

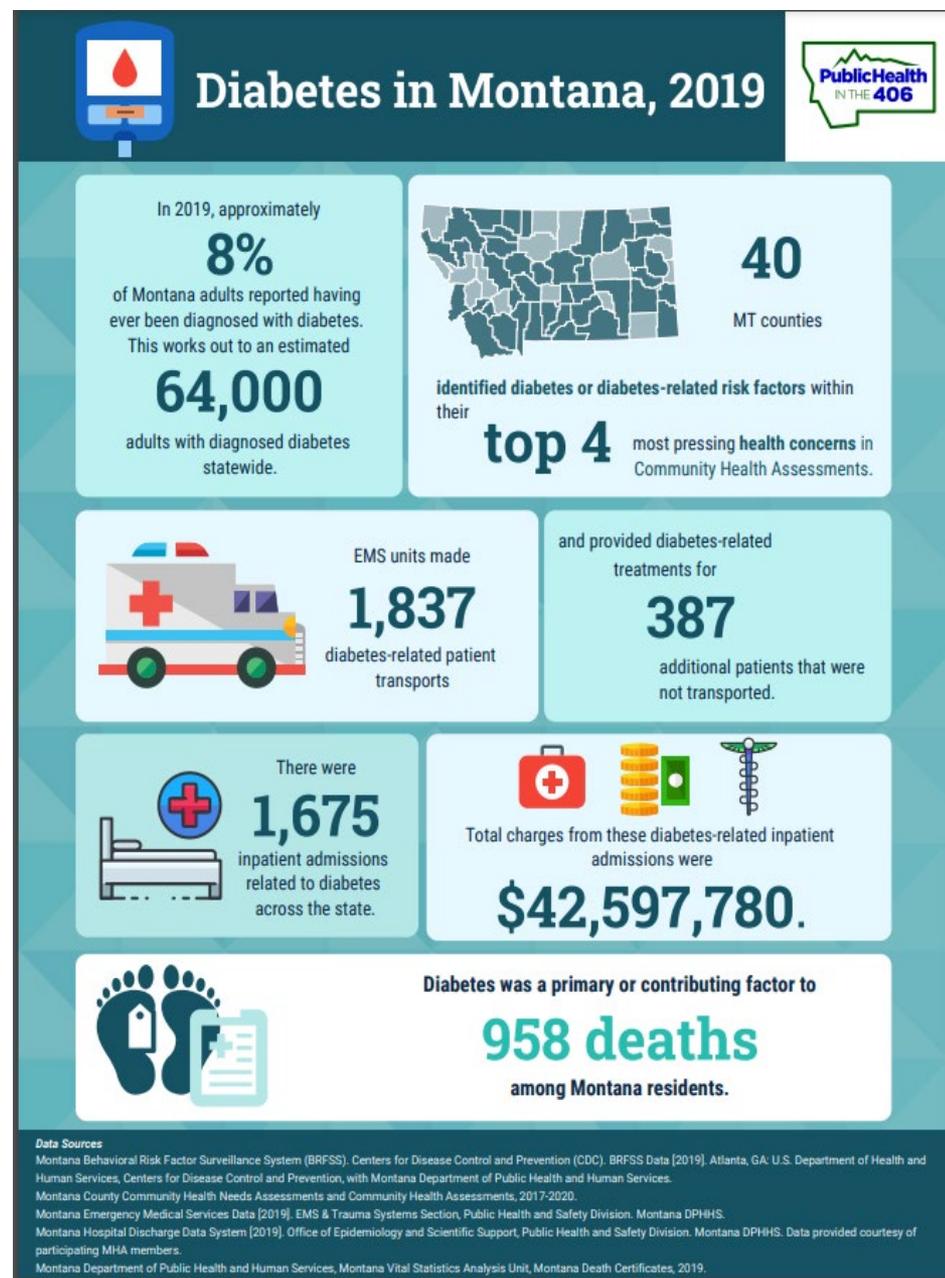


Diabetes Self-Management Education & Support Services

Provider Overview

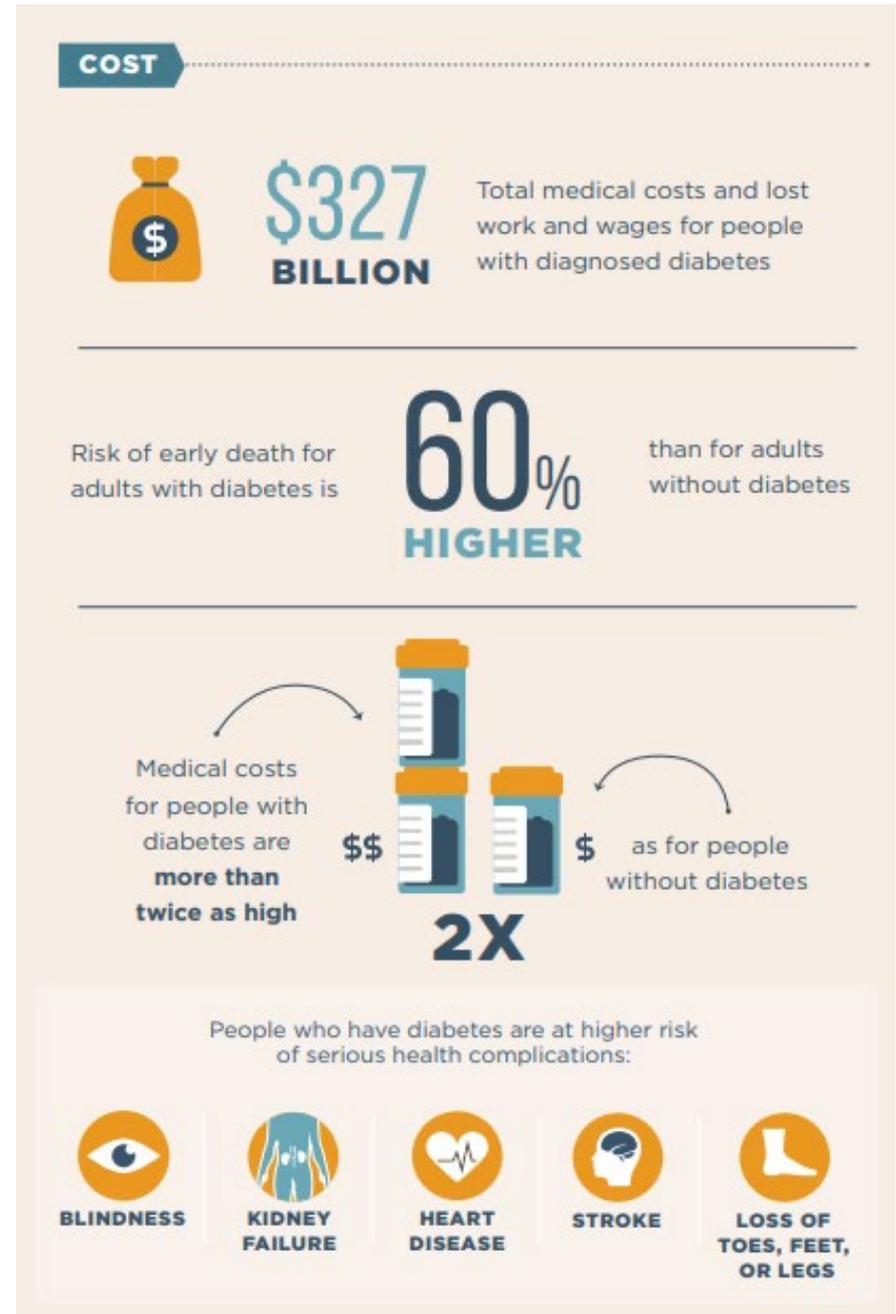
How Common is Diabetes?

- About 64,000 Montana adults currently have a diabetes diagnosis.
 - The percentage of Montana adults with diabetes increased from 2.9% in 1990 to 6.4% in 2019.
- Diabetes is more common among American Indian/Alaska Native adults than white, non-Hispanic adults in Montana.
 - 14.9% compared to 5.8% of white non-Hispanic adults in 2019.
- Across the US, there are 34.2 million people have diabetes.
 - That's about 1 in every 10 people, and
 - 1 in 5 don't know they have diabetes.



