



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

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 outcomes¹²⁻¹⁵ 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 Medicare²⁷ 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 South Dakota

As of 2015, approximately 1 in 12 adults in South Dakota had been diagnosed with diabetes—more than 60,000 individuals in total.³⁰ American Indians in South Dakota are more than 3 times more likely than non-Hispanic whites to have the disease.³¹ On average, American Indians in the state die from diabetes 16 years earlier than non-Hispanic whites with the disease.³¹ According to the ADA, an additional 218,000 individuals—35.5% of the state’s adult population—have prediabetes.³²

In 2015, 33.6% of South Dakota adults with diabetes reported “fair or poor” general health, and 57.8% reported poor mental or physical health at least 1 day in the past 30 days.³⁰ However, in 2014, nearly 10% of South Dakota adults with the disease did not visit a health professional for their diabetes, and only 76.8% received 2 or more A1c tests in the past year.³⁰ The annual medical and economic costs attributable to diabetes in South Dakota exceeds \$832 million.³³

SD Diabetes Burden Compared with National Diabetes Burden (Age-Adjusted)^{30,34}	SD	U.S.
% of Adults with Diagnosed Diabetes (2015)	8.4%	9.1% ⁱⁱⁱ
New Cases of Diabetes / 1,000 Adults (2015)	8.1	6.5
Completed a DSME/T Class ⁱⁱ (2010)	56.4%	57.4%
Daily Self-Monitoring Blood Glucose ⁱⁱ (2010)	51.7%	63.6%
Overweight or Obese ⁱⁱ (2010)	82.2%	84.7%
Physical Inactivity ⁱⁱ (2010)	35%	36.1%
High Blood Pressure ⁱⁱ (2015)	52.6%	57.9% ⁱⁱⁱ
High Cholesterol ⁱⁱ (2015)	55.5%	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	62%	14%	14%
Coverage Required	Yes	Part B only	Yes
Cost Sharing	Varies by plan	Up to 20% copay Deductible	Varies
Limitations	2 complete programs 8 follow-up visits annually Prescription required	10 hours within 12 months of initial referral 2 hours annual follow-up training Referral required	10 hours initial training 2 hours annual follow-up training

Private Insurance

South Dakota requires private health insurance plans to cover DSME/T, including medical nutrition therapy, when prescribed by a licensed health care provider.³⁹ Private insurance covers DSME/T upon an individual's diabetes diagnosis, upon a change in an individual's current therapy, or when an individual has received no prior diabetes education, has comorbid conditions, or has unstable diabetes.³⁹ An individual may receive 2 comprehensive DSME/T programs in their life and 8 follow-up visits annually.³⁹ DSME/T must be provided by a qualified health care provider,⁴⁰ and must be based on an ADA-recognized program or use "a curriculum approved by the [ADA] or the South Dakota Department of Health [SDDOH]."³⁹ Insurers may impose the same cost-sharing requirements applicable to other covered benefits, and "[c]overage is limited to the closest available qualified education program that provides the necessary management training to accomplish the prescribed treatment."³⁹

Medicare Coverage

Medicare provides recipients with up to 10 hours of outpatient DSME/T in the year following their first referral for DSME/T.^{41,42} Subject to limited exception,⁴³ recipients may receive 1 hour of private training and 9 hours of group training.⁴⁴ Recipients may qualify for up to 2 hours of follow-up training each year after they receive initial training.⁴⁵ To receive coverage for DSME/T, a Medicare recipient must obtain a referral from the health care professional treating the recipient's diabetes^{46,47} and receive the training from an ADA- or AADE-accredited program.^{46,48} Recipients may be responsible for any applicable deductible and a copay up to 20% of the total cost of DSME/T services.^{46,49}

Medicaid Coverage

South Dakota's Medicaid program provides coverage for certain low-income populations, including low-income pregnant women, parents or other caretaker relatives, children, individuals 65 years of age or older, and individuals with disabilities.^{50,51} The program covers outpatient DSME/T when ordered for a beneficiary by a physician,⁵²⁻⁵⁴ including 10 hours of initial education and 2 hours of annual follow-up training without prior authorization.⁵⁵ The program covers DSME/T upon a diabetes diagnosis, upon a change in treatment regimen, or when an individual has received no prior diabetes education, has poor glycemic control, is at high risk because of health complications, or "has documented episodes of acute, severe hypoglycemia or hyperglycemia occurring in the past year that required third-party assistance."⁵³ DSME/T must be provided by a program recognized by either the ADA or the SDDOH.⁵⁶

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

South Dakota Medicaid Information

<http://dss.sd.gov/medicaid/>

Medicare DSME/T Information

<http://bit.ly/2wC4pRE>

Diabetes Information from the CDC

www.cdc.gov/diabetes/

LawAtlas South Dakota DSME/T Website

<http://j.mp/2ccR7jJ>

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