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

Montana: 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 Montana.

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 Montana

As of 2015, roughly 1 in 15 adults in Montana had been diagnosed with diabetes—more than 63,000 individuals in total.[30] In Montana, American Indians and Alaska Natives are more than twice as likely as the general population to have the disease.[31] According to the ADA, an additional 279,000 individuals—36.4% of the state's adult population—have prediabetes.[32]

In 2015, 35.9% of Montana adults with diabetes reported "fair or poor" general health, and 59.1% reported poor mental or physical health at least 1 day in the past 30 days.[30] The state's Quality Diabetes Education Initiative works with providers and programs to increase the number of Certified Diabetes Educators and recognized or accredited DSME/T programs.[33] Montana adults with diabetes are significantly more likely than adults with diabetes in other states to receive DSME/T.[30] The annual medical and economic costs attributable to diabetes in Montana exceeds $900 million.[34]

MT Diabetes Burden Compared with National Diabetes Burden (Age-Adjusted)[30,35]	MT	U.S.
% of Adults with Diagnosed Diabetes (2015)	6.7%	9.1%[iii]
New Cases of Diabetes / 1,000 Adults (2015)	6.5	6.5
Completed a DSME/T Class [ii] (2010)	72.4%	57.4%
Daily Self-Monitoring Blood Glucose [ii] (2010)	60.6%	63.6%
Overweight or Obese [ii] (2010)	88.4%	84.7%
Physical Inactivity [ii] (2010)	23.8%	36.1%
High Blood Pressure [ii] (2015)	53.7%	57.9%[iii]
High Cholesterol [ii] (2015)	49.1%	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.[36] 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.[37] These limitations, as well as the services Medicaid covers, vary among the states.[38]

Insurance Type	Private	Medicare	Medicaid
% of State Population[39]	52%	17%	16%
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	10 hours within 12 months of initial referral 2 hours annual follow-up training Referral required

Private Insurance

Montana requires all private group health insurance policies, HMOs, state employee benefit plans, and the Montana university system group benefits plans to provide coverage for outpatient DSME/T.[40–42] These plans must cover, at minimum, $250 per person each year for DSME/T.[43,44] A licensed health care professional with expertise in diabetes must provide DSME/T services.[40,41] Insurers may impose the same cost-sharing requirements applicable to other covered benefits.[45,46]

Medicare Coverage

Medicare provides recipients with up to 10 hours of outpatient DSME/T in the year following their first referral for DSME/T.[47,48] Subject to limited exception,[49] recipients may receive 1 hour of private training and 9 hours of group training.[50] Recipients may qualify for up to 2 hours of follow-up training each year after they receive initial training.[51] To receive coverage for DSME/T, a Medicare recipient must obtain a referral from the health care professional treating the recipient's diabetes[52,53] and receive the training from an ADA- or AADE-accredited program.[52,54] Recipients may be responsible for any applicable deductible and a copay up to 20% of the total cost of DSME/T services.[52,55]

Medicaid Coverage

Montana'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)[56] as well as certain populations that do not otherwise meet the income eligibility requirements, such as some pregnant women.[38,57] The program provides coverage for DSME/T in accordance with federal Medicare DSME/T standards.[58]

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

Montana Medicaid Information
http://dphhs.mt.gov/MontanaHealthcarePrograms/MemberServices

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

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

LawAtlas Montana DSME/T Website
http://j.mp/2cnyKtA

This publication was supported by the Grant or Cooperative Agreement Number 5U38OT000141-03 awarded to ChangeLab Solutions and funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.
Document last updated on May 1, 2017.

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