Cost of Diabetes

- People with diabetes:
 - Can attribute to higher health care costs.
 - Have a higher risk of developing serious complications
 - Blindness
 - Kidney disease
 - Cardiovascular disease
 - Amputations
 - Have a higher risk for early death.





How Can You Help Your Patients?

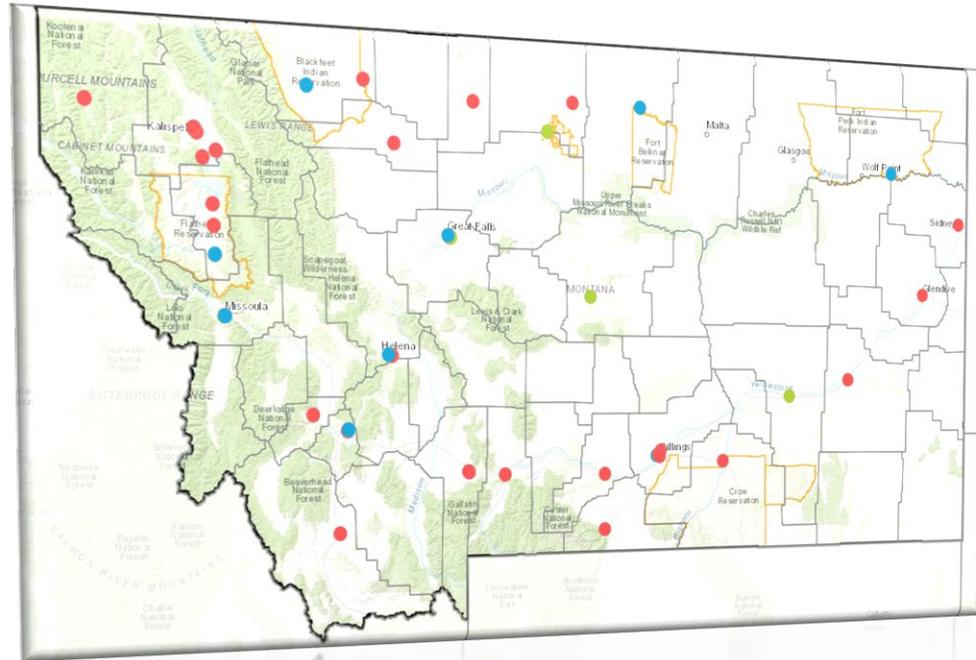
How can you help your patients?

- Identify people with undiagnosed diabetes or prediabetes.
- Talk to your patients about their risk for diabetes and what they can do to reduce their risk.
- Provide comprehensive, patient-centered diabetes care.
- Understand how to speak the language of diabetes and that it matters in the delivery of diabetes care and education.
 - For more information on diabetes language visit:
<https://www.diabeteseducator.org/docs/default-source/practice/educator-tools/HCP-diabetes-language-guidance.pdf?sfvrsn=22>
- Give a patient time and the opportunity to ask questions.

How can you help your patients?

- When talking with your patients, especially those who are newly diagnosed that:
 - a diabetes diagnosis can be “positive” as it enables action.
 - It is unrealistic to expect them to make lifestyle changes on their own.
 - Additional support helps people with diabetes stay motivated and can keep them from reverting to old habits.
- Encourage lifestyle modification
 - Let them know about the option of referral to a DSMES service
 - Diabetes Self-Management Education and Support (DSMES) services are one of the tools that can help them be successful in managing the disease.

