Key Questions for Employers to Ask Their Health Plan Provider

Diabetes Management Benefits

Access to diabetes management benefits such as diabetes self-management education and support (DSMES), medical nutrition therapy (MNT), and pharmacy and durable medical equipment (DME) benefits is critical for the health of your workforce. These may already be covered benefits available to your employees or you may be able to negotiate with your health plan provider to offer them. Health plan providers often structure their benefits on Medicare guidelines but each plan varies. You can use this document as a starting point for talking with your health plan provider to ensure the availability and adequacy of these benefits for employees and their dependents with diabetes.

Defining Diabetes Management Benefits

Diabetes Self-Management Education and Support

Equips people with diabetes with the knowledge, skills, and confidence to accept responsibility for their self-management. DSMES services generally require a diagnosis of diabetes and, frequently, a written referral from a treating physician or a qualified non-physician practitioner, such as a nurse practitioner, who is treating the person with diabetes. DSMES that is either accredited by the Association of Diabetes Care and Education Specialists (ADCES) or recognized by the American Diabetes Association (ADA) is backed by evidence assuring its value.

Medical Nutrition Therapy

Offers comprehensive and intensive nutrition counseling by a registered dietitian. MNT provided by a registered dietitian is associated with a decrease in A1C for people with type 1 and type 2 diabetes.

Pharmacy and Durable Medical Equipment Benefits

Provides prescription medications, insulin, and supplies for diabetes such as blood glucose monitors, test strips, lancets, insulin syringes, and alcohol swabs through pharmacy benefits. Additional supplies including continuous glucose monitors (CGM), insulin pumps, and pump supplies may be provided as a pharmacy benefit or through the DME benefit.

How to Prepare to Talk to Your Health Plan Provider

Before talking to your health plan provider, familiarize yourself with some of the most common benefits for people with diabetes including DSMES (commonly referred to as diabetes self-management training, or DSMT, for billing and coding purposes), MNT, and pharmacy benefits.

These questions will help you prepare:

Who should you contact?

- Start with the account manager at your health plan or a third-party administrator, such as an insurance broker.
- If you choose to discuss with an insurance broker instead of directly with a health plan account manager, your broker can facilitate a conversation with the health plan provider. The health plan account manager may invite other subject matter experts as needed.

When should you talk to your health plan provider?

- Talk to your health plan provider several months before you want to offer diabetes management benefits, including DSMES and MNT offerings. You may be able to launch DSMES offerings before your annual benefit renewal period.
- If your provider doesn't already cover accredited and/or recognized DSMES services, the annual benefit renewal period may be a good time to discuss adding it.

Does your health plan offer pharmacy benefits, accredited/recognized DSMES services, and MNT as covered benefits?

Verify the medical billing codes for pharmacy benefits. Billing codes for DSMT are G0108 for individual classes and G0109 for group classes. MNT is billed in 15-minute increments. Medical billing codes for MNT for an initial assessment is 97802, for a follow-up visit is 97803, and a group visit is 97804. For a comprehensive listing of diabetes billing codes, see the ADCES Diabetes Coding Table.

If your health plan offers these benefits, ask for details, such as:

- Eligibility requirements, like blood tests or diagnosis by a doctor.
- In network and out-of-network considerations.
- Coverage variations for high deductible health plans.
- Pre-authorization requirements, co-pays, and related issues.
- Length of benefit(s).
- List of covered services.

Questions to Ask

Although your health plan provider likely offers an array of diabetes management services as covered benefits, you'll need the answers to several key questions to help you know what is available to your workforce.

This section outlines questions to ask to get the information you need. Some of these questions should be directed to your health plan provider. Some should be directed to the third-party vendor or an accredited/recognized provider that you are considering contracting with to deliver DSMES or MNT.

Your health plan provider, third-party administrator, or insurance broker can help you direct your questions to the correct source and get the answers you need.

If your health plan provider offers DSMES services as a covered benefit, then actions related to delivery, payment, and claims processing may be handled by one or more third-party vendors.

For example, your organization may choose:

- Program delivery through a contractor or accredited/recognized DSMES provider, instead of directly through the health plan.
- Payment and claims processing through a third-party vendor, instead of through the health plan.

Accredited/recognized DSMES providers meet the 2022 National Standards for DSMES.

Questions About Contracting

- Do you use third-party vendors for program delivery and benefits administration?
- Is the contract between the health plan provider and the accredited/recognized organization? Or is it directly between our company and the accredited/recognized organization?
- Will we be able to communicate directly with the vendor? Or do we communicate with the vendor through the health plan provider?

