American Diabetes Association®

Continuous Glucose Monitor Coverage: The Patient and Health Care Professional Experience of Access and Choice

The American Diabetes Association® (ADA) is the nation's leading voluntary health organization fighting to bend the curve on the diabetes epidemic and help people living with diabetes thrive. In our 85 years, we've been a part of extraordinary advancements in diabetes knowledge, treatment, and care—and we will continue to play a pivotal role as we work toward a future free from diabetes and all its burdens. The ADA has driven discovery and research to treat, manage, and prevent diabetes while working relentlessly for a cure. Through advocacy, program development, and education we aim to improve the quality of life for the over 136 million Americans living with diabetes or prediabetes. To learn more or to get involved, visit us at diabetes.org or call 1-800-DIABETES (1-800-342-2383).

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Executive Summary

As the prevalence of diabetes has risen over the years, advancements in diabetes technologies have better enabled patients to effectively manage their diabetes with as minimally adverse effects as possible. Among the advancements in diabetes management technologies are continuous glucose monitors (CGMs). This report details the current utilization of CGMs among Medicare and Medicaid beneficiaries and explores the current barriers to more widespread adoption of the technologies.

The American Diabetes Association® (ADA) partnered with NORC at the University of Chicago (NORC) to conduct a study to better understand the barriers impacting Medicare and Medicaid beneficiaries' access to CGMs. NORC facilitated patient focus groups and health care professional interviews to better understand patient perceptions and experiences with accessing CGMs, this report found:

Cost and Coverage
Patients reported having to advocate for themselves in order to get coverage for their CGMs. While health care professionals noted that their administrative and pharmacy teams are experienced in navigating CGM prior authorization processes, it still results in delays and can ultimately prevent patients from receiving CGMs.

Impact on Health Outcomes and Lifestyle Changes
Among CGM users, there was unanimous agreement that CGMs have greatly improved their ability to manage and understand their diabetes. The CGM users who participated in the focus groups all recommended that the non-CGM users talk to their health care professionals about using the technology. Similarly, the majority of physicians who were interviewed recommend CGMs to all their patients with diabetes who take insulin.

Education and Training
Patients, both CGM users and non-users, voiced substantial lack of education around the potential benefits of CGMs. Health care professionals, both physicians and pharmacists, shared that they do their best to educate their patients on how to use the technology, but the level of education varies by setting and health care professional type.

Based on NORC's analysis of current CGM utilization and barriers to access, the ADA was aligned on five policy recommendations to improve access to CGMs for Medicare and Medicaid beneficiaries with diabetes, including:

1. **Eliminate cost containment measures for CGMs.**
2. **Support broad formularies that allow patient choice of CGMs.**
3. **Expand CGM coverage criteria to align with ADA Standards of Care.**
4. **Allow broader CGM prescribing authority.**

5. **Provide proper education and training for both patients and health care professionals.**
6. **Address barriers related to literacy, language, and access.**

Introduction

With over 38 million people across the United States living with diabetes, effective and accessible disease management is critical to preventing adverse health outcomes.[1] While there have been many advancements in diabetes care in recent years, this report focuses on the use of continuous glucose monitors (CGMs) as a tool to manage both type 1 and type 2 diabetes. CGMs, which track glucose levels in real-time, provide critical data that help patients manage their condition more effectively and facilitate health care professionals in developing improved and personalized treatment plans.[2]

While there is widespread acknowledgement that CGMs are a significant advancement in diabetes management, access to this technology among Medicare and Medicaid beneficiaries and their impact on health care costs remain unclear in payer coverage decision making. Medicare and many state Medicaid programs provide some level of coverage, however the extent and conditions of this coverage can vary widely.[3] As of May 2023, 45 states and Washington, D.C. provide some level of CGM coverage within their fee-for-service (FFS) Medicaid programs, however as many as 17 states' Medicaid programs do not cover CGMs for adults with both type 1 and 2 diabetes.[4] According to patient focus groups detailed in this report, the patchwork of coverage and unclear guidelines results in patients with an interest in using a CGM being uncertain if they have coverage for the devices.

The American Diabetes Association® (ADA) partnered with NORC at the University of Chicago (NORC) to conduct a study to better understand the barriers impacting CGM access. This report summarizes the findings from NORC's research and culminates in policy recommendations from the ADA on how to improve access to CGMs for Medicare and Medicaid beneficiaries with diabetes.

