

DSME Readiness Review

Medicare Provider Partner

Identify Medicare/Medicaid/MCO provider that will partner in the delivery of DSMT

- Partner agrees to enter into a MOU that defines how reimbursement will be used to cover program expenses and revenue over expenses (Surplus)
- If Partner is a FQHC, the organization understands the DSMT billing process for FQHCs
- Community sites and branch sites are acceptable sites for Medicare Partner to provide services

The Medicare/Medicaid/MCO provider has the capacity to bill and collect for services

- Partner has a current Medicare/Medicaid/MCO provider number
- Partner has a National Provider ID
- Partner agrees to accept the liability for billing for DSMT services
- Partner has the capacity to bill and collect for services
- Consumer consent process agreed upon by both parties
- Partner has a contract with a billing agency or in-house billing capacity
 - Billing capacity also includes the ability to track and correct denied claims
- Ability to segregate and track receivables and provide ad-hoc reports on DSMT collections

Clinical Staff

- CBO and Medicare/Medicaid/MCO provider partner agree on each organization's contribution to staffing
- Cost of staffing for each organization is factored into the total cost of delivering the program
- Clinical supervision personnel are identified for each proposed location that DSMT will occur

Medical records/HIPPA

- Process for storing and securing protected health information in place
- Education records must adhere to HIPPA standards for protection of health information
- Records must be stored and made available for a minimum of (10) years
- Accredited programs are always subject to audit for accreditation and for billing verification



Break-Even

- Number of Projected Beneficiaries to receive DSMT Services will meet program expense projections
- Responsibilities for consumer recruitment identified

Program Management/Staffing Requirements

Program Coordinator

- Identify Program Coordinator
- Program coordinator must complete 15 hours of continuing education – in their respective field
- Program Coordinator must maintain program personnel files and ensure that program staff meet their annual training requirements
- Program Coordinator maintain the program staff job descriptions and ensure that any staff member participating in DSMT meeting the qualifications of their respective position, as defined by their specific job description
- Coordinator is responsible for developing and implanting the program continuous quality improvement process
- Coordinator must submit results of the CQI data collection to the advisory board for review (at least annually)

Licensed RN/RD/RPh

- Licensed instructor identified for each class
- Licensed instructors must have 15 hours of annual diabetes- related professional continuing education
- The test provides an opportunity for lay leaders and licensed instructors to initiate/complete the intake assessment
- Physician/Provider order obtained the day of, or prior to Test Class
- Intake assessment includes completion of an individualized education plan and documentation of individualized educational goals
- Individualized education plan must be reviewed and signed off by the licensed instructor
- Licensed instructor is available during each class (in the same building when classes are occurring.
- Tele-Health: Available for the duration of the class, by real-time, two-way communication (audio and visual) for approved locations based on payer's Tele-health policy
- Licensed instructor must reassess consumers progress towards meeting education goals at least one time during the series of classes
- Licensed instructor must document all diabetes self-management support materials provided during the series of classes
- Licensed instructor must complete a follow-up plan a the completion of the series of classes
- Follow-up plan must be submitted to the referring physician/provider

Required Documentation Prior to Test Class

Program Set Up

- Set program Mission and Goals
- Documentation of the identified target population
- Develop Policy and Procedure Manual (Sample Provided to the site)
- Develop Program Curriculum (Sample Provided to the site)
- Develop Referral Policy and Procedure including referral management procedures
- Develop Continuous Quality Improvement Policy and Plan (Includes external stakeholder team)

Accreditation Test Class

Test Class

- Test class must have at least 10 participants
- Insurance status of initial test class participants are not relevant, but should be documented
- Participant must have diabetes
- Caregivers can attend, but the beneficiary with diabetes must also be present