Recommend & Refer to DSMES Services



- Recommend & Refer eligible patients including Medicaid beneficiaries to a Montana DSMES program.
- For more information, view locations and contact information please visit: <https://arcg.is/KnyzG>

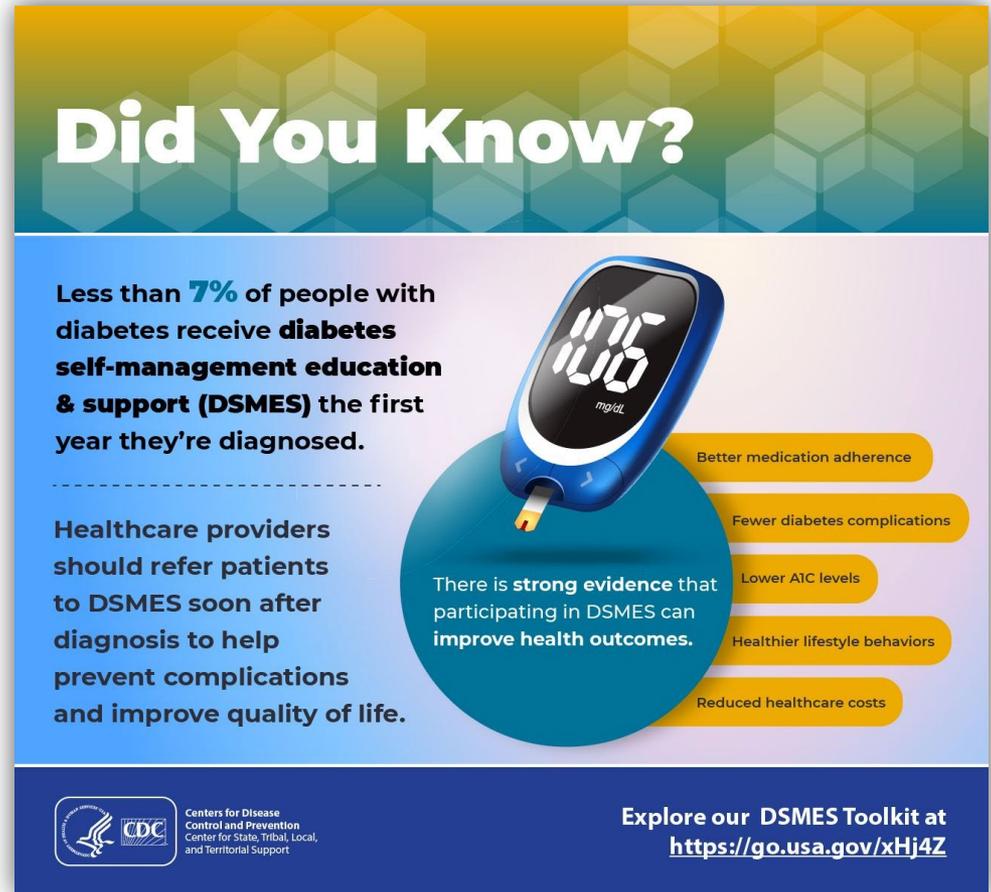


What is DSMES?

Diabetes Self-Management Education and Support

DSMES

- Although research has shown the benefits of receiving diabetes education, nationally, only 5-7% of newly diagnosed patients with diabetes receive DSMES.
- 42% of Montana adults with diagnosed diabetes report never taking a course or class on how to better manage their diabetes.



Did You Know?

Less than **7%** of people with diabetes receive **diabetes self-management education & support (DSMES)** the first year they're diagnosed.

Healthcare providers should refer patients to DSMES soon after diagnosis to help prevent complications and improve quality of life.

There is **strong evidence** that participating in DSMES can **improve health outcomes.**

- Better medication adherence
- Fewer diabetes complications
- Lower A1C levels
- Healthier lifestyle behaviors
- Reduced healthcare costs

Explore our DSMES Toolkit at <https://go.usa.gov/xHj4Z>

Centers for Disease Control and Prevention
Center for State, Tribal, Local, and Territorial Support

Let this be a window of opportunity to refer your patients and to make a difference in their self-care.



Benefits of DSMES

- There is strong evidence that participating in DSMES can improve health outcomes.
- DSMES can lead to:
 - Better medication adherence
 - Fewer complications
 - Lower A1C levels
 - Healthier lifestyle behaviors
 - Reduced healthcare costs
 - Enhance self-efficacy
 - Improved control of blood pressure and cholesterol



The Research Shows.....