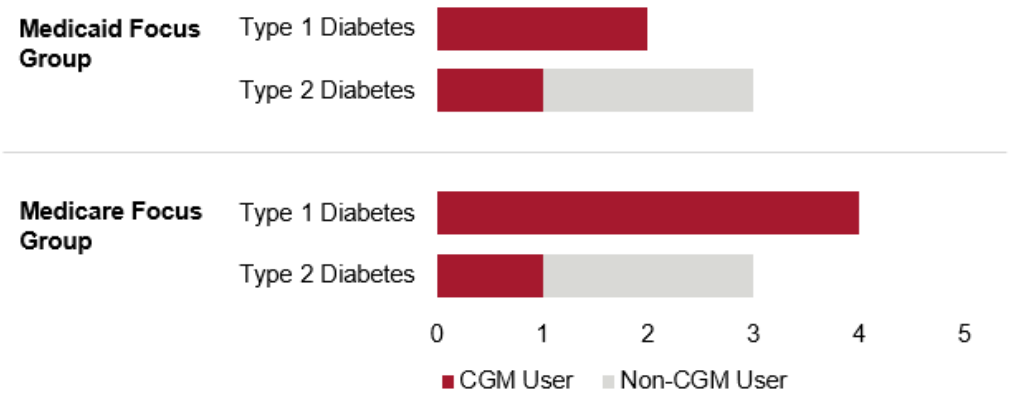
Methodology

To examine the impact of coverage for CGMs among Medicare and Medicaid beneficiaries, NORC conducted a mixed-methods analysis that combines qualitative and quantitative approaches. First, NORC conducted a thorough literature review of coverage policies, in both Medicare and Medicaid programs, that was subsequently used to inform the two other approaches used in this analysis. The primary qualitative approach included both patient focus groups and health care professional in-depth interviews. In addition to the qualitative discussions, NORC also conducted a quantitative claims analysis of CGM utilization in both Medicare and Medicaid.

The two focus groups were organized by participants' coverage type (Medicare and Medicaid) and included beneficiaries who use CGMs to manage their diabetes and those who do not (focus group composition detailed in Figure 1 below). The patient focus groups were structured to cover three primary topic areas, including:

1. Knowledge of advanced diabetes technologies, including CGMs
2. Experience using CGMs
3. Barriers to using CGMs

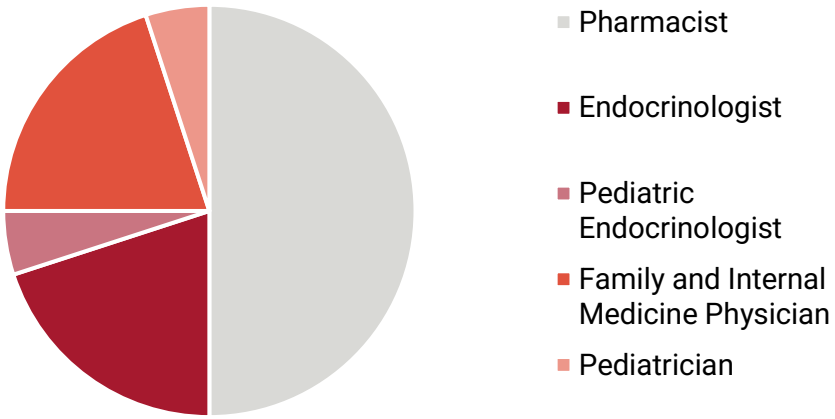
Figure 1. Focus Group Composition by Diabetes Diagnosis and CGM Use



In addition to patient focus groups, NORC also conducted 20 in-depth interviews with physicians and pharmacists. The physician interviews were divided between endocrinologists and family and internal medicine physicians, both of which included a pediatric perspective (see Figure 2 for specialty breakdown). Interviews for both physicians and pharmacists were structured to discuss:

1. Access to care for patients with diabetes
2. Use of CGMs
3. Impact of CGMs among their patients with diabetes

Figure 2. Health Care Professional Interview Composition



To preserve anonymity and encourage an open dialogue, all focus group and interview findings and quotes are attributed to high-level descriptors (Appendix A). After facilitating the focus groups and interviews, NORC conducted a thematic review of the transcripts to identify key themes which are contextualized in this report.

The qualitative findings in this report are supplemented with a claims analysis that quantifies the changes in CGM utilization over time in FFS Medicare, Medicare Advantage (MA), and Medicaid. NORC analyzed a combination of FFS Medicare (2017-2024), MA (2017-2022), and Transformed Medicaid Statistical Information System (T-MSIS) (2017-2022) enrollment, claims, and encounter data to identify trends in the use of CGMs among Medicare and Medicaid beneficiaries. Using 2017 through the most recent year available for each dataset, NORC created two treatment groups, beneficiaries with diabetes[i] who use CGMs and beneficiaries with diabetes who do not use CGMs. A beneficiary was considered a CGM user if they had at least one claim with the durable medical equipment (DME) Healthcare Common Procedure Coding System (HCPCS) code for a CGM in the respective year of analysis.[ii]

After identifying the beneficiaries who have diabetes and segmenting them into CGM users and non-users, NORC ran descriptive analyses on the CGM users including diabetes diagnosis (type 1, type 2, or other), insulin use, state level utilization, sex, race/ethnicity, end-stage renal disease (ESRD) diagnosis, and low-income subsidy (LIS) status. NORC also included social determinants of health (SDOH) measures in the descriptive analysis to identify any trends between CGM use and social vulnerability, internet access, and distance to physicians.

