

Colorado Medicaid 2019

Diabetes Self-Management Education and Support Reimbursement Toolkit

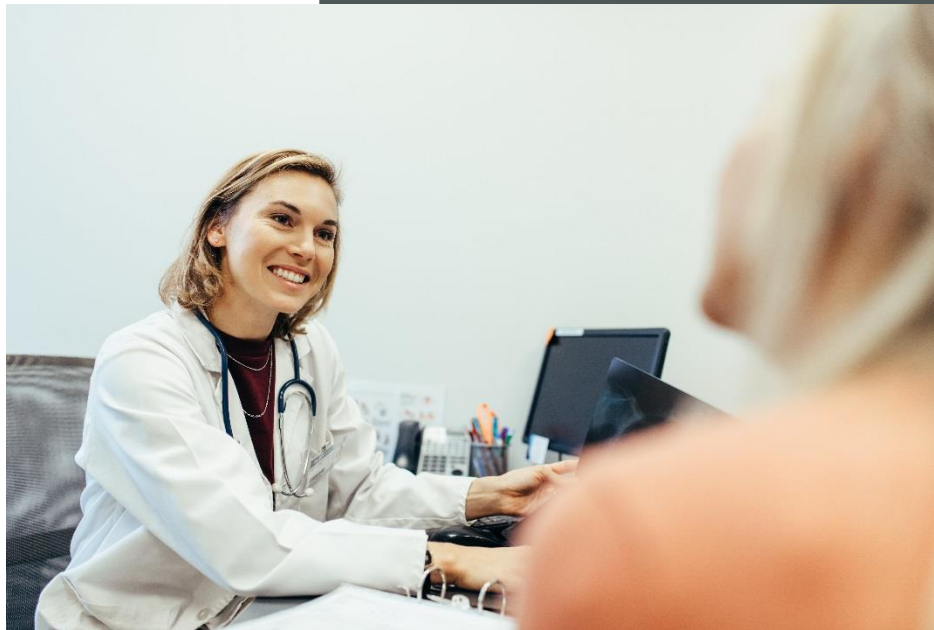


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Definitions

Qualified Non-Physician Provider - defined by Medicaid as a nurse practitioner, clinical nurse specialist, advanced practice nurse, physician assistant, nurse midwife, clinical psychologist or clinical social worker who is managing a client’s diabetes condition.

Facility - examples include clinic, provider’s office, outpatient hospital or a skilled nursing facility.

Purpose of this Toolkit

The purpose of this toolkit is to provide healthcare professionals and other key stakeholders with vital information on the implementation and reimbursement for accredited Diabetes Self-Management Education and Support (DSMES) programs that meet guidelines for Health First Colorado (Colorado’s Medicaid Program) reimbursement.

This material was modified from the original material created by Delmarva Foundation for Medical Care (DFMC), the Disparities National Coordinating Center, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services.

