.[47,50]

Medicaid Coverage

Nevada's Medicaid program covers all individuals at or below 138% of the federal poverty level (approximately $33,948 for a family of four in 2017)[51] as well as certain populations that do not otherwise meet the income eligibility requirements, such as some pregnant women.[52,53] The program provides coverage for outpatient DSME/T.[54] This includes up to 10 hours of initial training in a group setting; additional hours for the initial training or follow-up trainings require prior authorization.[54]

DSME/T programs must "meet the National Diabetes Advisory Board (NDAB) standards, and hold an Education Recognition Program (ERP) certificate from the [ADA] and/or the [AADE]."[54] Diabetes educators certified by the National Board of Diabetes Educators must provide DSME/T services, and the DSME/T instruction team "should include at least a nurse educator and dietician with recent didactic and training in diabetes clinical and educational issues."[54] Subject to additional requirements, DSME/T may be provided as a telehealth service.[54]

Conclusion

Research suggests that by empowering patients to manage their diabetes, DSME/T can improve health outcomes and reduce treatment costs.[12–23] 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

Nevada Medicaid Information
http://dhcfp.nv.gov/

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

Diabetes Information from the CDC
www.cdc.gov/diabetes/

LawAtlas Nevada DSME/T Website
http://j.mp/2cnzm2b

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