Beyond descriptive analyses, NORC conducted a cost and use analysis of FFS Medicare beneficiaries with diabetes using the Master Beneficiary Summary File (MBSF) for 2023. Using the same populations as identified in the descriptive analyses, NORC aggregated all MBSF payments to estimate the total cost of care by segment types and setting. Finally, NORC examined the utilization included in MBSF to compare utilization of services among CGM users to those identified as non-CGM users. These cost and utilization analyses were not risk-adjusted, and as such any findings from these analyses cannot be used to draw casual relationships between CGM use and cost of care or utilization of services.

[i] NORC used ICD-10 codes to identify beneficiaries with diabetes, including E10.xx (type 1), E11.xx (type 2), and E08.xx, E09.xx, E13.xx, and R81 (untyped diabetes)

[ii] CGM DME HCPCS codes included E2102, K0553, K0554

Current CGM Utilization and Coverage Landscape

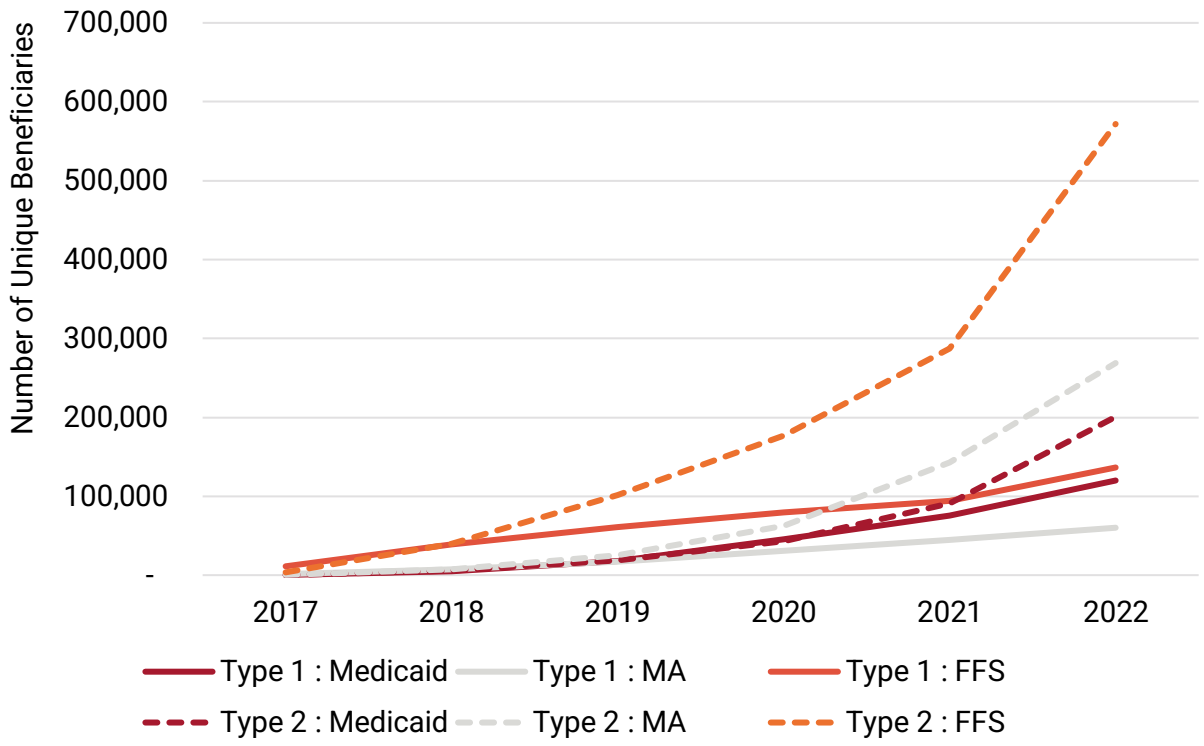
As of 2021, the Centers for Disease Control and Prevention (CDC) estimated that over 38 million people in the U.S. had diabetes and another nearly 98 million adults had prediabetes.[5] As the prevalence of diabetes has risen over the years, advancements in diabetes technologies have better enabled patients to properly manage their diabetes with as minimal adverse effects as possible.

CGM Utilization in Medicare and Medicaid

Diabetes management technologies have evolved significantly over the years, offering a wide range of devices that help patients better monitor and manage their blood glucose levels, including smart insulin pens and automated insulin delivery (AID) systems that combine CGM technology with subcutaneous insulin pumps to regulate insulin levels automatically. While the universe of advanced diabetes technologies continues to grow and improve patient outcomes, this report focuses on the utilization and impact of CGMs specifically.