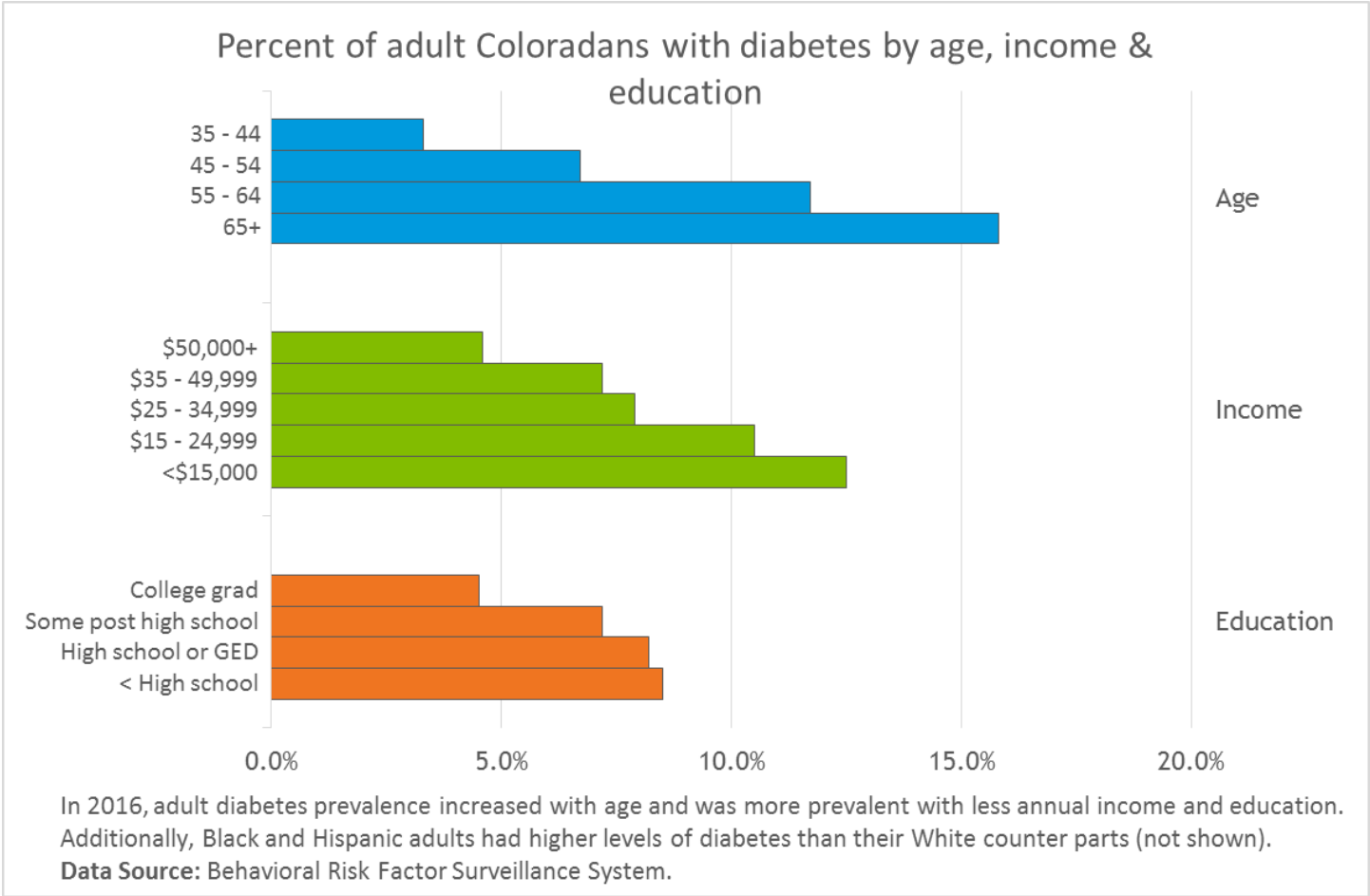
Diabetes Self-Management Education and Support (DSMES)

Diabetes Self-Management Education and Support (DSMES) is an evidence-based intervention that strengthens the knowledge and skills of people with diabetes to optimize their ability to self-manage the disease.

There are two accrediting organizations recognized by the Centers for Medicare and Medicaid Services (CMS): the American Diabetes Association's Education Recognition Program (ERP) and the American Association of Diabetes Educators' Diabetes Education Accreditation Program (DEAP). Health First Colorado follows the CMS policy of requiring accreditation from one of these programs.

Accredited DSMES organizations utilize an evidence-based education program that engage participants in informed decision-making and reinforces self-care, problem-solving behaviors and a collaborative approach with their healthcare providers to improve clinical outcomes. **Patients can achieve an improved A1c of up to -1.7% change.**

Diabetes disproportionately affects Medicaid clients, and DSMES has been proven to decrease health care spending and improve health outcomes for participants, compared to those who do not receive this education. Clients who participate in DSMES cost an average of 5.7% less than clients who do not, potentially saving Colorado \$27 million per year. In 2015, DSMES became a covered benefit under the targeted rate increase initiative approved by the General Assembly in Colorado.



Medicaid DSMES Benefit Overview

Services for accredited DSMES to Health First Colorado (Medicaid) members under certain conditions have been a covered benefit since July 1, 2015.

Two procedure codes for DSMES are G0108 (individual classes) and G0109 (group classes). Facilities with an accredited DSMES program can bill using revenue code 0942 and identify the appropriate procedure codes on the claim. Individual providers that render DSMES can bill the procedure codes.

