Supporting Quality Diabetes Self-Management Education

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Diabetes Self-Management Education (DSME)

- The ongoing process of facilitating the knowledge, skill, and ability necessary for diabetes self-care.

- This process incorporates the needs, goals, and life experiences of the person with diabetes and is guided by evidence-based standards.

- The overall objectives of DSMES are to support informed decision making, self-care behaviors, problem solving, and active collaboration with the health care team and to improve clinical outcomes, health status, and quality of life.

Evidence for DSME

- Improves diabetes outcomes (Hemoglobin A1C)
- Reduces systolic blood pressure, weight, and medication requirements when delivered in group format
- Reduces risk of complications
- Reduces health care costs


Recognition and Accreditation

- National Accreditation Organizations approved by the Centers for Medicare & Medicaid Services (CMS) are:
  - American Diabetes Association (ADA), approved 1998: Recognition
  - American Association of Diabetes Education (AADE), approved 2009: Accreditation

- Recognized/Accredited programs:
  - Reimbursed under Medicare, private insurance, and some State Medicaid programs
Division of Diabetes Translation’s Strategy on DSME

- Increase access, participation, and reimbursement for AADE-accredited and ADA-recognized Diabetes Self-Management Education

- Secure Medicaid coverage for DSME in states that do not have it:
  - 34 states reported having DSME as a Medicaid covered benefit
  - Encourage the inclusion of specific language into the official Medicaid State Plan, in State Plan Amendments, and in Managed Care Organization (MCOs) request for proposals or contracts, under the "covered services section”, stating “Diabetes Self-Management Education” must:
    - Conform to the National Standards; and
    - Be either AADE-accredited or ADA-recognized

- If not clearly defined, MCOs and fee-for-service providers may substitute a more generic program and call it “diabetes self-management” or “diabetes management.”

1305 Year 3 Annual Progress Reports Analysis, States with Medicaid Coverage, June 2017.
Colorado Medicaid Coverage for Diabetes Self-Management Education and Support

Ynke de Koe, MS, RD
Community Clinical Linkages Coordinator, Prevention Services Division
Collaborative effort between Colorado Department of Public Health Environment, Colorado Medicaid, and stakeholders.
● Expansion state in 2014
● Coverage Impact: 1.3 million members
● Key demographics
● Children and adolescents: 42%
● Adults (21-64): 48%
● People with disabilities (all ages): 7%
● Adults (65 and older): 3%
● Male: 47%
● Female: 53%
● Caucasian/white: 34%
● Not identified: 29%
● Hispanic/Latino: 26%
● African American/Black: 7%
● Asian: 2%
● American Indian: 2%
● Urban: 79%
● Rural: 21%
Coverage began July 1, 2015

- DSME is a G administrative code
- Covered by outpatient hospital services
- A diabetes diagnosis
- Prescription referral from a physician or qualified non-physician provider
- A CO provider who can bill are physicians, advanced nurse practitioner, registered nurses, physician assistant
- Education can be taught by diabetes educators and registered dietitians
Diagnosis of type 1, type 2, or gestational diabetes

Initial 12-month
- 1-hour of individual
- 9-hours of group

2 hours of follow-up training each year after the initial 12-month period
Role of Colorado Health Department

- Workgroup member
- Data provider
- Promotion
- Implementation
| Role of Colorado Medicaid | • Hired a staff person with the charge of better integrating public health and Medicaid  
| | • Created a workgroup |
| Role of other partners | ● State American Diabetes Association chapter  ○ Convened a diabetes caucus  ● Provider group |
Challenges

- Staff time
- Competing priorities for leadership
Lessons Learned

- Be patient
- Understand each agency’s goals and work within common ground
- Keep the communication flowing constantly
Medicaid Coverage of Diabetes Self-Management Education and Support in Mississippi

Frances D. Moody, BSN, RN, Director
Diabetes Prevention and Control Program
Mississippi State Department of Health
As of February, 2016, 778,370 Mississippians were covered by Medicaid and the Children’s Health Insurance Program (CHIP) (specifics as to how many of those beneficiaries were diagnosed with diabetes are not accessible by the MSDH at this time)

Those numbers translate into over one in four Mississippians receiving health benefits through regular Medicaid, CHIP, and Medicaid’s managed care program, MississippiCAN

Mississippi did not expand Medicaid under the Affordable Care Act (ACA)

This group of enrolled beneficiaries is comprised of eligible, low-income populations including children, low-income parents and caretakers, pregnant women and the aged, blind, and disabled

Contrary to the common perception, the largest population served by MS Medicaid is children, which comprise 55 percent of the beneficiaries
The Mississippi Pathway to Medicaid Coverage for DSMES Begins…….