Depending on how the program is structured, the following questions could be answered directly by your health plan provider or by an accredited/recognized DSMES service provider.

Questions About MNT and DSMES Program Benefits and Delivery

- Do you have benefit limits for MNT and DSMES? For instance, Medicare covers:
  - Unlimited MNT.
  - DSMES reimbursement for 10 hours initially plus an additional two hours annually thereafter. In this case, ask the health plan provider to consider offering a 10-hour DSMES benefit at each of the four critical times recommended by several organizations: 1. Upon initial diagnosis 2. Annually or when targets are not being met 3. When life transitions occur such as the death of a close family member or friend 4. When there are complicating factors such as worsening eyesight or lower limb amputations.
- Do you have a list of preferred, in-network, accredited/recognized DSMES programs? Note there may be services that are not accredited/recognized on the covered list.
  - Do we have to use one of these programs, or can we use an out-of-network program?
  - What are the implications of using an out-of-network program?
- What are copays and other costs to employees for utilizing MNT and DSMES benefits?
- What delivery modalities do in-network, accredited/recognized programs offer? In-person? Telehealth? Other?
- Is telehealth delivery covered under medical billing codes G108 and G109? Is telehealth covered at the person's home or does the person need to go to a different site? Is the telehealth by telephone only or are there opportunities for video?
- Can we participate in one or more of the classes offered by accredited/recognized programs to understand how our employees will experience the program?
- Who can offer MNT? Is the MNT benefit limited to registered dietitians that are affiliated with specific health systems?

Questions About Pharmacy and DME Benefits

- What diabetes and diabetes-related medications are covered in the formulary?
- What is the process for covering unproven but commonly prescribed medications for diabetes and diabetes-related conditions?
- What additional discounts, incentives, or options are available to beneficiaries to make insulin costs more affordable?
- What are copays and other costs to beneficiaries for commonly prescribed diabetes and diabetes-related medications?
- Do you offer any incentives to beneficiaries with diabetes who are actively managing diabetes? For instance, are incentives offered to people who are keeping their A1C numbers within a certain range?
- What diabetes supplies are included in your pharmacy benefits and your DME benefits? Are common glucometers covered? Continuous glucose monitors? Insulin pumps? What are copays and other costs to claimants for these items?

Questions About Payment and Claims Processing

- Who will handle the billing and claims process?
- Are there administrative fees or other charges for this service?
- Are there any special considerations if a high deductible health plan is offered?
- What are associated costs (e.g., copays and coinsurance costs) for employees for MNT, DSMES, and pharmacy benefits?
- What type of payment model does the health plan provider use for DSMES and MNT services?

Questions About Data Sharing and Reporting

- Will data reports be provided by the health plan provider or directly from the accredited/recognized program?
- What type of data and metrics can be expected? Will the metrics include:
  - Medication adherence including adherence to blood pressure medications?
  - Foot care?
  - Weight?
- Will the data reports solely be from participating employees from our organization or combined with data of all participants?
- What is the standard process for sharing data?
  - Will it come directly to the employer or to the health plan provider?
  - Will the employer have access to databases or biannual reports?
- Does the health plan provider or accredited/recognized program have the appropriate capabilities to report data to their accreditor and to provide the employer with standardized reports?
- Does the health plan provider or accredited/recognized program have processes in place to comply with HIPAA standards and ensure data security?

Questions About Employee Participation and Program Success Rates

Eligibility

- How are eligible employees identified?
  - Health plan providers and accredited/recognized service providers may have multiple approaches, like claims-based analysis or predictive modeling.
- Does the health plan provider have specific eligibility requirements they use beyond a diagnosis of diabetes and a medical referral?
- Is employee enrollment continuous or only possible at certain times? For instance, is employee enrollment limited to diagnosis, annually or when not meeting treatment goals, when complicating factors develop, when transitions in life and/or care occur, or a combination of the four?

