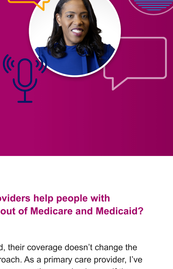
Your patients with Medicare and Medicaid might have more coverage than you think

Tech-up Perspectives
Issue 6



Welcome to another Diabetes Tech-up™ monthly newsletter! In this issue, Diabetes Tech-up™ podcast cohost Dr Alicia Shelly breaks down Medicare and Medicaid coverage options for tech.

There's also a new podcast episode all about access to tech as well as a new article from diabetes educator Amy Hess-Fischl about how to have conversations with patients who may benefit from expensive diabetes tech.

Dr Shelly, how can providers help people with diabetes get the most out of Medicare and Medicaid?

For patients covered by Medicare or Medicaid, their coverage doesn't change the subject of our visits, but it can inform my approach. As a primary care provider, I've found it's important to feel prepared for these conversations, so I ask myself three questions:

- Do I know whether the tech I want to prescribe is covered?
- Am I confident my practice is equipped to offer patients support?
- How can I help my patients maintain confidence in their coverage?

1. Staying informed about government insurance

One of the biggest coverage changes in recent memory is Medicare expanding access to continuous glucose monitors (CGMs).

Previously, a person had to be receiving multiple daily injections of insulin to qualify for a CGM. Now, all people with diabetes who are prescribed insulin are also eligible for CGM coverage under Medicare.[1]

To get the word out about big changes like this one, you've got to hear the word. That's why I value the information from our representatives—they help me stay current on major updates to government health insurance policy. There are also tools anyone can consult to find up-to-date information and answer questions.

- The Centers for Medicare & Medicaid Services publish all the latest coverage determinations and other detailed information to the Medicare Coverage Database.
- For CGMs in particular, the Association of Diabetes Care & Education Specialists has an excellent tool for understanding specific coverage requirements.

Medicaid coverage for diabetes tech varies by state, but there are still reliable ways to stay knowledgeable. I have a strong relationship with my local medical society, and you may also find it worthwhile to subscribe to updates from your state's Department of Health and Human Services.

2. Defining roles within your team

Once I'm confident I know what is covered, I want to make sure my practice is ready to support our patients. Any change in coverage means we should also be changing our prescribing habits, so that means it's time for a conversation with my colleagues.

For example, coverage changes can also impact the prior authorization process. Within my practice, some of our nurses are dedicated to this process, so we make sure they have new information as soon as possible by staying current with the resources mentioned above.

Consider how you can streamline the flow of information in your own practice. How does communication about coverage move from you to your nursing team to your administrative staff? You might come up with a different answer than my team, but what matters is that patients receive the care they need.

3. Empowering patients to understand their coverage

My individualized approach to patient care extends to knowing their coverage. It makes a difference when I can walk into an appointment and say, "OK, your insurance covers this much of the cost of an insulin pump. How do you feel about trying one out? Let's talk about how it might affect your daily management."

I think it's important that my patients can verify what I tell them. That's why I recommend they follow up with their insurance rep, and I also point patients toward Medicare.gov/coverage, a good resource for answering basic questions about coverage.

For people receiving coverage via Medicaid, each state offers different support, but Medicaid.gov does have a page of general Beneficiary Resources.

4. Accounting for a change in coverage

Remember that timing can be a critical part of these conversations. Many people covered by Medicare have to negotiate a coverage gap, which is a temporary limit on how much of their medication cost is covered by their plan.[2] I recommend talking to your patients about how the coverage gap might affect their ability to pay for tech.

Not all insurance is created equal, and most patients know that—especially those who are transitioning to government insurance from a commercial plan.

Returning to the example of CGM coverage, most of my patients taking insulin qualify for a CGM under Medicare. However, I also have diabetes patients who aren't taking insulin, and they may need a commercial plan if they want coverage for a CGM.[1]

Key takeaway

When my patients have a change in insurance, I make sure to check in and ask how they are feeling about their budget under the new coverage.

As a provider, I want to help my patients get actively involved in their care—that includes knowing the ins and outs of their coverage. To do that, I *also* need to be familiar with their coverage, or at least put myself in a position to help them find answers.

I find the best patient conversations come when both of us are on equal footing. When we both know what's possible, we can collaborate to reach better outcomes.

Alicia Shelly, MD, FACP

Dr Shelly is a primary care provider who regularly sees patients with diabetes. She is a board-certified internal medicine physician at Wellstar Primary Care in Douglasville, GA.
Dr Shelly received a fee from Novo Nordisk for her participation.

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Our cohosts talk about how to overcome prescribing inertia and discuss educational resources to help both patients and providers learn about diabetes tech.

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ARTICLE
The dollars and sense of diabetes tech: How I talk with patients when tech cost is a barrier

How can we turn potentially awkward conversations about money into collaborative problem-solving sessions focused on the value of diabetes tech?

Amy Hess-Fischl, MS, RDN, LDN, BC-ADM, CDCES | **8 min read**

Read the article →

References:

1. Moreau D. Final Medicare continuous glucose monitor (CGM) policy goes into effect April 16th. Danatech Diabetes Technology @ ADCES. April 7, 2023. Accessed August 2023. https://www.diabeteseducator.org/danatech/latest-news/danatech-latest-news/2023/04/07/final-medicare-continuous-glucose-monitor-(cgm)-policy-goes-into-effect-april-16th
2. Costs in the coverage gap. Medicare.gov. 2024. Accessed January 30, 2024. https://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/costs-in-the-coverage-gap

The Mission of Diabetes Tech-up™

Diabetes Tech-up™ is sponsored by Novo Nordisk, a global leader in diabetes. We believe that adoption of innovative technologies can help appropriate patients better manage diabetes. Our goal is to help providers on the front line of diabetes care strengthen their understanding of diabetes technologies and implement them where they can have the greatest impact.