This benefit provides the following:

- Up to 10 hours of diabetes-related training within a consecutive 12-month period following the submission of the first claim for the benefit which includes:
 - One hour for either a group or individual assessment;
 - Nine hours for group-only diabetes education;
 - Up to 2 hours of follow-up training each year after the initial 12-month period;
 - The training can be performed in any combination of 30 minute increments.

NOTE: DSMES and Medical Nutrition Therapy (MNT) are complementary services and cannot be billed on the same service date.

Eligibility

- Member has a diagnosis of type 1, type 2 or gestational diabetes.

Diagnostic Criteria

According to national coding and diagnostic standards, diabetes is defined as a condition of abnormal blood glucose metabolism using the following diagnostic criteria:

- A1C > 6.5% OR
- Fasting glucose > 126 mg/dL on two or more occasions OR
- Two-hour post glucose challenge > 200 mg/dL on two or more occasions OR
- A random glucose test > 200 mg/dL for a person with symptoms of uncontrolled diabetes.

Accreditation

A healthcare provider or entity interested in obtaining Medicaid reimbursement for DSMES must become an accredited program provider. There are two accrediting organizations recognized by CMS: the American Diabetes Association’s Education Recognition Program (ERP) and the American Association of Diabetes Educators’ Diabetes Education Accreditation Program (DEAP). Health First Colorado (Medicaid) follows the CMS policy of requiring accreditation from one of these programs.

American Association of Diabetes Educators Accreditation and American Diabetes Association Recognition Requirements		
Item	AADE	ADA
Title	Diabetes Education Accreditation Program (DEAP)	Education Recognition Program (ERP) 8th Edition
Guiding Standards	Both are based on the National Standards for Diabetes Self-Management Education and Support 2017	
Cost	<ul style="list-style-type: none"> • First site: \$1,100 • Each additional branch location is \$100 • Each additional community site is free • Same fee structure for reaccreditation (accreditation lasts for four years) 	<ul style="list-style-type: none"> • First site: \$1,100 • Additional multi-sites: \$100 each • Unlimited Number of Expansion Sites: No Fee • Same fee structure for renewal

American Association of Diabetes Educators Accreditation and American Diabetes Association Recognition Requirements		
Item	AADE	ADA
Initial Application	<ul style="list-style-type: none"> • On-line application; paper application also available • Supporting documentation required • Application fee is required 	<ul style="list-style-type: none"> • On-line application for all application types • Supporting documentation must be submitted within 2 weeks
Initial Application Process	<p>Three steps:</p> <ul style="list-style-type: none"> • Complete on-line or paper-based application • Gather supporting documentation • Complete telephone interview or randomly selected site audit 	<p>Three steps:</p> <ul style="list-style-type: none"> • Contact ADA to be added into application system • Complete on-line application • Gather supporting documentation & audit items and submit within 2 weeks of application submission
Renewal Application (Initial Accreditation lasts for four years)	<ul style="list-style-type: none"> • Complete same three steps as initial application • Submit reaccreditation application • Submit supporting documentation: <ul style="list-style-type: none"> ○ One de-identified participant chart ○ Copy of most recent Advisory Group meeting minutes 	<ul style="list-style-type: none"> • Complete same two steps as initial application • Submit supporting documentation: <ul style="list-style-type: none"> ○ Licenses & certifications of instructors ○ Proof of CE credits for non-certified staff ○ Complete audit of one of the five items sent with initial application if randomly selected

American Association of Diabetes Educators Accreditation and American Diabetes Association Recognition Requirements