Engagement

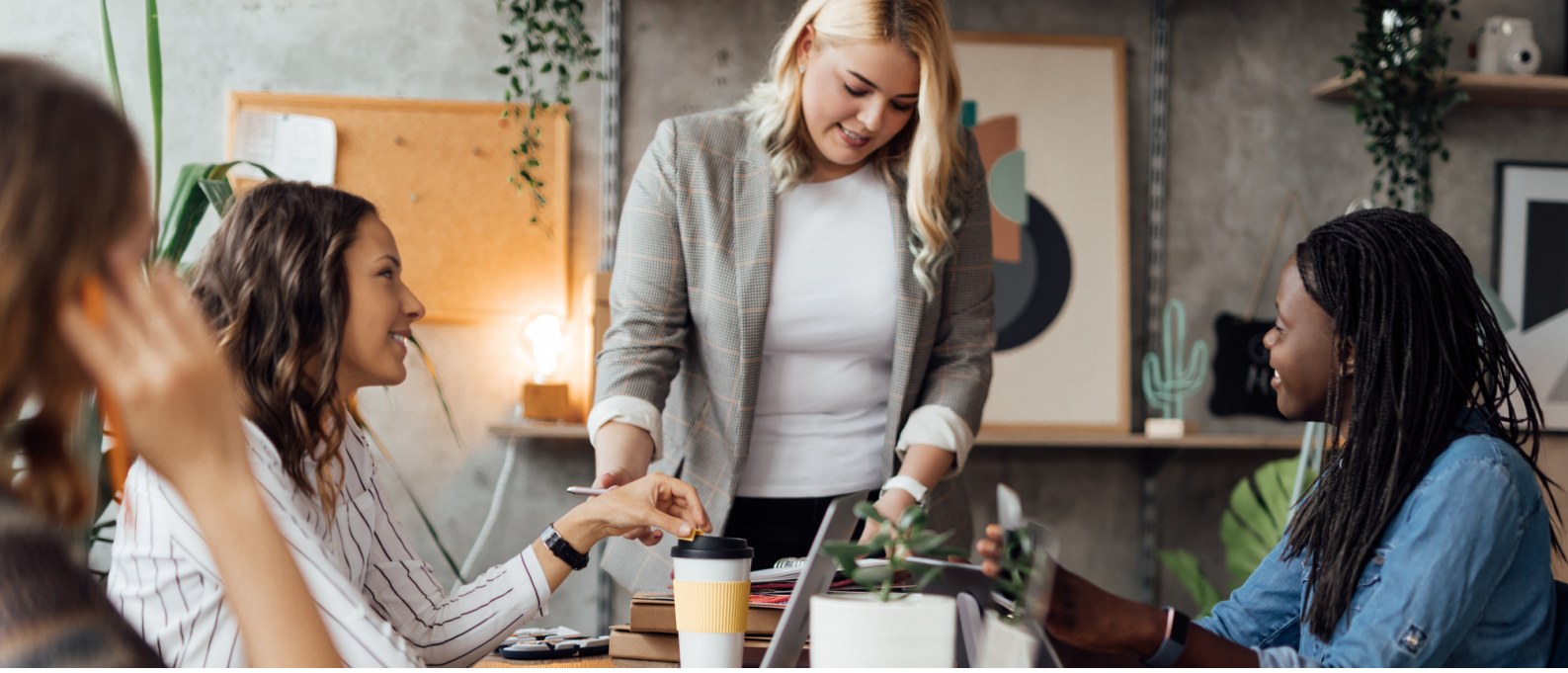
- Will the health plan provider or the accredited/recognized service provider communicate directly with employees about the program?
- How are eligible beneficiaries encouraged to participate in accredited/recognized DSMES services rather than use the benefits for individual calls with a nurse?
- What are the communication and marketing strategies or options (e.g., email, phone, text, or marketing blasts)?
- How does the health plan provider determine the intended audience to receive marketing and communication information about the benefits?
- What communication and engagement options do you offer for initial rollout and ongoing outreach to eligible employees in an organization?

Retention

- What retention strategies or incentives are recommended for employees who participate in DSMES and MNT programs?

Success Rates

- If the health plan provider currently administers DSMES benefits for any of the employers they service, how many of these employers offer the program through the health plan provider, and how long have they been offering it?
- How many total beneficiaries does the health plan provider have using DSMES and/or MTM benefits now? How many have they had since they began offering these as covered benefits?
- How does the health plan provider determine and measure success (e.g., by each milestone achieved or by the percentage of participants who are at goal or by decreased hospitalization or emergency department visits due to diabetes related complications such as hypoglycemia)?



Other Important Benefits to Discuss

This is a good opportunity to also discuss the availability and adequacy of other employee benefits including access to type 2 diabetes prevention. To learn more about type 2 diabetes prevention and the National Diabetes Prevention Program lifestyle change program, visit www.HealmAtWork.org.

For more information about how to work with health plan providers, third-party administrators, and insurance brokers to provide diabetes management services for your employees, see the Center for Disease Control and Prevention's DSMES Toolkit.

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