



# Your guide to diabetes accreditation and recognition

Meeting the requirements for AADE Accreditation or ADA Recognition can seem complicated and costly. This guide can help you:

- Know the benefits of pursuing accreditation or recognition
- Compare the requirements of the two Medicare-approved accrediting organizations

Standard 5 of the 2019 Standards of Medical Care in Diabetes, “Lifestyle Management: Standards of Medical Care in Diabetes,” highlights the importance of supporting lifestyle management as a fundamental aspect of diabetes care and specifically recommends diabetes self-management education and support (DSMES).

## Review the basics

### What is DSMES?

DSMES is an evidence-based set of standardized services designed to help people with diabetes and their healthcare teams prevent or delay costly diabetes complications and negative impacts of the disease on the patient’s quality of life. There are multiple studies that demonstrate significant cost savings with the use of DSMES, even though the rate of use of DSMES is low nationally. Experts have identified significant benefits when patients receive DSMES at diagnosis, annually, when new complicating factors occur and during transitions in care.

### Getting paid for your services

Many pharmacies have implemented and received payment from their DSMES services. Sources include:

- Patients, who pay cash
- Third parties, such as employers, foundations, private insurers, government entities and other plans

### Top four reasons to pursue accreditation or recognition

1. Ability to bill Medicare and other insurers for diabetes self-management training (DSMT)
2. Improved care and health status reporting
3. Demonstrating alignment with quality improvement and population health goals
4. Gaining access to resources and support from the accrediting organization

### Medicare opportunity

The largest government payer, Medicare, covers group and individual diabetes education services for eligible beneficiaries under certain circumstances, requirements and limits that were originally set up in Section 4105 of the Balanced Budget Act of 1997. Medicare uses the term DSMT for these services.

While there are a number of eligibility requirements needed for the patient, Medicare will only accept claims from DSMT providers who are enrolled as pharmacy providers and have demonstrated adherence to the current National Standards for DSMES as certified by one of two accrediting organizations:

- American Association of Diabetes Educators (AADE) Accreditation
- American Diabetes Association (ADA) Recognition

**Pharmacies who want to bill Medicare for DSMES services need to satisfy and maintain requirements from one of the two accrediting organizations before updating your account in the Provider Enrollment, Chain, and Ownership System (PECOS).**

## Start with your services

The key responsibility that the AADE and the ADA have as accrediting organizations is to be sure that providers follow the most recent National Standards for DSMES. The National Standards are updated approximately every five years, with the most recent update published in 2017 in *Diabetes Care*.

### Having second thoughts?

Even if your pharmacy decides not to pursue accreditation or recognition, the standards will help you create services that are based on accepted, evidence-based components. Both accrediting organizations require providers seeking accreditation or recognition to have active services with patients who have completed programming before applications are submitted. Using the National Standards as a road map is a great place to start.

### Key components of the National Standards for DSMES

The National Standards for DSMES is a collection of 10 individual standards that serve as a foundation for the development and delivery of quality patient services.

**Standard 1 – Internal Structure** focuses on the reporting structure of the organization that will deliver DSMES to ensure that the program services are thoughtfully integrated within the organization. No matter the size of the provider, the first step is to document a leadership and provider structure, mission statement and goals, and defined relationships that will make your program successful.

**Standard 2 – Stakeholder Input** sets expectations for defining all the stakeholders of your program. When setting up services, it is important to get input from all the individuals who will be impacted by your DSMES. Other members of the healthcare team, including doctors, nurses and dietitians, may be considered, as well as patients and community leaders.

**Standard 3 – Evaluation of Population Served** starts with a needs assessment of the community your pharmacy will serve. It is documented that many patients who are candidates for DSMES do not participate. Spending some

time analyzing the barriers of patients in your community can lead to formation of creative solutions that will make your services better.

**Standard 4 – Quality Coordinator** requires the identification of a dedicated and qualified quality coordinator to lead the collection and evaluation of data that can identify gaps in the quality and effectiveness of your pharmacy's services.

**Standard 5 – DSMES Team** sets up the training and experience requirements for the individuals who can create and deliver DSMES. Pharmacists who have training and experience with DSMES can fill this role. Advanced certifications such as earning the Certified Diabetes Educator (CDE) credential or board certification in advanced diabetes management (BC-ADM) can be helpful but are not required to establish services.

**Standard 6 – Curriculum** defines the core content areas that must be a part of the curriculum provided to participants. The key areas include diabetes pathophysiology and treatment options; healthy eating; physical activity; medication usage; monitoring and using patient-generated health data (PGHD); preventing, detecting, and treating acute and chronic complications; health coping and psychosocial concerns; and problem solving. Additionally, the services should include instruction on navigating the health system, learning self-advocacy and e-health education. These components should be integrated into a learning plan that is tailored to the needs of each patient and is adapted for age, diabetes type, developmental and cultural factors, health literacy, and numeracy and comorbidities.

**Standard 7 – Individualization** outlines requirements to allow individualization of services to meet each participant's needs.

**Standard 8 – Ongoing Support** describes the need for ongoing support with options for retraining and additional resources to support participants as their needs change.

