



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

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, 29.1 million Americans have diabetes,¹ exceeding the entire population of Texas.² In 2014, 1.4 million adults were diagnosed—more than 3,900 every day.^{3,4} One in 3 adults has prediabetes, which often leads to diabetes.⁵

Some risk factors for developing type 2 diabetes are increased age, higher weight, high blood pressure, high cholesterol, and physical inactivity.⁶ 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,^{7,8} are less likely to have positive diabetes control indicators, such as lower A1c levels,⁹ and experience worse health outcomes overall.^{10–12}

Effective diabetes management depends largely on individual self-care,^{13,14} 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.”¹⁵ This process requires incorporating patients’ unique needs and experiences into individualized education and support plans that promote new behaviors and solutions.¹⁵ 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.¹⁶

Research shows that by giving patients the tools necessary to better manage their diabetes, DSME/T significantly improves health outcomes^{17–20} and reduces health care expenditures.^{13,14,21–28} 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.”²⁹

Despite this evidence, participation in DSME/T remains low,^{30,31} particularly among rural populations,¹⁷ Medicare³² and Medicaid beneficiaries,²¹ uninsured or underinsured persons,^{33,34} and “ethnic minorities, older persons, and persons with language barriers and low literacy.”²⁹ Moreover, DSME/T services often do not conform to best practices.³³ 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).¹⁶

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 Pennsylvania

As of 2014, nearly 1 in 10 adults in Pennsylvania had been diagnosed with diabetes—more than 1.13 million individuals in total.³⁵ According to the ADA, an additional 3.5 million individuals—35.8% of the state’s adult population—have prediabetes.³⁶ A 2016 report found that in Pennsylvania, African American adults with diabetes were 5 times as likely to be hospitalized for end-stage renal disease as non-Hispanic whites with diabetes.³⁷

In 2014, 43.5% of Pennsylvania adults with diabetes reported “fair or poor” general health, and 65.5% reported poor mental or physical health at least 1 day in the past 30 days.³⁵ Pennsylvania adults with diabetes who have health insurance are less likely to employ self-management practices, such as checking their blood glucose level daily.³⁸ They’re also less likely to have their A1c levels checked or to have received DSME/T.³⁸ In 2012, Pennsylvania incurred more than \$10 billion in diabetes-related medical costs.³⁶

PA Diabetes Burden Compared with National Diabetes Burden (Age-Adjusted)^{35,39,40}	PA	U.S.
% of Adults with Diagnosed Diabetes (2014)	9.6%	8.4%
New Cases of Diabetes / 1,000 Adults (2014)	7.8	6.6
Completed a DSME/T Class ⁱⁱ (2010)	58.7%	57.4%
Daily Self-Monitoring Blood Glucose ⁱⁱ (2010)	65.4%	63.6%
Overweight or Obese ⁱⁱ (2010)	86.5%	84.7%
Physical Inactivity ⁱⁱ (2010)	38.9%	36.1%
High Blood Pressure ⁱⁱ (2013)	57.6%	60.1% ⁱⁱⁱ
High Cholesterol ⁱⁱ (2013)	53.3%	57.1% ⁱⁱⁱ

ⁱ DSME/T may also be referred to as diabetes self-management education (DSME) or diabetes self-management training (DSMT).

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.⁴¹ 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.⁴² These limitations, as well as the services Medicaid covers, vary among the states.⁴³

Insurance Type	Private	Medicare	Medicaid
% of State Population ⁴⁴	60%	16%	18%
Coverage Required	Yes	Part B only	Yes
Cost Sharing	Varies by plan	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	Not specified

Private Insurance

Pennsylvania requires most private health insurance policies to provide coverage for outpatient DSME/T, including medical nutrition therapy,⁴⁵ "to ensure that persons with diabetes are educated as to the proper self-management and treatment of their diabetes, including information on proper diets."⁴⁶ Private insurance covers medically necessary DSME/T visits upon a patient's initial diabetes diagnosis, upon a significant change in the patient's symptoms or condition, or when a licensed physician changes a patient's diabetes medication or therapeutic processes.⁴⁶

A licensed physician must prescribe DSME/T before an individual receives services, and DSME/T must be "provided under the supervision of a licensed health care professional with expertise in diabetes."⁴⁶ Insurers may impose the same cost-sharing requirements applicable to similar covered benefits.⁴⁷

Medicare Coverage

Medicare provides recipients with up to 10 hours of outpatient DSME/T in the year following their first referral for DSME/T.^{48,49} Subject to limited exception,⁵⁰ recipients may receive 1 hour of private training and 9 hours of group training.⁵¹ Recipients may qualify for up to 2 hours of follow-up training each year after they receive initial training.⁵² To receive coverage for DSME/T, a Medicare recipient must obtain a referral from the health care professional treating the recipient's diabetes^{53,54} and receive the training from an ADA- or AADE-accredited program.^{55,56} Recipients may be responsible for any applicable deductible and a copay up to 20% of the total cost of DSME/T services.^{57,58}

Medicaid Coverage

Pennsylvania's Medicaid program covers all individuals at or below 138% of the federal poverty level (\$33,534 for a family of four in 2016)⁵⁹ as well as certain populations that do not otherwise meet the income eligibility requirements, such as some pregnant women.^{60,61} The program covers outpatient DSME/T "to ensure that all [Medicaid] recipients with diabetes are educated on the proper self-management and treatment of their diabetes, including information on proper diets."⁶² DSME/T must be provided by a licensed health care professional with expertise in diabetes, and DSME/T programs must be recognized by "the ADA or other national [Centers for Medicare & Medicaid Services]-approved accreditation organization,"⁶² such as the AADE.⁵⁵

Conclusion

Research suggests that by empowering patients to manage their diabetes, DSME/T can improve health outcomes and reduce treatment costs.¹⁷⁻²⁸ 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

Pennsylvania Medicaid Information

www.dhs.pa.gov/citizens/healthcaremedicalassistance/

Medicare DSME/T Information

www.aoa.gov/AoA_Programs/HPW/Diabetes/

Diabetes Information from the CDC

www.cdc.gov/diabetes/new/index.html

LawAtlas Pennsylvania DSME/T Website

<http://j.mp/2ccQC9h>

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