Diabetes Coalition of MS

MSDH
Diabetes Coalition of Mississippi

• April 2014, the MSDH helped revitalize the Diabetes Coalition of MS (DCM) with a focus on scaling diabetes prevention and control programs statewide
• The DCM serves as a voice to impact policy change, improve outcomes, provide access to education, support other concurring organizations and serve as a mediator between diabetes activities
• The three work streams of the DCM include:
  o Policy
  o Prevention
  o Management

http://diabetescoalition-ms.org/
The DCM’s Role in Obtaining MS Medicaid Coverage for DSMES

- MS Medicaid coverage of DSMES was achieved through the dedication and collaborative efforts of members of the DCM
- The DCM’s policy work stream identified Medicaid coverage for DSMES as an opportunity to help scale diabetes management efforts statewide
MS Medicaid Coverage of DSMES

- On April 1, 2015, the MS Division of Medicaid (DOM) established an administrative code that provided coverage for DSMES for Medicaid beneficiaries.
- It covers DSMES in outpatient hospital settings but is contingent on the following provisions:
  - The beneficiary has been diagnosed with diabetes by a physician and DSMES is deemed medically necessary.
  - DSMES is provided by a current MS Medicaid provider.
  - The DSMES program is recognized or accredited by a National Credentialing Organization (NCO) such as the American Diabetes Association (ADA) or the American Association of Diabetes Educators (AADE).

MS Medicaid DSMES Coverage Facts

The benefit covers:

- One initial training per lifetime
- Cannot exceed a total of seven hours, furnished in increments of no less than thirty minutes
- One hour for an individual session to assess the beneficiary’s training needs and six hours in a group setting consisting of two or more individuals (furnished within a continuous six month period which begins with the initial individual assessment visit)
- The education must be furnished in increments of no less than thirty minutes
- Individual education sessions may be covered if ordered by a physician with an explanation of the need for individual sessions
- Medicaid covers follow-up education at least one calendar year following completion of the initial education; includes a maximum of two hours each year and must be ordered by the physician actively managing the beneficiary’s diabetes
- Follow-up education must be furnished in increments of no less than thirty minutes

Obtaining MS Medicaid Coverage for DSMES

- **Efforts involved:**
  - Commitment of members of DCM
  - Support and engagement from staff in the MS DOM
  - Expert leadership in DCM’s policy work stream

- **Coalition members noted:**
  - It takes time to develop Medicaid policy
    - A stepwise policy approach can be disappointing or frustrating to those who would like to see more immediate and sweeping policy changes

- **Lessons learned:**
  - Strong coalitions may impact policy changes
  - Data is compelling
  - Medicaid staff may be champions
MSDH’s Role in Obtaining Medicaid Coverage for DSMES

- Convener
- Data provider
- Implementation supporter
THANK YOU!

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Medicaid Coverage of DSME/T Part 1: Implementation of Coverage

CMS Perspective on Benefit Design and Quality Measurement

Deirdra Stockmann, Ph.D.  
Center for Medicaid and CHIP Services  
Centers for Medicare & Medicaid Services (CMS)
• States have flexibility in how they design the DSME/T benefit in Medicaid including:
  – Where it fits in the Medicaid State Plan
  – Who can provide and bill for the service
  – Limits on hours that can be billed in a timeframe

• States with managed care may consider further specification of the benefit in managed care contracts
Voluntary quality reporting by states on consistent metrics across these domains
  - Primary Care Access and Preventive Care
  - Perinatal Health
  - Care of Acute and Chronic Conditions
  - Behavioral Health Care
  - Dental and Oral Health Services (Child Core Set)
  - Experience of Care

**Child Core Set (26 measures in the 2018 Core set)**
  - Initial Core Set released in 2010
  - States are currently completing the 8th year of voluntary reporting
  - 50 States + DC reported on at least one Child Core Measure (median = 16 measures) for FFY2015

**Adult Core Set (33 measures in the 2018 Core Set)**
  - Initial Core Set released in 2012
  - States are currently completing the 5th year of voluntary state reporting
  - 39 states reported on at least one Adult Core Measure for FFY2015 (median = 16), with 7 states reporting at least one measure for the first time
# Diabetes Management Measures in the Adult Core Set

<table>
<thead>
<tr>
<th>NQF #</th>
<th>Measure Steward</th>
<th>Measure Name</th>
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<tbody>
<tr>
<td>0057</td>
<td>NCQA</td>
<td>Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (HA1C-AD)</td>
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<tr>
<td>0059</td>
<td>NCQA</td>
<td>Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (&gt;9.0%) (HPC-AD)</td>
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<tr>
<td>0272</td>
<td>AHRQ</td>
<td>PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)</td>
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<tr>
<td>2607</td>
<td>NCQA</td>
<td>Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (&gt;9.0%) (HPCMI-AD)</td>
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Resources

• Medicaid and CHIP Core Set Measures: https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/index.html

• State Medicaid and CHIP Profiles: https://www.medicaid.gov/medicaid/by-state/by-state.html