National Center for Chronic Disease Prevention and Health Promotion

Supporting Quality Diabetes Self-Management Education

Jacquelyn Houston, MPH, PHCNS-BC, RN

Project Officer

Division of Diabetes Translation

National Center for Chronic Disease Prevention and Health Promotion

Centers for Disease Control and Prevention

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.

Haas L, Maryniuk M, Beck J, et al. 2012 Standards Revision Task Force. National Standards for diabetes self-management education and support. Diabetes Care. 2012;35:2393–2401

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

Chrvala CA, Sherr D, Lipman RD. Diabetes self- management education for adults with type 2 diabetes mellitus: a systematic review of the effect on glycemic control. *Patient Educ Couns* 2016;99: 926–943.

Deakin T, et al. Group based training for self-management strategies in people with type 2 diabetes mellitus. Cochrane Database of Systematic Reviews 2005 Apr 18;(2).

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:
  - Adhere to the *National Standards for Diabetes Self-Management Education and Support* 2017 National Standards for Diabetes Self-Management Education and Support
  - 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.

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

Colorado Medicaid Coverage for Diabetes Self-Management Education and Support

Ynke de Koe, MS, RD
Community Clinical Linkages Coordinator, Prevention Services Division

COLORADO
Department of Public Health & Environment

OVERVIEW

Collaborative effort between Colorado Department of Public Health Environment, Colorado Medicaid, and stakeholders.

Colorado Medicaid

- 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 in Colorado

- 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

DSME Benefit

- 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

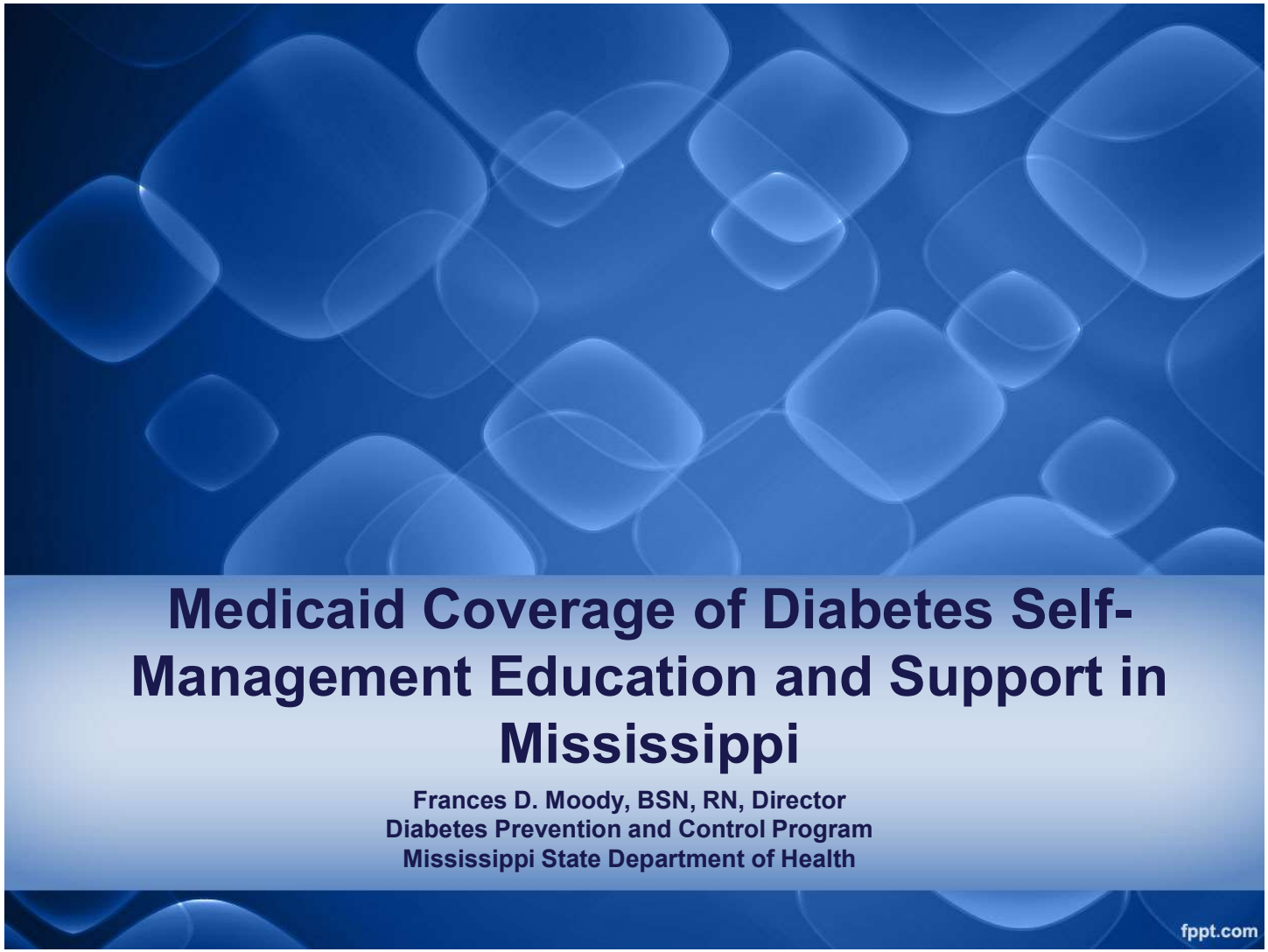
- State American Diabetes Association chapter
  - Convened a diabetes caucus
- Provider group

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
fppt.com

Mississippi Medicaid Overview

- 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

https://www.mississippi-medicaid.com

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:
  - Policy
  - Prevention
  - 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)

https://medicaid.ms.gov/wp-content/uploads/2014/01/Admin-Code-Part-200.pdf

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

https://Medicaid.ms.gov/wp-content/uploads/2014/01/Admin-Code-Part-200.pdf

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!

Frances D. Moody, BSN, RN

Director, Diabetes Prevention and Control Program

MSDH

Office of Preventive Health

601-206-1559

e-mail:frances.moody@msdh.ms.gov

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)

Designing a DSME/T Benefit in Medicaid

- 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

CMS Medicaid/CHIP Quality Measures

- **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

NQF #	Measure Steward	Measure Name
0057	NCQA	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (HA1C-AD)
0059	NCQA	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD)
0272	AHRQ	PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)
2607	NCQA	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)

Adult Core Set: https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2018-adult-core-set.pdf
Abbreviations: NQF: National Quality Forum; NCQA: National Committee for Quality Assurance; AHRQ: Agency for Healthcare Research and Quality; PQI: Prevention Quality Indicator

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