



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

**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 Maine**

As of 2015, nearly 1 in 12 adults in Maine had been diagnosed with diabetes—more than 106,000 individuals in total.<sup>30</sup> Mainers without a high school degree are more likely than individuals with a high school degree or postsecondary degree to have the disease.<sup>30</sup> According to the ADA, an additional 386,000 individuals—37.2% of the state’s adult population—have prediabetes.<sup>31</sup>

The diabetes prevalence rate is 6 times higher among Maine adults who are obese.<sup>32</sup> In 2009, a quarter of Mainers hospitalized with cardiovascular disease had diabetes.<sup>33</sup> In 2015, 46.1% of Maine adults with diabetes reported “fair or poor” general health, and 71.5% reported poor mental or physical health at least 1 day in the past 30 days.<sup>30</sup> However, in 2014, 12.1% of Maine adults with the disease did not visit a health professional for their diabetes.<sup>30</sup> The annual medical and economic costs attributable to diabetes in Maine exceeds \$1.8 billion.<sup>34</sup>

<b>ME Diabetes Burden Compared with National Diabetes Burden (Age-Adjusted)<sup>30,35</sup></b>	<b>ME</b>	<b>U.S.</b>
% of Adults with Diagnosed Diabetes (2015)	8.2%	9.1% <sup>iii</sup>
New Cases of Diabetes / 1,000 Adults (2015)	7.7	6.5
Completed a DSME/T Class <sup>ii</sup> (2010)	64.3%	57.4%
Daily Self-Monitoring Blood Glucose <sup>ii</sup> (2010)	68.9%	63.6%
Overweight or Obese <sup>ii</sup> (2010)	84.4%	84.7%
Physical Inactivity <sup>ii</sup> (2010)	33.5%	36.1%
High Blood Pressure <sup>ii</sup> (2015)	61.3%	57.9% <sup>iii</sup>
High Cholesterol <sup>ii</sup> (2015)	62.1%	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>	52%	18%	23%
Coverage Required	Yes	Part B only	Yes
Cost Sharing	Not specified	Up to 20% copay Deductible	Varies
Limitations	Certification of medical necessity required	10 hours within 12 months of initial referral 2 hours annual follow-up training Referral required	Prescription required

### Private Insurance

Maine requires private health insurance policies to provide coverage for outpatient DSME/T. To receive coverage for DSME/T through private insurance, a patient must acquire a certification of medical necessity from the individual's treating physician or a physician specializing in diabetes treatment.<sup>40-43</sup> DSME/T must be provided "through ambulatory diabetes education facilities authorized by the State's Diabetes Control Project within the Bureau of Health."<sup>40-43</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>44,45</sup> Subject to limited exception,<sup>46</sup> recipients may receive 1 hour of private training and 9 hours of group training.<sup>47</sup> Recipients may qualify for up to 2 hours of follow-up training each year after they receive initial training.<sup>48</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>49,50</sup> and receive

the training from an ADA- or AADE-accredited program.<sup>49,51</sup> Recipients may be responsible for any applicable deductible and a copay up to 20% of the total cost of DSME/T services.<sup>49,52</sup>

### Medicaid Coverage

Maine's Medicaid program, MaineCare, covers certain low-income populations, including low-income pregnant women, parents or other caretaker relatives, children, and individuals with disabilities.<sup>38,53</sup> MaineCare provides coverage for outpatient DSME/T when a beneficiary's physician or primary care provider prescribes DSME/T and the beneficiary receives DSME/T from "a provider enrolled with the Maine Diabetes Control Project."<sup>54</sup>

MaineCare's DSME/T coverage includes a pre-assessment interview, an individualized education plan with behavior change goals, group class instruction, a meal planning interview, an individualized meal plan with behavior change goals, a post-service interview, and follow-up visits.<sup>54</sup> A minimum of 3 follow-up visits are required—at 3 months, 6 months, and 1 year following the beneficiary's final DSME/T class.<sup>54</sup> DSME/T group class instruction must cover the comprehensive curriculum outlined by the Maine Diabetes Control Project.<sup>54</sup> This outlined curriculum is consistent with the National Standards.<sup>55</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

#### Maine Medicaid Information

[www.maine.gov/dhhs/oms/](http://www.maine.gov/dhhs/oms/)

#### Medicare DSME/T Information

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

#### Diabetes Information from the CDC

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

#### LawAtlas Maine DSME/T Website

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

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