



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

Washington State: 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 Washington State.

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 outcomes¹²⁻¹⁵ 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 Medicare²⁷ 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 Washington State

As of 2015, roughly 1 in 13 adults in Washington State had been diagnosed with diabetes—more than 466,000 people in total.³⁰ American Indians, Alaska Natives, African Americans, and Hispanic individuals in Washington State are all significantly more likely than non-Hispanic whites to have the disease.³¹ According to the ADA, an additional 1.87 million individuals—36.1% of the state’s adult population—have prediabetes.³²

Washington adults with diabetes are 4 times more likely to report having high blood pressure and 3 times more likely to report having high cholesterol.³¹ The annual medical and economic costs attributable to diabetes in Washington exceeds \$7.8 billion.³³ In response to this epidemic, a 2014 report commissioned by the Washington State legislature recommended that “all people with diabetes receive self-management education.”³¹ It also called for increasing community health workers’ involvement in working with populations most affected by diabetes.³¹

WA Diabetes Burden Compared With National Diabetes Burden (Age-Adjusted)^{30,34}	WA	U.S.
% of Adults with Diagnosed Diabetes (2015)	7.7%	9.1% ⁱⁱⁱ
New Cases of Diabetes / 1,000 Adults (2015)	5.1	6.5
Completed a DSME/T Class ⁱⁱ (2009)	65.7%	57.4%
Daily Self-Monitoring Blood Glucose ⁱⁱ (2009)	64.7%	63.6%
Overweight or Obese ⁱⁱ (2010)	79.2%	84.7%
Physical Inactivity ⁱⁱ (2010)	23.8%	36.1%
High Blood Pressure ⁱⁱ (2015)	51.7%	57.9% ⁱⁱⁱ
High Cholesterol ⁱⁱ (2015)	51.8%	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.³⁵ 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.³⁶ These limitations, as well as the services Medicaid covers, vary among the states.³⁷

Insurance Type	Private	Medicare	Medicaid
% of State Population ³⁸	56%	14%	22%
Coverage Required	Yes* (See below)	Part B only	Yes
Cost Sharing	Varies by plan	Up to 20% copay Deductible	Varies
Limitations	Certain plans excluded (Explained below)	10 hours within 12 months of initial referral 2 hours annual follow-up training Referral required	6 hours per calendar year Must be provided at approved diabetes education centers Referral required

Private Insurance

Washington State requires most private health insurance plans to provide coverage for medically necessary outpatient DSME/T services, including medical nutrition therapy.³⁹ This requirement does not apply to certain self-insured group contracts⁴⁰ or to plans "that provide benefits identical to the schedule of services covered by the basic health plan."^{41,42} DSME/T must be provided by a qualified health care professional with expertise in diabetes.³⁹ Insurers may impose the same cost-sharing requirements applicable to similar services covered by the policy.⁴³

Medicare Coverage

Medicare provides recipients with up to 10 hours of outpatient DSME/T in the year following their first referral for DSME/T.^{44,45} Subject to limited exception,⁴⁶ recipients may receive 1 hour of private training and 9 hours of group training.⁴⁷ Recipients may

qualify for up to 2 hours of follow-up training each year after they receive initial training.⁴⁸ To receive coverage for DSME/T, a Medicare recipient must obtain a referral from the health care professional treating the recipient's diabetes^{49,50} and receive the training from an ADA- or AADE-accredited program.^{49,51} Recipients may be responsible for any applicable deductible and a copay up to 20% of the total cost of DSME/T services.^{49,52}

Medicaid Coverage

Washington State'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)⁵³ as well as certain populations that do not otherwise meet the income eligibility requirements, such as some pregnant women.^{37,54} If referred by a licensed health care provider, a beneficiary may receive up to 6 hours of DSME/T per calendar year.⁵⁵ DSME/T must be provided in a "diabetes education center" approved by the Washington State Department of Health.⁵⁶

State law requires DSME/T to provide an overview of diabetes and to address certain "core" topics, including nutrition, exercise, preventing acute and chronic complications, monitoring, and medication management.⁵⁷ The nutrition component must include an individualized meal plan, and the exercise component must include an individualized physical activity plan.⁵⁷

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

Washington State Medicaid Information

www.hca.wa.gov/free-or-low-cost-health-care/apple-health-medicaid-coverage

Medicare DSME/T Information

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

Diabetes Information from the CDC

www.cdc.gov/diabetes/

LawAtlas Washington State DSME/T Website

<http://j.mp/2cnBQ0E>

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