



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

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 Ohio

As of 2015, roughly 1 in 10 adults in Ohio had been diagnosed with diabetes—more than 993,000 individuals in total.³⁰ African Americans in the state are nearly 42% more likely than non-Hispanic whites to have the disease.³¹ African American women in Ohio die from diabetes at a rate 82% higher than non-Hispanic white women.³¹ According to the ADA, an additional 3 million individuals—35.3% of the state’s adult population—have prediabetes.³²

In 2015, 34.3% of Ohio adults with diabetes reported “fair or poor” general health, and 69.8% reported poor mental or physical health at least 1 day in the past 30 days.³⁰ However, in 2014, 16.2% of Ohio adults with the disease did not visit a health professional for their diabetes.³⁰ Moreover, a 2014 analysis found that more than 40% of Ohioans do not live within a 30-minute drive of a diabetes prevention program provider recognized by the Centers for Disease Control and Prevention.³¹ The annual medical and economic costs attributable to diabetes in Ohio exceeds \$15.8 billion.³³

| OH Diabetes Burden Compared with National Diabetes Burden (Age-Adjusted)^{30,34} | OH | U.S. |
|---|-----------|----------------------|
| % of Adults with Diagnosed Diabetes (2015) | 9.5% | 9.1% ⁱⁱⁱ |
| New Cases of Diabetes / 1,000 Adults (2015) | 8.2 | 6.5 |
| Completed a DSME/T Class ⁱⁱ (2010) | 52.7% | 57.4% |
| Daily Self-Monitoring Blood Glucose ⁱⁱ (2010) | 56% | 63.6% |
| Overweight or Obese ⁱⁱ (2010) | 75.1% | 84.7% |
| Physical Inactivity ⁱⁱ (2010) | 39.8% | 36.1% |
| High Blood Pressure ⁱⁱ (2015) | 56.6% | 57.9% ⁱⁱⁱ |
| High Cholesterol ⁱⁱ (2015) | 54.3% | 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 | 57% | 15% | 21% |
| Coverage Required | No | Part B only | No |
| Cost Sharing | - | Up to 20% copay Deductible | - |
| Limitations | - | 10 hours within 12 months of initial referral 2 hours annual follow-up training Referral required | - |

Private Insurance

Ohio does not require private health insurance policies to provide coverage for DSME/T.

Medicare Coverage

Medicare provides recipients with up to 10 hours of outpatient DSME/T in the year following their first referral for DSME/T.^{39,40} Subject to limited exception,⁴¹ recipients may receive 1 hour of private training and 9 hours of group training.⁴² Recipients may qualify for up to 2 hours of follow-up training each year after they receive initial training.⁴³ To

receive coverage for DSME/T, a Medicare recipient must obtain a referral from the health care professional treating the recipient's diabetes^{44,45} and receive the training from an ADA- or AADE-accredited program.^{44,46} Recipients may be responsible for any applicable deductible and a copay up to 20% of the total cost of DSME/T services.^{44,47}

Medicaid Coverage

Ohio'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)⁴⁸ as well as certain populations that do not otherwise meet the income eligibility requirements, such as some pregnant women.^{37,49} The program does not explicitly indicate that beneficiaries receive coverage for DSME/T. However, several Medicaid managed care providers in Ohio indicate that they cover general self-management and diabetes education.^{50,51}

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

Ohio Medicaid Information

<http://medicaid.ohio.gov>

Medicare DSME/T Information

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

Diabetes Information from the CDC

www.cdc.gov/diabetes/

LawAtlas Ohio DSME/T Website

<http://j.mp/2c8mBaJ>

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