



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

**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 Delaware**

As of 2015, nearly 1 in 10 adults in Delaware had been diagnosed with diabetes—more than 84,000 people in total.<sup>30</sup> African Americans in the state are roughly 33% more likely than non-Hispanic whites to have the disease.<sup>31</sup> According to the ADA, an additional 261,000 individuals—37.7% of the state’s adult population—have prediabetes.<sup>32</sup>

In 2015, 37.5% of Delaware adults with diabetes reported “fair or poor” general health, and 64.5% reported poor mental or physical health at least 1 day in the past 30 days.<sup>30</sup> Moreover, Delawareans with diabetes are more than twice as likely as those without the disease to report having a disability.<sup>31</sup> However, in 2015, nearly 9% of adults with diabetes in the state did not visit a health professional for their diabetes, and only 72.2% received 2 or more A1c tests in the last past year.<sup>30</sup> The annual medical and economic costs attributable to diabetes in Delaware exceeds \$1.5 billion.<sup>33</sup>

<b>DE Diabetes Burden Compared with National Diabetes Burden (Age-Adjusted)<sup>30,34</sup></b>	<b>DE</b>	<b>U.S.</b>
% of Adults with Diagnosed Diabetes (2015)	9.9%	9.1% <sup>iii</sup>
New Cases of Diabetes / 1,000 Adults (2015)	10.7	6.5
Completed a DSME/T Class <sup>ii</sup> (2010)	49.5%	57.4%
Daily Self-Monitoring Blood Glucose <sup>ii</sup> (2010)	67.7%	63.6%
Overweight or Obese <sup>ii</sup> (2010)	85.6%	84.7%
Physical Inactivity <sup>ii</sup> (2010)	31.9%	36.1%
High Blood Pressure <sup>ii</sup> (2015)	69.9%	57.9% <sup>iii</sup>
High Cholesterol <sup>ii</sup> (2015)	66.6%	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>35</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>36</sup> These limitations, as well as the services Medicaid covers, vary among the states.<sup>37</sup>

Insurance Type	Private	Medicare	Medicaid
% of State Population <sup>38</sup>	58%	14%	18%
Coverage Required	-	Part B only	-
Cost Sharing	-	Up to 20% copay Deductible	-
Limitations	-	10 hours within 12 months of initial referral 2 hours annual follow-up training Referral required	-

### Private Insurance

Delaware does not require private health insurance policies to provide coverage for DSME/T.

### 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>39,40</sup> Subject to limited exception,<sup>41</sup> recipients may receive 1 hour of private training and 9 hours of group training.<sup>42</sup> Recipients may qualify for up to 2 hours of follow-

up training each year after they receive initial training.<sup>43</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>44,45</sup> and receive the training from an ADA- or AADE-accredited program.<sup>44,46</sup> Recipients may be responsible for any applicable deductible and a copay up to 20% of the total cost of DSME/T services.<sup>44,47</sup>

### Medicaid Coverage

Delaware'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)<sup>48</sup> as well as certain populations that do not otherwise meet the income eligibility requirements, such as some pregnant women.<sup>37,49</sup> The program does not explicitly indicate that beneficiaries receive coverage for DSME/T.

### 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

#### Delaware Medicaid Information

<http://dhss.delaware.gov/dhss/dmma/>

#### Medicare DSME/T Information

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

#### Diabetes Information from the CDC

[www.cdc.gov/diabetes/](http://www.cdc.gov/diabetes/)

#### LawAtlas Delaware DSME/T Website

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

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