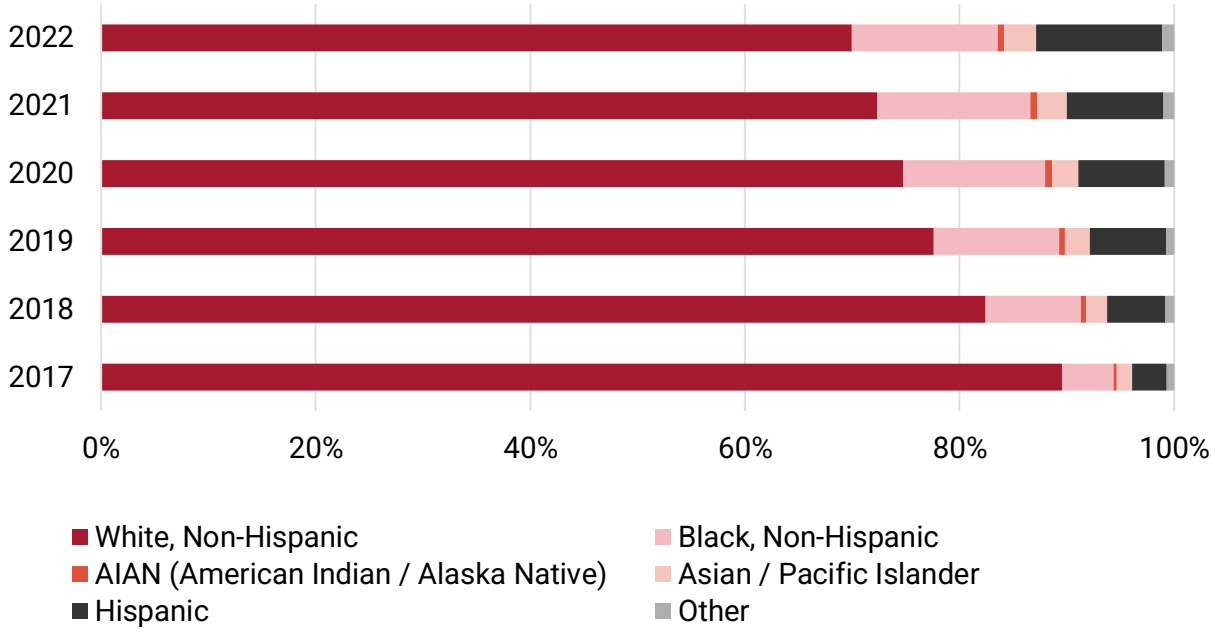
NORC's analysis of Medicare and Medicaid claims found a steady increase in CGM utilization from 2017 through 2022, across FFS Medicare, MA, and Medicaid. As of 2022, there are more patients with type 2 diabetes who use CGMs compared to those patients with type 1 diabetes who use CGMs, across all of the studied coverage types (Figure 3).

Figure 3. Count of Unique Beneficiaries Who Use CGMs by Coverage Type, 2017-2022



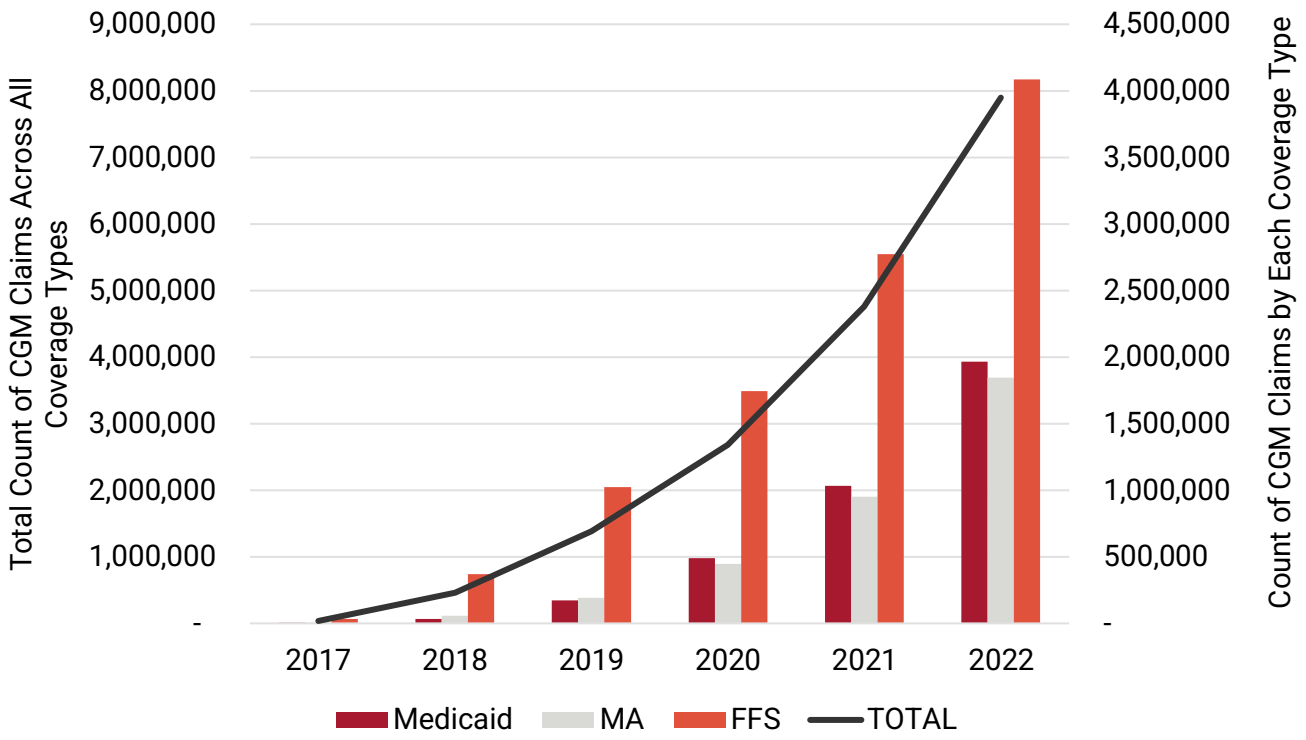
While CGM utilization has rapidly increased overall, CGM users who are white and non-Hispanic continue to make up the majority of all CGM users across FFS Medicare, MA, and FFS (Figure 4). In 2017, approximately 10% of CGM users identified as a race/ethnicity other than non-Hispanic white. Five years later, in 2022, CGM utilization among minority groups has increased, but still only comprises 30% of the overall number of CGM users. This aligns with prior research that shows people of color are less likely to be able to access CGMs.[6]

