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

South 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) services in South 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, exceeding the entire population of Texas. In 2015, 1.5 million adults were diagnosed with type 2 diabetes—a rate of more than 4,100 every day. One in 3 adults has prediabetes, which often leads to diabetes.

Some risk factors for developing type 2 diabetes are increased age, higher weight, high blood pressure, high cholesterol, and physical inactivity. 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, are less likely to have positive diabetes control indicators, such as lower A1c levels, and experience worse health outcomes overall.

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

Research shows that by giving patients the tools necessary to better manage their diabetes, DSME/T significantly improves health outcomes and reduces health care expenditures. 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.”

Despite this evidence, participation in DSME/T remains low, particularly among rural populations, Medicare beneficiaries, uninsured or underinsured persons, and “ethnic minorities, older persons, and persons with language barriers and low literacy.” Moreover, DSME/T services often do not conform to best practices. To offer the most effective care, providers may consider patterned 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).

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 South Carolina

As of 2015, approximately 1 in 10 adults in South Carolina had been diagnosed with diabetes—more than 450,000 individuals in total. Compared with non-Hispanic whites, African Americans in South Carolina are 1.5 times more likely to have the disease and more than twice as likely to die from it. According to the ADA, an additional 1.3 million individuals—37.2% of the state’s adult population—have prediabetes.

In 2015, 46.5% of South Carolina adults with diabetes reported “fair or poor” general health, and 67.6% reported poor mental or physical health at least 1 day in the past 30 days. Moreover, in 2015, 42.5% of South Carolina adults with diabetes reported an inability to do usual activities at least 1 day in the past 30 days. However, in 2015, 13.4% of South Carolina adults with the disease did not visit a health professional for their diabetes, and only 69.2% received 2 or more A1c tests in the past year. The annual medical and economic costs attributable to diabetes exceeds $7 billion.

<table>
<thead>
<tr>
<th>SC Diabetes Burden Compared with National Diabetes Burden (Age-Adjusted)</th>
<th>SC</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Adults with Diagnosed Diabetes (2015)</td>
<td>10.5%</td>
<td>9.1%</td>
</tr>
<tr>
<td>New Cases of Diabetes / 1,000 Adults (2015)</td>
<td>8.2</td>
<td>6.5</td>
</tr>
<tr>
<td>Completed a DSME/T Class (2010)</td>
<td>61.7%</td>
<td>57.4%</td>
</tr>
<tr>
<td>Daily Self-Monitoring Blood Glucose (2010)</td>
<td>65%</td>
<td>63.6%</td>
</tr>
<tr>
<td>Overweight or Obese (2010)</td>
<td>86.4%</td>
<td>84.7%</td>
</tr>
<tr>
<td>Physical Inactivity (2010)</td>
<td>36.1%</td>
<td>36.1%</td>
</tr>
<tr>
<td>High Blood Pressure (2015)</td>
<td>73.7%</td>
<td>57.9%</td>
</tr>
<tr>
<td>High Cholesterol (2015)</td>
<td>50.6%</td>
<td>55.5%</td>
</tr>
</tbody>
</table>

1 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.

11 Adults with Self-reported Diagnosed Diabetes

18 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. 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. These limitations, as well as the services Medicaid covers, vary among the states.

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Private</th>
<th>Medicare</th>
<th>Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of State Population</td>
<td>52%</td>
<td>16%</td>
<td>19%</td>
</tr>
<tr>
<td>Coverage Required</td>
<td>Yes</td>
<td>Part B only</td>
<td>Yes</td>
</tr>
<tr>
<td>Cost Sharing</td>
<td>Up to 20% copay &amp; deductible</td>
<td>Up to 20% copay &amp; deductible</td>
<td>Varies</td>
</tr>
<tr>
<td>Limitations</td>
<td>Prescription required &amp; follow Medicare standards</td>
<td>10 hours within 12 months of initial referral</td>
<td>10 hours initial education</td>
</tr>
<tr>
<td></td>
<td>Follows Medicare standards</td>
<td>2 hours annual follow-up training</td>
<td>6 hours annual follow-up training</td>
</tr>
<tr>
<td></td>
<td>Referral required</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Private Insurance

South Carolina requires private health insurance policies and the group health plan for state employees to provide coverage for medically necessary outpatient DSME/T. DSME/T must be prescribed by a health care professional “who demonstrates adherence to minimum standards of care for diabetes” as adopted and published by the Diabetes Initiative of South Carolina. DSME/T must be provided by either a) a health care professional certified by the National Certification Board of Diabetes Educators or b) an accredited program approved by the Diabetes Initiative of South Carolina or the Diabetes Control Program of the South Carolina Department of Health and Environmental Control. South Carolina requires DSME/T services and payment to conform to the federal Medicare standards.

Medicare Coverage

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

Medicaid Coverage

South Carolina’s Medicaid program covers certain low-income populations, including low-income pregnant women, parents or other caretaker relatives, children, individuals 65 years of age or older, and individuals with disabilities. The program provides coverage for medically necessary outpatient DSME/T when the beneficiary has been diagnosed with diabetes and referred by their primary care provider. The program covers up to 10 hours of individual or group initial education and up to 6 hours of individual follow-up training per state fiscal year (July 1 through June 30).

DSME/T must be provided by an appropriately licensed health care professional, such as a physician, pharmacist, nurse practitioner, registered dietitian, social worker, practical nurse, or physician assistant. DSME/T programs must adhere to the National Standards and either be managed by a Certified Diabetes Educator or be recognized by the ADA, AADEd, or Indian Health Services (IHS).

Conclusion

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

South Carolina Medicaid Information
www.scdhhs.gov

Medicare DSME/T Information

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

LawAtlas South Carolina DSME/T Website
http://j.mp/2cnAGCr

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References