People with Diabetes:

- Don't always follow through with referrals.
- Are emotional about their diagnosis.
- End up relying on family and friends.
- Believe they know enough and can handle their care on their own.

Providers:

- Know importance of diabetes education, but don't necessarily prescribe or don't prescribe definitively enough.
- Don't know available resources within their areas.
- Sometimes forget to follow up with patients to encourage attendance.

Treating People with Diabetes



Demands on your practice are escalating

- By referring to a DSMES program you are:
 - Enabling patients to help themselves
 - Balancing priorities and goals
 - Helping to reduce provider burnout
 - Help to meet quality metrics

Partner with a Diabetes Care & Education Specialist

Who is a Diabetes Care and Education Specialist (DCES)?

- Formerly called a “Diabetes Educator”, DCES are highly qualified health professionals.
- They are experts in diabetes care and self-management education.
 - Includes RNs, RD/RDN’s, pharmacists, and other qualified health professionals.
- They are an important part of the health care TEAM.
- They can help to more easily manage a person’s diabetes or prediabetes.



How Do DCES Help?

As the Central point of the diabetes care team, DCESs are uniquely positioned to:

Reduce readmissions and encourage long-term self-management.

Lower costs for your health system, the provider and most importantly the person with diabetes.

Improve quality measures, outcomes and health at an individual and population level.

Improve productivity and performance for your practice, health system or health plan.

How Do DCES Help?

Help patients:

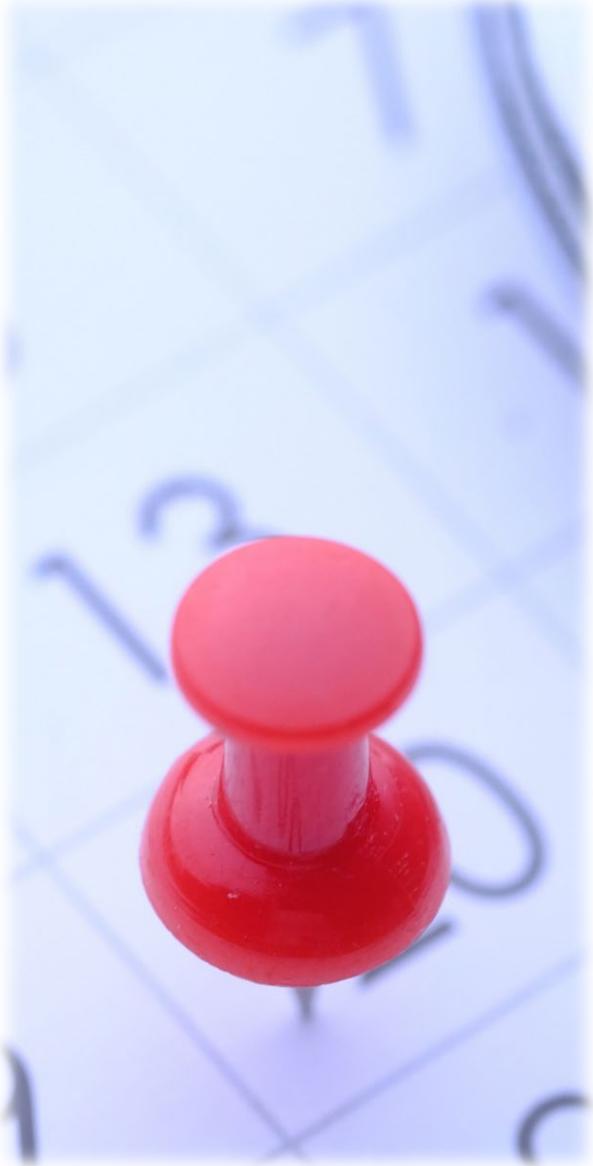
- Understand devices like meters, insulin pens, pumps and continuous glucose monitoring devices
- Use the information from these devices and lifestyle to identify patterns and opportunities for improvement
- Manage diabetes
 - Blood glucose, blood pressure & cholesterol
 - Manage weight
 - Develop coping skills to address daily challenges of the disease
 - Reduce the risk of complications
 - Decrease costs by reducing or eliminating the need for medications and ER visits
 - Help find access to cost-savings programs



