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

North Carolina: 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 North Carolina.

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 North Carolina

As of 2015, approximately 1 in 10 adults in North Carolina had been diagnosed with diabetes—more than 829,000 people in total.[30] American Indians and African Americans in North Carolina are significantly more likely than non-Hispanic whites to have the disease.[31] According to the ADA, an additional 2.6 million individuals—36.1% of the state's adult population—have prediabetes.[32]

North Carolina adults with diabetes are more likely to have hypertension and high cholesterol.[31] In 2015, 52.1% of adults with diabetes in the state reported "fair or poor" general health, and 69.2% reported poor mental or physical health at least 1 day in the past 30 days.[30] The annual medical and economic costs attributable to diabetes in North Carolina exceeds $13.6 billion.[33] In the state, diabetes "is the leading cause of death due to heart attacks and strokes, and it is the leading cause of blindness and kidney failure."[34]

NC Diabetes Burden Compared With National Diabetes Burden (Age-Adjusted)[30,35]	NC	U.S.
% of Adults with Diagnosed Diabetes (2015)	9.6%	9.1%[iii]
New Cases of Diabetes / 1,000 Adults (2015)	7.5	6.5
Completed a DSME/T Class [ii] (2010)	54.5%	57.4%
Daily Self-Monitoring Blood Glucose [ii] (2010)	63.4%	63.6%
Overweight or Obese [ii] (2010)	86.8%	84.7%
Physical Inactivity [ii] (2010)	37.1%	36.1%
High Blood Pressure [ii] (2015)	58.4%	57.9%[iii]
High Cholesterol [ii] (2015)	56.5%	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.[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]	55%	13%	18%
Coverage Required	Yes	Part B only	Yes
Cost Sharing	Varies by plan	Up to 20% copay Deductible	Varies
Limitations	Varies by plan	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 or prescription required

Private Insurance

North Carolina requires all private health insurance plans to provide coverage for medically necessary outpatient DSME/T.[40] Any physician or health care professional designated by a physician may provide DSME/T.[40] However, insurers are authorized to determine who will provide and be reimbursed for DSME/T.[40] Any deductibles, coinsurance, or other limitations that apply to similar services covered by the health insurance plan also apply to DSME/T.[40]

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

North Carolina's Medicaid program covers certain low-income populations, including low-income pregnant women, blind individuals, individuals with disabilities, individuals 65 or older, and individuals with dependent children.[38,50] Beneficiaries with a diabetes diagnosis may receive up to 10 hours of initial DSME/T within a 12-month period as well as up to 2 hours of follow-up training each year.[51] Beneficiaries must obtain a physician referral or prescription before receiving DSME/T, but do not need prior approval from the Medicaid program.[51]

DSME/T must be provided in accordance with the National Standards, and services must be administered by a provider and program recognized by the ADA.[51] Providers must conduct an individualized assessment and develop "an individualized education plan based on the assessment … in collaboration with each beneficiary."[51] Diet therapy and dietary counseling are covered if they are not billed separately from the DSME/T.[51]

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

North Carolina Medicaid Information
https://dma.ncdhhs.gov/

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

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

LawAtlas North Carolina DSME/T Website
http://j.mp/2cnA5kd

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