

Diabetes Self-Management Training Tip Sheet for Medicare Accreditation and Reimbursement

To provide Area Agencies on Aging, community planners, and healthcare professionals with valuable information and insights that will help them develop and operate cost-effective, accredited DSMT programs that meet CMS guidelines for Medicare reimbursement.



Why Seek Accreditation for Diabetes Self-Management Training?

Area Agencies on Aging or other community-based organizations can play an integral role in expanding the use of Medicare's Diabetes Self-Management Training (DSMT) benefit among underserved older adults with a diagnosis of diabetes by seeking accreditation for their diabetes education program using Stanford's Diabetes Self-Management Program as the core curriculum of an expanded program that meets the ten National Standards. According to the Centers for Medicare & Medicaid Services CMS data for 2011, 28% of Medicare beneficiaries have a diagnosis of diabetes, yet the American Association of Diabetes Educators (AADE) estimates that only 1.5% of eligible Medicare beneficiaries have used their DSMT benefit.

The Administration on Aging has developed a detailed [Toolkit](#) on the steps involved in attaining DSMT accreditation and Medicare reimbursement and also [Frequently Asked Questions](#).

What Do I Need to Get Started?

- Establish a partnership with a Medicare provider or obtain or have an existing Medicare provider number to bill Medicare for DSMT. An entity cannot become an approved Medicare provider if they only provide DSMT. The provider must have a primary service, other than DSMT, in order to be a Medicare provider. However, DSMT can be the secondary service to Medical Nutrition Therapy (MNT), see Chapter four of the [Toolkit](#).
- CMS provides reimbursement for up to 10 hours of DSMT provided to an eligible beneficiary. When combined with MNT (a 3 hour benefit), the reimbursement stream can be sustainable.
- Apply to the American Diabetes Association (ADA) or AADE for accreditation of your program. CMS only pays claims for accredited DSMT programs.
- A complete needs assessment is necessary prior to making the initial financial and organizational commitment to start a new DSMT program, see Chapter 14 of the [Toolkit](#).

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- Understand that community-based DSMT programs can co-exist with institutional-based programs. A community-based program can serve as a resource for consumers who are not able or willing to attend an institutional-based program.
- Determine your true cost of delivering the program; without this knowledge, you are negotiating blind. A detailed understanding of expenses and revenues is necessary; in order to know the program's projected level of surplus, see Chapter 16 of the [Toolkit](#).
- Establish an agreement between you and your Medicare provider partner (if applicable) before claims are submitted to Medicare that defines the responsibilities of each organization and how the funds will be handled, see Chapter 20 of the [Toolkit](#).
- Understand that the Stanford Diabetes Self-Management Program does not have all the elements required to meet the National Standards for accreditation. It can be used as an approved curriculum in an accredited DSMT program as long as it is part of an expanded program that meets the ten National Standards.
- Know your target audience; beneficiaries must have a diagnosis of diabetes and be enrolled in Medicare Part B to be eligible for DSMT. For beneficiaries with a diabetes diagnosis who have Part C, the Medicare provider must establish an agreement with the applicable Advantage Plan administrator.
- Know that a provider cannot use incentives to encourage Medicare beneficiaries to use the service (e.g., take the class). However, diabetes education materials (such as a self-management book or other course book) are an essential part of the DSMT service and are NOT viewed as incentives for the consumer to attend a DSMT class.

Why Health Care Providers are interested in this Benefit

- Many national insurers have a core mission to improve health outcomes through health promotion and education efforts including Medicare Advantage Plans, Medicaid Managed Care Plans, and traditional health insurance plans.
- All insurance plans, including Medicare Advantage plans, are graded according to Healthcare Effectiveness Data and Information Set [measures](#), which are heavily weighted towards diabetes outcomes.
- Patient-Centered Medical Homes and Accountable Care Organizations (ACOs) have a focus on lowering costs for persons with chronic disease.
- Many payers, including Medicare, are moving towards a system of paying for outcomes. This is also known as pay for performance. Diabetes self-management is an essential component to improving health outcomes for consumers with a diagnosis of diabetes.

Other resources on the DSMT benefit include three NCOA webinars:

- [Diabetes Self-Management Training](#)
- [The Ins and Outs of Selling EBPs \[Evidence-Based Programs\] to Health Care](#)
- [Obtaining Diabetes Self-Management Accreditation and Medicare Reimbursement: What States Need to Know](#)

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