Item	AADE	ADA
<p>Timeline for Accreditation Process Completion</p>	<ul style="list-style-type: none"> At least one patient has completed program through follow-up & documentation for that participant is submitted (<i>this needs to happen before a program applies for accreditation</i>) Application process: 2-4 weeks Must collect at least one clinical & one behavioral outcome measure Prepared to submit an Annual Status Report once per year Accreditation valid for 4 years 	<ul style="list-style-type: none"> Reporting period up to 6 months prior to application submission Application must be submitted no more than 3 months after reporting period ends At least one participant seen during reporting period Applications review first-come first-serve and can take up to 30 days At least two outcomes must be tracked for program effectiveness <ul style="list-style-type: none"> Participant-defined goals & measure of goal attainment Other outcome such as metabolic, clinical, quality of life, process with measure of attainment Annual status report required Recognition valid for 4 years
<p>Support Services</p>	<p>Email, toll-free telephone support AADE7 on-line participant education system Free webcasts & podcasts On-line tools and sample documents Conferences Accreditation programs information listed on website Career network Journals & newsletters One-Year Complimentary AADE Membership to newly accredited and reaccredited programs</p>	<p>Email, toll-free telephone number Chronicle Diabetes -Education Documentation System ERP Networking Community On-line toolkits sample templates & resources ADA publications Publication discounts Free KRAMES on-line Participant Education Materials Scientific sessions, conferences Free Continuing Education Opportunities Free webcasts & podcasts Recognition programs listed on website Referrals from National Call Center and local ADA offices Quarterly Newsletters</p>
<p>Audits</p>	<p>5% of initial applications annually 10% of sites currently accredited 10% of sites seeking re-accreditation Volunteer auditors 2 weeks' notice</p>	<p>5% annually of currently recognized sites Volunteer auditors 2 weeks' notice</p>

For further information about each of these organizations, please contact AADE or ADA directly at:

American Association of Diabetes Educators (AADE)
www.diabeteseducator.org | (800) 338-3633

American Diabetes Association (ADA)
www.diabetes.org | 1-800-DIABETES

In Colorado, a number of programs are accredited or recognized and can be found at http://professional.diabetes.org/ERP_List.aspx (recognized by the ADA) and at <http://www.diabeteseducator.org/ProfessionalResources/accred/Programs.html#Colorado> (accredited by AADE).

Once a provider or entity achieves accreditation or recognition, Health First Colorado (Medicaid) must be informed of the accreditation/recognition certificate from ADA or AADE for valid reimbursement. The accreditation/recognition certificate information must be submitted along with the Medicaid Provider Identification and National Provider Identification Number (NPI) by completing the information at <https://www.colorado.gov/pacific/hcpf/form/dsme-accreditation-registration>.

Once this information is received, the provider or entity will be officially recognized by Health First Colorado to conduct a DSMES program.

Components of a Qualified DSMES Program

AADE developed seven self-care behaviors known as the AADE7™ that are widely recognized as the guiding principles for participants in a DSMES program:

- Healthy eating
- Being active
- Monitoring
- Taking medication
- Problem solving
- Healthy coping
- Reducing risks

Qualified DSMES programs must include training that covers the following components:

- Diabetes and treatment options
- Diabetes overview/pathophysiology of diabetes
- Nutrition
- Exercise and activity

- Managing high and low blood sugar
- Diabetes medications, including skills related to the self-administration of injectable drugs
- Self-monitoring and the use of results
- Prevention, detection and treatment of chronic complications
- Prevention, detection and treatment of acute complications
- Foot, skin and dental care
- Behavioral change strategies, goal setting, risk-factor reduction and problem solving
- Preconception care, pregnancy and gestational diabetes
- Relationships among nutrition, exercise, medication and blood glucose levels
- Stress and psychological adjustment
- Family involvement and social support
- Benefits, risks and management options for improving glucose control
- Use of health care systems and community resources

DSMES Team Includes:

The instructional team at an accredited or recognized DSMES program must include at least one Registered Nurse (RN), Registered Dietitian (RD), Pharmacist with training and experience pertinent to DSMES, a Certified Diabetes Educator (CDE) or a professional with a Board-Certified Advance Diabetes Management credential (BC-ADM).

Other considerations for a DSMES program:

- Inclusion of the Centers for Disease Control and Prevention Recognized National Diabetes Prevention Program (NDPP)* can be part of the offerings of the DSMES program for people with prediabetes.
- Medicaid provider organizations already implementing The Diabetes Self-Management Program (DSMP), a Stanford supported community course for people with type 2 diabetes, can take appropriate steps to expand their program to meet DSMES standards for accreditation by AADE or ADA (see Diabetes Self-Management Program Model for Area Agencies on Aging reference).

* A NDPP program can be offered, but it is currently not reimbursed by Colorado Medicaid.