Figure 4. Proportion of CGM Users by Race/Ethnicity Aggregated Across FFS Medicare, MA, and Medicaid, 2022



As the number of beneficiaries receiving CGMs saw a steady increase from 2017 to 2022, the overall number of CGM claims also continued to rise. In 2017, there were 36,546 CGM claims across FFS Medicare, MA, and Medicaid programs. Between 2017 and 2022, there was consistent growth in the number of claims across the three programs each year, reaching nearly 8,000,000 claims (7,897,919) in 2022 (Figure 5).

Figure 5. Total CGM Claims by Coverage Type, 2017-2022



The impact of CGMs on patient outcomes is well-documented, with studies showing improved glycemic management, reduced hypoglycemia, and enhanced quality of life.[7] For instance, a meta-analysis found that CGM use resulted in a significant reduction in A1C levels by an average of 0.40% compared to self-monitoring of blood glucose.[8] Additionally, CGM users experienced a 6% increase in time-in-range and a 4.33% decrease in time above range.[9] While CGMs are only one part of a diabetes management plan, they offer a more dynamic and precise picture of glucose levels compared to traditional fingerstick methods, enabling timely interventions to prevent hypo and hyperglycemia. Despite wide-spread acknowledgement of the potential benefits that CGMs offer patients, limited coverage across Medicare and Medicaid programs prevents the full breadth of patients who could benefit from accessing the technology.

The CGM Coverage Landscape

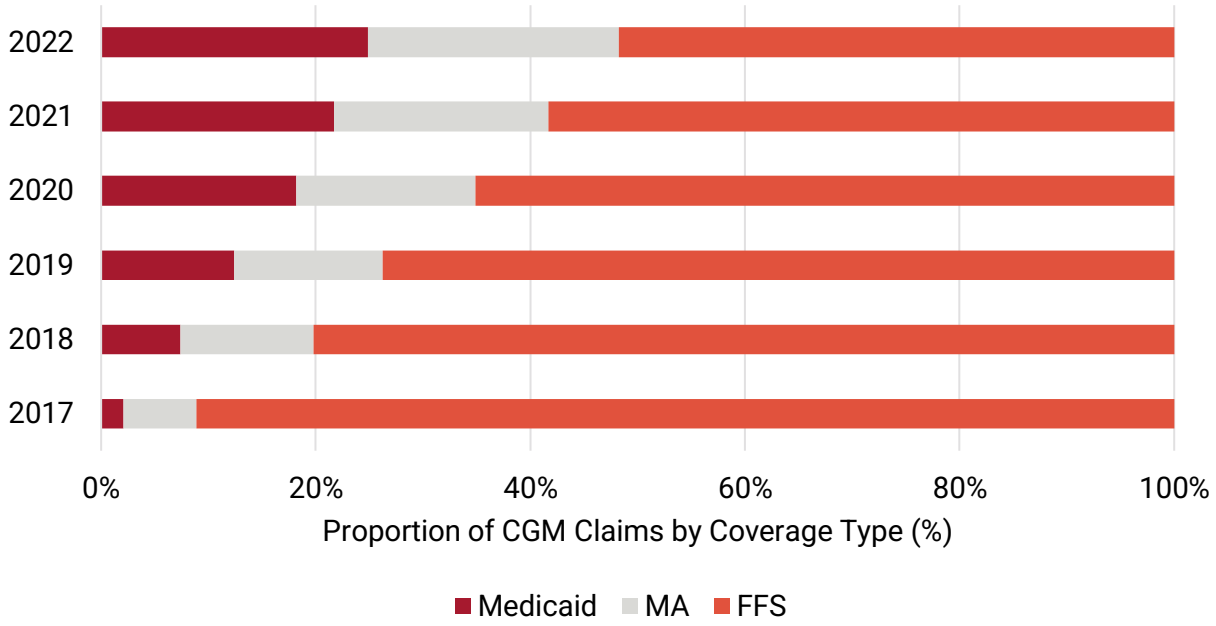
As of April 2023, FFS Medicare covers CGMs for beneficiaries who meet set criteria, which aligns with the clinical indication of CGMs.[10] This coverage change enabled Medicare beneficiaries who have diabetes and require insulin to more easily access CGMs. As of May 2023, 45 states and DC provide some type of coverage for CGMs through their FFS Medicaid programs.[11] While this represents a five-state increase since December 2021, the new coverage continues to vary by diabetes diagnosis (type 1 and type 2), whether or not there are prior authorization requirements, and if CGMs are only covered for pediatric populations. This inconsistency in Medicaid coverage of CGMs creates disparities in