Who to Refer

To qualify for DSMES services, an individual must have the following:

- **Documentation of diagnosis of type 1, type 2 or gestational diabetes.**
 - Diagnosis must be made using the following guidelines:
 - Fasting blood glucose of 126 mg/dL on two separate occasions.
 - 2-Hour Post-Glucose Challenge of ≥ 200 mg/dL on two separate occasions.
 - Random Glucose Test of >200 mg/dL with symptoms of unmanaged diabetes.
- **A written referral from the treating physician or qualified non-physician practitioner.**
 - A non-physician practitioner includes a nurse practitioner, physician assistance, clinical nurse specialist or advance nurse practitioner)
- **A new referral is required for follow-up visits after one year.**
 - Referral form: <https://www.diabeteseducator.org/docs/default-source/default-document-library/diabetes-services-order-formcb55dc36a05f68739c53ff0000b8561d.pdf?sfvrsn=4>



When to Refer

1. At diagnosis.
2. During an annual assessment or when a patient is not meeting treatment goals.
3. When a person with diabetes faces changes or new complicating factors.
4. When there is a transition in care

What do participants learn during DSMES?

DSMES services are individualized to the needs of the person living with diabetes.



Follow Up



- Knowing the progress of a patient is key to their continued care.
- DSMES programs are required to communicate the education provided, progress, barriers and participant outcomes to the referring provider.
- Work with your program contact for their reporting procedures and how you can collaborate on your patient's overall diabetes management care.

“If diabetes education was a pill, would you prescribe it?”



- High efficacy
- Lowers risk of hypoglycemia
- Weight neutral/loss
- Side effects – none
- Cost – low/cost savings
- Psychological benefits – high

Maggie Powers – Diabetes Care 2016



Coverage/Reimbursement

How to become a DSMES Eligible Provider?

- Eligible Provider Programs:
 - Must be recognized by the American Diabetes Association (ADA) or the Association of Diabetes Care and Education Specialists (ADCES) and
 - Apply nationally and meet national standards of DSMES (and will be required to reapply every 4 years)
- Eligible Service Providers:
 - Must be a RD or must be a Certified Diabetes Educator (If the CDE is not a Registered Dietician then must be supervised by a Physician)
- Eligible Clients:
 - Medicaid eligible individual with a documented diagnosis of diabetes.

Reimbursement for DSMES

- Reimbursement for DSMES services to eligible providers is in accordance with fee-for-service fee schedules for appropriate provider types posted on the Montana Department of Health and Human Services website.
<https://medicaidprovider.mt.gov/>
- FQHC/RHC:
 - In accordance with ARM 37,86.4406, FQHC/RHC providers are only eligible for DSMES reimbursement if the service is rendered by a core FQHC/RHC provider, the code is allowable on the fee scheduled, and meets the definition of a billable encounter.
 - FQHC/RHS services are reimbursed at the facility-specific Prospective Payment System (PPS) rate.

Individual Coverage

- Medicaid limits **Individual** outpatient DSMES claims to:
 - Must be provided within the DSMES recognized program
 - 6 units (3 hours/day billed in 30-minute units)
 - No monthly/annual limit
 - No age limit
- Can be provided with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training.
- Can be provided via telehealth per Medicaid guidelines at the same rate as face-to-face services.
 - GT or GQ modified to be included on claim
- Procedure Code: **G0108**

Group Coverage

- Medicaid limits **Group** outpatient DSMES claims to:
 - Must be provided within the DSMES recognized program
 - 12 units (6 hours/day billed in 30-minute units)
 - No monthly/annual limit
 - No age limit
- Can be provided with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training
- Can be provided via telehealth per Medicaid guidelines at the same rate as face-to-face services
 - GT or GQ modified to be included on claim
- Procedure Code: **G0109**

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