

	DEPARTMENT:	Case Management
	SUBJECT:	Diabetes Disease Management Program
	PRODUCT LINE:	All
	POLICY NUMBER:	HM121
	ORIGINAL POLICY EFFECTIVE DATE:	5/12/2022
	LAST REVISED DATE:	N/A
	LAST REVIEWED DATE:	5/1/2025

Scope of Program:

Diabetes is an important contributor to disease and mortality with significant complications if left untreated. The Diabetes Disease Management Program provides education, self-management resources, and coordination of services to ensure that members are actively managing their blood sugars by receiving appropriated follow up and treatment, making lifestyle changes, and using self-management resources to avoid serious complications.

Program Overview:

1. The goals of the program are to: Improve HEDIS Hemoglobin A1c Control for Patients with Diabetes with Indictors for HbA1c Control <8. (To increase the percentage of diabetic members whose HbA1C is <8).
2. Target population: Members with a diagnosis of diabetes who are non-compliant with A1C testing or A1C control of <8 per HEDIS technical specifications.
3. Guideline source: American Association of Clinical Endocrinologists (AACE).

Program Process:

1. Member outreach for enrollment in the Diabetes Program consists of 3 calls and a letter within 2 weeks of identification.
2. If the member agrees to participate, complete the Diabetes-Self Care Assessment.
3. Enroll member in the Diabetes Program and open a case if not already opened (make sure to connect the program to the case).
4. Develop the care plan from items in the care plan builder.
5. All interventions and goals related to diabetes are recorded in the member’s care plan
6. Use educational resources from TruCare and should be sent based on member need and may contain any of the following content areas:
 - a. Understanding diabetes
 - b. Complications of diabetes
 - c. Treatment of diabetes
 - d. Medication adherence
 - e. Lifestyle changes
 - i. Smoking cessation
 - ii. Healthy eating (ADA diet)
 - iii. Alcohol reduction if applicable
 - iv. Regular physical activity
 - v. Weight loss if applicable
 - f. Self-monitoring resources
 - i. Checking and monitoring blood sugars
 - ii. Physical activity log
 - iii. Nutrition tracker

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- iv. Weight tracker
- g. Physician follow up and monitoring to include A1C testing at least annually, FLP, dilated eye examination, monofilament testing, Urine microalbumin testing
- 7. Member remains enrolled in program until they opt out, their condition is controlled, or they have not been in engaged in the last 6 months.
- 8. Member may be co-managed with a case manager if they meet complex case management criteria.

Michele Bauer MD.

Signature: _____ Date: 5/1/2025

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
5/10/2023	Michele Bauer, MD, CMO	Reviewed. No Changes.
5/9/2024	Michele Bauer, MD, CMO	Reviewed. No Changes.
5/1/2025	Michele Bauer, MD, CMO	Reviewed. Updated disenrollment from program.