access, particularly affecting low-income and minority populations who are more likely to be on Medicaid.[12] Individuals covered by Medicaid are two to five times less likely to have access to a CGM compared to those with commercial insurance, influenced by factors such as:

- Increased difficulty in accessing relevant specialists like endocrinologists[13]
- Unclear coverage rules across FFS Medicare, MA, and Medicaid programs
- High out-of-pocket costs
- Stringent eligibility criteria
- A lack of awareness among patients
- Factors impacting a clinicians' willingness to prescribe[14]

In 2017, 91% of CGM claims across FFS Medicare, MA, and Medicaid were patients enrolled in FFS Medicare (Figure 6). Five years later, in 2022, the proportion shrunk to 52%, with the remaining 48% of claims split between patients with diabetes enrolled in MA and Medicaid (23% and 25%, respectively). The rapid growth in CGM use among patients with diabetes who are enrolled in Medicaid from 2017 to 2022 reflects policy changes that have made CGMs more accessible within Medicaid programs. While CGMs are now covered for some patients in most states, restrictive policies, such as only covering CGMs for patients with type 1 diabetes, limiting to a pediatric population, or requiring patients demonstrate they self-monitor their blood glucose levels a certain number of times per day, prevents those who may be clinically eligible, and would benefit from a CGM, from being able to access the device.[15]

Figure 6. Aggregate CGM Claims by Coverage Type, 2017-2022



Despite the expansion of CGM coverage in Medicare and Medicaid programs, many patients remain uncertain if their insurance covers the technology or how to access them, according to our patient focus groups (detailed below). Therefore, in addition to expanding coverage, increasing patient awareness of their CGM coverage is pivotal in ensuring patients with diabetes have access to the potentially life-changing devices.

Patient Perceptions and Experiences with Accessing CGMs

Despite CGM utilization growth in recent years, patients with diabetes who could benefit from CGMs are still having difficulties in accessing them. While some of these barriers relate to the unclear and insufficient insurance coverage, other patients who have CGM coverage have been unable to benefit from their timely use due to costs, a lack of education, and the social stigma associated with the technologies.

Costs and Coverage

Patients who have tried to use CGMs in the past were met with denials that have turned them away from wanting to try again. Among the patients in both the Medicare and Medicaid focus groups, there was widespread acknowledgment that navigating their insurance coverage was the biggest challenge in accessing CGMs. One patient with diabetes who was enrolled in a Medicaid program was prescribed a CGM but was met with "an outright denial" from their insurance. Despite their interest in using a CGM to help monitor their glucose levels, they could not afford to pay out-of-pocket, so they have continued to use traditional blood glucose monitoring methods. Other participants in the focus groups shared that they initially received denials and had to go back and forth with their physician and pharmacist to receive approval for insurance coverage of the CGM. Both CGM and non-CGM users spoke to their experience with needing to be assertive and advocate for themselves in order to actually receive a CGM. Despite the acknowledgment that CGMs are life-changing for patients managing their diabetes, many of those clinically eligible to receive the technology are unable to successfully navigate the complexities of prior authorization and insurance coverage.

> **"I had a hard time.** I would go back and forth and back and forth between the pharmacy, between the insurance, and then you have to go back to the doctor. **It was a nightmare…"**
>
> **– CGM user enrolled in Medicaid on getting their CGM covered**

Among the 10 physicians interviewed, nine agreed that insurance coverage is the primary barrier their patients encounter when trying to receive a CGM.[iii] While the physicians, such as those at community health centers or integrated delivery networks, argued that their pharmacy teams are adept at

[iii] The one physician that did not cite insurance coverage as a challenge was an internal medicine physician at a Veterans Affairs (VA) hospital who noted that "price is not a huge barrier for CGMs" at the VA.

navigating prior authorizations, the barriers in that process may still delay and ultimately prevent patients from receiving a CGM.

Among patients who have coverage for CGMs, some are still met with barriers from choosing which CGM works best for them. While coverage has expanded in both Medicare and Medicaid in recent years, patients and health care professionals are not necessarily able to choose from the full breadth of CGMs that exist due to coverage limitations and cost containment restrictions.

One Medicare recipient, who used a CGM to monitor their type 1 diabetes for years, spoke about how they had to go a few years without it. Before being eligible for Medicare, they were using a CGM, but changes in their insurance coverage gave them the option to either pay out of pocket or to stop using the device. Given this choice, they opted to stop using the CGM, and they were unclear if they would have had coverage for another device.

