

Update:

Prediabetes/Diabetes Screening and Prevention



Private Insurance – What’s New?

In October 2015 the U.S. Preventive Services Task Force (USPSTF) released updated guidelines on screening for abnormal blood glucose and type 2 diabetes. **The USPSTF recommends clinicians screen for abnormal blood glucose (prediabetes) and type 2 diabetes in individuals aged 40 to 70 years old who do not have symptoms of diabetes and are overweight or obese. In addition, the USPSTF recommends clinicians offer or refer patients found to have prediabetes to intensive behavioral counseling interventions to promote a healthful diet and physical activity.**

The USPSTF further recommends clinicians screen patients younger than 40 if they have one or more of the following characteristics:

- family history of diabetes
- a history of gestational diabetes or polycystic ovarian syndrome
- African American, American Indian or Alaska Native, Asian American, Hispanic or Latino, or Native Hawaiian or Pacific Islander.

Nearly 3 times more adults are eligible for screening under the new USPSTF recommendation compared to the 2008 version. The new, comprehensive guideline has the potential to detect most cases of undiagnosed prediabetes and diabetes especially in racial and ethnic minorities who are disproportionately impacted by the disease.

Implications for Private Insurance

The Affordable Care Act (ACA) requires private health insurers to cover USPSTF recommendations rated “A” or “B” at no cost to patients; the prediabetes/diabetes recommendation received a “B” rating. Beginning January 2017, health plans are required to cover, at no cost to the patient, screening for prediabetes and diabetes as well as participation in intensive behavioral counseling interventions (diabetes prevention programs) for individuals screened and determined to have prediabetes.

Implications for Medicaid

The ACA provides states a one percentage point increase in their federal Medicaid match rate for preventive services if they cover, without cost sharing, all adult preventive services recommended by USPSTF and the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP) for newly eligible Medicaid beneficiaries. A handful of states have submitted state plan amendments (SPAs) to receive the increase. Beginning in 2017, these states will be required to cover diabetes screening and participation in diabetes prevention programs for the Medicaid expansion population.

Medicare – What’s New?

In March 2016, the Department of Health and Human Services announced a proposal for Medicare to begin covering diabetes prevention programs for seniors with prediabetes. The announcement was based on a successful demonstration project by the YMCA of the USA, funded through the Centers for Medicare and Medicaid Innovation, that found seniors who participated in the YMCA’s Diabetes Prevention Program reduced their risk of developing diabetes and saved \$2,650 over 15 months in reduced health care expenditures.

Implications for Medicare Beneficiaries

Medicare is expected to begin covering the National Diabetes Prevention Program at no cost to seniors with prediabetes in either 2017 or 2018. Nearly 1,000 organizations nationwide currently deliver the National DPP. Additional information about implementation of this new Medicare benefit is unavailable at this time but more information is expected in June 2016 as part of the annual Physician Fee Schedule rule released by the Centers for Medicare and Medicaid Services.

Key Take-away

When combined and fully implemented, the USPSTF recommendation and the Medicare coverage proposal will result in most Americans having insurance coverage for diabetes screening and diabetes prevention programs at no cost.

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