If you need more information about accreditation, or have questions about setting up a DSMES program, please contact either:

AADE: DEAP@aadenet.org or (800) 338-3633

ADA: ERP@diabetes.org or (888)-232-0822

Provider Reimbursement and Medicaid Billing Detail

The accredited facilities or billing providers must be enrolled with Health First Colorado (Medicaid) to be reimbursed. When DSMES is provided in the ambulatory setting the rendering provider (or supervisor of the rendering provider) must also be enrolled in Medicaid.

Initial education must be provided in a continuous 12-month period starting with the first date the DSMES benefit is provided and is reflected on the claim. It is available to clients who have not previously received any services billed under codes G0108 or G0109. In the initial year, the total number of hours billed cannot exceed 10 hours and must be delivered in no less than 30 minute increments. The client is eligible for one hour of individual training and nine hours in a group setting.

After the initial 12-month period, a maximum of 2 hours of follow-up education are available as either individual or group education.

To bill for DSMES, a number of key elements must be in place. The beneficiary must have:

- A diabetes diagnosis
- A written referral for DSMES, provided by a physician provider or qualified non-physician provider

The DSMES program must have:

- Accreditation or recognition from either AADE or ADA;
- A Health First Colorado provider who is able to bill (although supporting members of the medical team can provide DSMES services under the rendering provider);
- A program for maintaining documentation of the beneficiary's diabetes diagnosis in his or her medical record

The procedure codes for this covered service are HCPCS G0108 (30 minutes/unit) for each individual counseling and G0109 (30 minutes/unit) for group counseling. Medicaid members are only allowed 20 combined units of DSMES in the initial year (up to two combined units of G0108 and up to 18 combined units of G0109).

Initial Consecutive 12 Months of DSMES		
HCPCS Code	Description	Allowable Units
G0108	<ul style="list-style-type: none"> Individual outpatient DSMES Medicaid allows for 1 hour Billable in 30 minute increments 1 unit = 30 minutes 	2 units = 1 hour
G0109	<ul style="list-style-type: none"> Group outpatient DSMES 2 or more participants in the group Medicaid allows for 9 hours Billable in 30 minute increments 1 unit = 30 minutes 	18 units = 9 hours
DSMES - Each Year After Initial Consecutive 12 Months		
HCPCS Code	Description	Allowable Units
G0108 and/or G0109	<ul style="list-style-type: none"> Individual and/or group outpatient DSMES Medicaid allows for any combination of 2 hours Billable in 30 minute increments 1 unit = 30 minutes 	4 units = 2 hours

Reimbursement Example

G0108 - 1:1 \$41.61 per patient X ½ hour (1 unit)
 \$41.61 X 2 units X 10 patients = \$832.20

G0109 - Group \$11.42 per patient X ½ hour (1 unit)
 \$11.42 X 18 units X 10 patients = \$2,055.60

TOTAL: \$832.20 + \$2,055.60 = \$2,887.80

**Example uses 2019 rates. Please check the Fee Schedule for current rates.*

<https://www.colorado.gov/hcpf/provider-rates-fee-schedule>

Federally Qualified Health Centers

In order to be reimbursed for the DSMES, the program at a Federally Qualified Health Center (FQHC) must be recognized by the AADE or ADA. If the program at the FQHC is recognized, they can include the costs of DSMES in the cost report and generate an encounter when there is a one-on-one visit with a listed provider (diabetes educators are not listed as eligible to generate an encounter). In programs recognized by the AADE or ADA, the provider is often a physician assistant or advanced practice nurse; therefore, it is likely the FQHC visit will generate an encounter. Even if the visit does not include a provider type that can generate an encounter, the costs associated with a recognized DSMES program can be included in the calculations that determine reimbursement amount.

If the FQHC does not have a DSMES program recognized by the AADE or ADA, the FQHC can refer the patient to a recognized DSMES provider for reimbursed diabetes education, if there is one in the area. If able, they may then work towards accreditation for their existing diabetes education programming. Financial assistance may be available for accreditation fees in certain circumstances.

For More Information:

Colorado Department of Health Care Policy and Financing

<https://www.colorado.gov/pacific/hcpf/diabetes-resource-center>

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You may call Health First Colorado at (303) 866-2993 for additional general inquiries. For billing questions, call (800)-237-0757.