> "I was against [using a CGM]. I said I didn't want to do anything outside of pricking my finger… I was completely against trying anything new until I had to. **And then it saved my life several times.**"
>
> **– CGM user enrolled in Medicare on the impact of their CGM**

Impact on Health Outcomes and Lifestyle Changes

There was unanimous agreement across all the physician and pharmacist interviews that CGMs improve outcomes and treatment adherence for patients with diabetes. A community health center family medicine physician referred to CGMs as "eye opening" for patients who otherwise would only check their glucose levels or use insulin when they felt "off." The ability for physicians to point to firm numbers has made a real impact in adherence and how patients view their diabetes, according to that physician. Similarly, an endocrinologist at an integrated delivery network spoke to the impact of seeing patients who can view their data in real time and understand how different foods or activities impact their glucose levels. The physician felt that this experience for patients gives them more confidence in their ability to manage their diabetes and subsequently results in better health outcomes.

This unwavering support of how CGMs can improve health outcomes and patients' disease management was also heard across interviews when discussing how physicians talk about CGMs to patients. Eight of the ten physicians interviewed recommend CGMs to all their patients with diabetes who take insulin–or at least discuss the option with their patients.[iv]

There was also unanimous agreement among CGM users in both focus groups that their CGMs have enabled them to better manage and understand their diabetes. While seven of the eight CGM users were interested in using a CGM, one had previously been against making any changes to their prior

[iv] The two physicians that do not recommend CGMs to patients did note that they support CGMs but refer their patients to endocrinologists who can prescribe CGMs if needed.

management regimen. That CGM user only started using a CGM after they had a severe drop in their glucose levels in the middle of the night. After that, they agreed to use a CGM to give themselves and their family peace of mind, especially while sleeping. Despite their initial hesitancy in using a CGM, this user now recognizes that real-time monitoring and alerts have saved their life several times and recommends other patients with diabetes use the technology too.

Despite the benefits CGMs have on health outcomes and diabetes management, some patients are still wary of the impact CGMs may have on their lifestyle. Across both the Medicare and Medicaid focus groups, non-CGM users were hesitant to pursue a CGM because of the potential negative impacts. One non-CGM user enrolled in Medicare liked the idea of being able to use an app to track and share their data with their physician but argued that they "don't want a machine attached to them at all times." This individual also shared that they felt the CGM would alert others to the fact that they had diabetes. Others who were concerned about the impact a CGM may have on their lifestyle noted that their current routine is keeping their levels stable enough and they don't see a reason to change what is currently working for them. Several of the pharmacists interviewed noted they hear similar concerns from patients picking up their CGM prescription for the first time. One pharmacist at a critical care access hospital cited many of their patients are concerned around the idea of having a device attached to their body at all times and are fearful of potentially having constant alarms.

While the non-CGM users were concerned about how a CGM may negatively affect their lifestyle, the CGM users spoke to positive impacts, such as having more freedom. One CGM user enrolled in Medicaid appreciates that their CGM enables them to continue being active without risking sudden drops in their glucose levels. The added flexibility and awareness that the CGM gives them allows them to continue living their life without that added fear. The sentiment of having increased security, knowing the CGM will alert them if they are out of range, was reported across all CGM users. CGMs are devices that need to be individualized based on a patient's needs, preferences, and skill level. As such, each of the CGM users were able to speak to their favorite benefit of the device to the non-users, such as the ability to:

- Put the device somewhere strangers would not be able to see it
- Continue monitoring their glucose levels at the gym
- Turn off the device's alarms, unless they are substantially out of range, in order to limit the alert fatigue

Each patient's experience with their CGM is unique to their circumstances, which is why it is important that each patient is able to discuss their options with their physician and choose the right CGM for them.

"**I'm going to say security… and freedom** with not having to lug all your supplies with you to go out with friends, instead just checking your phone and knowing what your glucose is."

– CGM user enrolled in Medicare on the impact of their CGM

Education and Training

As CGM coverage has expanded in recent years, patient education on both the benefits of CGMs and the technology's coverage have lagged. Among the non-CGM users in the Medicaid focus group, there was a lot of misunderstanding around how the device actually works to monitor their glucose levels. One non-CGM user was frustrated that there is limited, accessible educational materials for interested potential users to educate themselves on whether they should talk to their physician about CGMs. CGM users in the focus group shared that they utilize various social media accounts and influencers that they have found helpful in better understanding CGMs. This discrepancy between the patient focus groups and the physician interviews that expressed unwavering support of discussing CGMs with all their patients points to the need for comprehensive patient education on advanced diabetes technologies.

Non-CGM users in both the Medicare and Medicaid focus groups also shared that they pursued CGMs in the past but were denied through their insurance. Due to changing coverage criteria in recent years, both individuals (one enrolled in Medicare and one in Medicaid) would now have CGM coverage. However, until the focus groups where CGM users were sharing their own stories, they did not know the coverage criteria for CGMs changed.

