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

Hawaii: 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 Hawaii.

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 Hawaii

As of 2015, nearly 1 in 12 adults in Hawaii has been diagnosed with diabetes—more than 95,000 individuals in total.[30] Native Hawaiians in the state are more than twice as likely as white adults in the state to be diagnosed with the disease.[31] According to the ADA, an additional 442,000 individuals—41.5% of the state's adult population—have prediabetes.[32]

In 2015, 30.8% of Hawaii adults with diabetes reported "fair or poor" general health, and 54.7% reported poor mental or physical health at least 1 day in the past 30 days.[30] Moreover, in 2015, 26.2% of adults with diabetes in the state reported an inability to do usual activities at least 1 day in the previous 30 days.[30] However, in 2015, 9.4% of Hawaii adults with the disease did not visit a health professional for their diabetes and only 73.4% received 2 or more A1c tests in the past year.[30] The annual medical and economic costs attributable to diabetes in Hawaii exceeds $1.4 billion.[33]

HI Diabetes Burden Compared With National Diabetes Burden (Age-Adjusted)[30,34]	HI	U.S.
% of Adults with Diagnosed Diabetes (2015)	7.8%	9.1%[iii]
New Cases of Diabetes / 1,000 Adults (2015)	7.6	6.5
Completed a DSME/T Class [ii] (2010)	47.8%	57.4%
Daily Self-Monitoring Blood Glucose [ii] (2010)	63%	63.6%
Overweight or Obese [ii] (2010)	81.3%	84.7%
Physical Inactivity [ii] (2010)	28.3%	36.1%
High Blood Pressure [ii] (2015)	62.1%	57.9%[iii]
High Cholesterol [ii] (2015)	56.8%	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]	55%	15%	18%
Coverage Required	Yes	Part B only	Yes
Cost Sharing	Varies	Up to 20% copay Deductible	Varies
Limitations	Prescription required	10 hours within 12 months of initial referral 2 hours annual follow-up training Referral required	10 hours within 12 months of initial training 2 hours annual follow-up training Referral required

Private Insurance

Hawaii requires most private health insurance plans to cover medically necessary outpatient DSME/T.[39,40] Any health care professional authorized by the state to prescribe medicine and medical treatment may prescribe DSME/T for their patient.[39] Certain limited-benefit health insurance policies—such as accident-only, specified disease, hospital indemnity, Medicare supplement, and long-term care policies—are not required to cover DSME/T.[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

Hawaii's Medicaid program covers all individuals at or below 138% of the federal poverty level (approximately $39,040 for a family of four in 2017)[50] as well as certain populations that do not otherwise meet the income eligibility requirements, such as some pregnant women.[51,52] When a beneficiary with diabetes receives a DSME/T referral from their health care provider, the beneficiary may receive up to 10 hours of services in the year following the initial training and up to 2 hours of follow-up training each subsequent year.[53]

DSME/T must be provided by a program recognized by the ADA or AADE.[53,54] In general, beneficiaries participate in DSME/T through group training sessions.[53] Individual DSME/T is permitted with prior authorization when "the patient's condition does not allow for effective learning in a group training session" because of, for example, "deficits in hearing and vision, homebound status, mental [disabilities], or learning disabilities."[53] DSME/T includes medical nutrition therapy.[53,54]

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

Hawaii Medicaid Information
http://humanservices.hawaii.gov/mqd/

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

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

LawAtlas Hawaii DSME/T Website
http://j.mp/2ckmhXJ

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