Colorado Department of Public Health and Environment

<https://www.colorado.gov/pacific/cdphe/diabetes-self-management>

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Appendix A

2017 National Standards for Diabetes Self-Management Education and Support

Standard 1 - Internal Structure
The provider(s) of DSMES services will define and document a mission statement and goals. The DSMES services are incorporated with the organization - large, small or independently operated.
Standard 2 - Stakeholder Input
The provider(s) of DSMES services will seek ongoing input from valued stakeholders and experts to promote quality and enhance participant utilization.
Standard 3 - Evaluation of Population Served
The provider(s) of DSMES services will evaluate the communities they serve to determine the resources, design and delivery methods that will align with the population’s need for DSMES services.
Standard 4 - Quality Coordinator Overseeing DSMES Services
A quality coordinator will be designated to ensure implementation of the Standards and oversee the DSMES Services. The quality coordinator is responsible for all components of DSMES, including evidence-based practice, service design, evaluation and continuous quality improvement.
Standard 5 - DSMES Team
At least one of the team members responsible for facilitating DSMES services will be a registered nurse, registered dietitian nutritionist or pharmacist with training and experience pertinent to DSMES or be another health care professional holding certification as a diabetes educator (CDE) or Board Certification in Advanced Diabetes Management (BC-ADM). Other health care workers or diabetes paraprofessionals may contribute to DSMES services with appropriate training in DSMES and with supervision and support by at least one of the team members listed previously.
Standard 6 - Curriculum

A curriculum reflecting current evidence and practice guidelines, with criteria for evaluating outcomes, will serve as the framework for the provision of DSMES. The needs of the individual participant will determine which elements of the curriculum are required.

Standard 7 - Individualization

The DSMES needs will be identified and led by the participant with assessment and support by one or more DSMES team members. Together, the participant and DSMES team member(s) will develop an individualized DSMES plan.

Standard 8 - Ongoing Support

The participant will be made aware of options and resources available for ongoing support of their initial education and will select the option(s) that will best maintain their self-management needs.

Standard 9 - Participant Progress

The provider(s) of DSMES services will monitor and communicate whether participants are achieving their personal diabetes self-management goals and other outcome(s) to evaluate the effectiveness of the education intervention(s), using appropriate measurement techniques.

Standard 10 - Quality Improvement

The DSMES services quality coordinator will measure the impact and effectiveness of the DSMES services and identify areas for improvement by conducting a systematic evaluation of process and outcome data.

More detailed information on the 2017 DSMES National Standards can be found at: <http://care.diabetesjournals.org/content/40/10/1409>

References

1. American Association of Diabetes Educators. (2013). *Diabetes Education Definitions and Fact Sheet*. Retrieved from www.diabeteseducator.org/DiabetesEducation/Definitions.html.
2. Beck, J. Greenwood, D.A., Blanton, L., Bollinger, S.T., Butcher, M.K., et al. (2017, October). 2017 National Standards for Diabetes Self-Management Education and Support. Retrieved from <https://care.diabetesjournals.org/content/40/10/1409>
3. American Association of Diabetes Educators. (2013). *AADE7 Self-Care Behaviors*. Retrieved from www.diabeteseducator.org/ProfessionalResources/AADE7/.
4. Diabetes Self-Management Program Model for Area Agencies on Aging, Timothy P. McNeill, RN,MPH, www.ncoa.org/assets/files/pdf/webinars/DSMT-Group-Presentation-Slides_v2-0_Final-2.pdf.
5. Berg G.D., Wadhwa S.(2002). Diabetes Disease Management in a Community-based Setting. *Managed Care*. 11:45-50.
6. Robbins J.M., Thatcher G.E., Webb D.A., Valdmanis V.G. (2008, January). Nutritionist Visits, Diabetes Classes, and Hospitalization Rates and Charges: The Urban Diabetes Study. *Diabetes Care*. 4:655-60.
7. Duncan I., Birkmeyer, C., Coughlin, S., Li, Q.E., Sherr, D., Boredn, S. (2009). Assessing the Value of Diabetes Education. *The Diabetes Educator*. 35(5):752-60.
8. Community Health Workers in Diabetes Management and Prevention, American Association of Diabetes Educators (AADE) Position Paper, 2013.