All 10 pharmacists that were interviewed provide education to patients when picking up their CGMs, especially if it is the first time that patient is using a CGM. Pharmacists are able to provide necessary education and answer questions such as, "Where should I place the sensors?" or "How often should it be changed?" at the pharmacy counter. The level of education a pharmacist can give a patient varies greatly depending on the type of pharmacy (e.g., independent vs. chain) and how busy they are throughout the day, according to one independent retail pharmacist.

Policy Recommendations

"Compliance is directly related to patient education. Patients who are educated [on their diabetes diagnosis and management] can understand better and can handle their own care better."

– Internal medicine physician at an independent practice

Building on NORC's analysis, the ADA has aligned on several policy recommendations that would address the documented barriers and increase access to CGMs among Medicare and Medicaid patients. These policy recommendations are in line with ADA's Standards of Care in Diabetes, which aim to expand coverage, streamline administrative processes, and ensure that patients receive the necessary education and support to effectively use CGMs.[16]

- **Eliminate cost containment measures for CGMs.** The use of cost containment requirements by health plans, such as prior authorization, midyear formulary switching, fail-first policies, and tiering can delay access to CGMs. Beyond creating unnecessary hurdles for patients who need timely intervention, it adds unnecessary administrative burden to health care professionals. By

eliminating these requirements, patients can receive their devices more quickly, reducing the risk of complications associated with delayed treatment.

- **Support broad formularies that allow patient choice of CGMs.** Restricting CGM coverage to a subset of the available devices may prevent patients with diabetes from accessing the CGM that aligns best with their needs. As advancements in diabetes technologies continue to expand the breadth of available CGMs, it is critical that patients with diabetes are able to talk with their physician to determine what device will work best for them.

- **Expand CGM coverage criteria to align with ADA Standards of Care.** Current Medicaid coverage criteria for CGMs are inconsistent across states and exclude some patients who could benefit from their use. Currently, some Medicaid programs limit coverage to patients with type 1 diabetes or solely cover CGMs for pediatric populations. Revised coverage guidelines should enable patients with diabetes to access diabetes devices, such as CGMs, that align with ADA Standards of Care, which now recommends that adults with type 2 diabetes treated with glucose-lowering medications other than insulin should have access to these devices. Additionally, CGMs should be offered to patients with type 1 diabetes as early in the disease as possible, potentially at the time of diagnosis.

- **Allow broader CGM prescribing authority.** Restricting CGM prescribing authority to certain types of health care clinicians can limit access to CGMs, particularly for underserved, elderly, and rural populations. Allowing a wider range of health care professionals, such as pharmacists, to prescribe CGMs can increase accessibility for patients.

- **Provide proper education and training for both patients and health care professionals.** Effective use of CGMs requires proper education and training for both patients and health care professionals. Ensuring patients understand how to use their devices and interpret the data can lead to better diabetes management. Initial and ongoing education and training for patients and caregivers, either in person or remotely, is crucial to ensure that both patients and caregivers are properly utilizing the technology and understanding their data to best monitor and adjust therapy. Similarly, health care professionals should stay up to date on recent advancements in diabetes technology and how they may benefit their patients.

- **Address barriers related to literacy, language, and access.** Social determinants of health, such as literacy, language barriers, and access to health care, can impact a patient's ability to use CGMs effectively. Providing support in the form of multilingual educational materials, community outreach programs, and telehealth services can help address these barriers and ensure equitable access to advanced diabetes technologies.

Appendix A: Focus Group and Interview Participants

Patient Focus Group Participants	Physician Interviews	Pharmacist Interviews
Medicare Beneficiary, Type 1 Diabetes, CGM User	Pediatric Endocrinologist	Pharmacist, Retail Pharmacy
Medicare Beneficiary, Type 1 Diabetes, CGM User	Endocrinologist	Pharmacist, Community Pharmacy
Medicare Beneficiary, Type 1 Diabetes, CGM User	Endocrinologist	Pharmacist, Hospital Pharmacy
Medicare Beneficiary, Type 1 Diabetes, CGM User	Pediatrician	Pharmacist, Retail Pharmacy
Medicare Beneficiary, Type 2 Diabetes, CGM User	Endocrinologist	Pharmacist, Retail Pharmacy
Medicare Beneficiary, Type 2 Diabetes	Internal Medicine Physician	Pharmacist, Retail Pharmacy
Medicare Beneficiary, Type 2 Diabetes	Family Medicine Physician	Pharmacist, Hospital Pharmacy
Medicaid Beneficiary, Type 1 Diabetes, CGM User	Family Medicine Physician	Pharmacist, Retail Pharmacy
Medicaid Beneficiary, Type 1 Diabetes, CGM User	Internal Medicine Physician	Pharmacist, Retail Pharmacy
Medicaid Beneficiary, Type 2 Diabetes, CGM User	Endocrinologist	Pharmacist, Hospital Pharmacy
Medicaid Beneficiary, Type 2 Diabetes		
Medicaid Beneficiary, Type 2 Diabetes		
Medicaid Beneficiary, Type 2 Diabetes		

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