**Standard 9 – Participant Progress** lists the requirements for monitoring progress about participant achievement of personal self-management goals and other outcomes.

**Standard 10 – Quality Improvement** identifies the quality improvement processes that must be in place to ensure the quality of services is constantly maintained.

## Select the right option for your pharmacy

If your pharmacy would like to pursue accreditation or recognition, it is important to compare the requirements for applying and how each organization assesses compliance with the National Standards. There are subtle differences in the documentation expected and other factors.

FACTORS	AADE ACCREDITATION PROCESS	ADA RECOGNITION PROCESS
Initial application cost	<ul style="list-style-type: none"> <li>• \$1,100 for first site</li> <li>• \$100 for additional branch locations</li> <li>• Additional community sites are free</li> </ul>	<ul style="list-style-type: none"> <li>• \$1,100 for first site</li> <li>• \$100 for additional multi-sites</li> <li>• Unlimited expansion sites are free</li> </ul>
Initial application process requirements	<ul style="list-style-type: none"> <li>• Complete online application</li> <li>• Upload supporting documentation</li> <li>• Complete telephone interview</li> </ul>	<ul style="list-style-type: none"> <li>• Set up access to ADA application portal</li> <li>• Complete online application</li> <li>• Submit supporting documentation</li> </ul>
Initial supporting patient documentation requirements	<ul style="list-style-type: none"> <li>• Documentation submitted must show that at least one patient has completed the program and follow-up</li> <li>• Must collect at least one clinical and one behavioral outcome</li> </ul>	<ul style="list-style-type: none"> <li>• Documentation submitted must show that at least one participant has completed an initial DSMES cycle</li> <li>• Must collect at least two outcomes, including participant-defined goal attainment and one other metabolic, clinical or quality of life goal and attainment</li> </ul>
Initial application submission period limits	<ul style="list-style-type: none"> <li>• Application must be submitted within 90 days of beginning the application process</li> </ul>	<ul style="list-style-type: none"> <li>• Application must be submitted within 90 days of the end of the reporting period for collection of patient documentation</li> </ul>
Expected initial application review time	<ul style="list-style-type: none"> <li>• 4 to 6 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 30 days, processed as first come, first served</li> </ul>
Audit potential	<ul style="list-style-type: none"> <li>• On-site audits are conducted by volunteer auditors with 2 weeks' notice</li> <li>• Rate is 5% (minimum 44/maximum 70 audits per year)</li> </ul>	<ul style="list-style-type: none"> <li>• On-site audits are conducted by volunteer auditors with 2 weeks' notice</li> <li>• Rate is 5% with cap of 70 audits per year</li> </ul>
Annual status report requirement	<ul style="list-style-type: none"> <li>• Must be submitted within a window of 30 days prior and 30 days after annual anniversary date</li> </ul>	<ul style="list-style-type: none"> <li>• Must be submitted annually</li> </ul>
Length of accreditation/ recognition once granted	<ul style="list-style-type: none"> <li>• 4 years</li> </ul>	<ul style="list-style-type: none"> <li>• 4 years</li> </ul>
Renewal application cost (after 4-year period)	<ul style="list-style-type: none"> <li>• \$1,100 for first site</li> <li>• \$100 for additional branch locations</li> <li>• Additional community sites are free</li> </ul>	<ul style="list-style-type: none"> <li>• \$1,100 for first site</li> <li>• \$100 for additional multi-sites</li> <li>• Unlimited expansion sites are free</li> </ul>
Renewal process requirements	<ul style="list-style-type: none"> <li>• Gather de-identified chart, stakeholder meeting minutes, and CQI plan and results</li> <li>• Submit annual status report</li> <li>• Submit online application</li> <li>• Pay fee</li> </ul>	<ul style="list-style-type: none"> <li>• Complete online application</li> <li>• Submit supporting documentation</li> </ul>

## Resources for success

The CDC offers a **DSMES Toolkit** that provides a detailed summary of important application aspects and in-depth tools and guides to help applicants understand how the organization interprets and measures each standard.

They also provide templates and sample documents that can be modified when assembling the documentation needed for the application.



### Looking for additional resources?

Visit **myHealthMart.com** to gain the knowledge, confidence and skills to become a diabetes destination and to give your patients comprehensive diabetes care and support.

#### References:

American Diabetes Association. 5. Lifestyle Management: Standards of Medical Care in Diabetes. — *Diabetes Care*. 2019; 42(Suppl. 1):S46–S60.

"Diabetes Self-Management Education and Support (DSMES) Toolkit." Centers for Disease Control and Prevention website. <https://www.cdc.gov/diabetes/dsmes-toolkit/accreditation-recognition/requirements.html>. Accessed 18 Sep 2019.

Beck, J, Greenwood, D A, Blanton, L, et al. "2017 National Standards for Diabetes Self-Management Education and Support." *Diabetes Care* 2017 Oct; 40(1): 1409-1419. <https://care.diabetesjournals.org/content/40/10/1409>. Accessed 17 Sep 2019.



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