

We would like to invite you to join the BestHealth Diabetes Management Program. Participation in the program will help you take an active role in managing your diabetes by working with our wellbeing specialists and care coordinators on your personalized care plan. Our approach focuses on improving your overall health and wellbeing while helping you learn how to manage your diabetes better. BestHealth wellbeing specialists and care coordinators, in partnership with your healthcare provider, will aid you in setting and achieving goals.

BestHealth Diabetes Management Program Benefits

- 100% coverage of approved diabetic medications and supplies, including medically necessary needles, syringes, lancets, test strips and glucometers when filled at Baptist Outpatient Pharmacies or Baptist Mail Order Pharmacy.
- Health Coaching: enrolled participants will be assigned a wellbeing specialist or care coordinator to assist with improved management of their disease and overall wellbeing. Wellbeing specialists or care coordinators will work with enrolled participants by phone, email, or in-person to establish personalized diabetes and health management goals and monitor results.

Who is eligible?

Insured team members, spouses and dependents diagnosed with Type 1, Type 2, Gestational Diabetes, Insulin Resistance and Pre-Diabetes are eligible.

How do I join?

- Complete a BestHealth Screening.
 - Adult and dependent members ages 18 and older must enroll in BestHealth by completing a BestHealth biometric screening. Call (901) 227-2378 to learn how to complete the screening process if you have not completed one. *Dependents under the age of 18 are not eligible to screen therefore must submit a physical from their physician.
- Have your provider complete and send the ***Provider Verification of Diagnosis Form*** to BestHealth. Contact information below.
- Review, sign and submit the ***Enrollment Form*** to BestHealth. Contact information below.

Upon receipt of a completed ***Enrollment Form***, a BestHealth representative will contact you to complete the enrollment process.

After completing all the required steps of the enrollment process, your benefit will go into effect on the 1st of the following month. For example, if you finish the enrollment process on September 14th, your benefit will go live on October 1st.

For more information or questions, contact BestHealth.

Email: besthealth@bmhcc.org

or Fax: (901) 227-2377



Diabetes management program Enrollment form

Please print

Participant name:	<input type="checkbox"/> Employee	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent
Date of Birth:	Employee ID number (if applicable):		
Phone number:	*Email address:		
Primary care provider:	Most recent HbA1c value and collection date:		

Please initial each statement.

1. _____ To receive approved diabetes medications and supplies, **at no cost to you**, you must complete and return this form and adhere to the following coaching requirements throughout the entire year.

2. _____ Participants must complete an assessment at least every three (3) months, when contacted by a wellbeing specialist or care coordinator for a total of at least four (4) contacts per year. More frequent contact may be required as determined by the clinical care team.

- Members are responsible for notifying BestHealth if there is a change in contact information.
- Three attempts will be made by phone, email and MyChart to reach the member.
- It is the responsibility of the member to return phone calls to maintain Diabetes Management benefits.

3. _____ A blood sugar log or meter download (indicating at least one week of blood sugar testing results) must be provided at each of the four (4) coaching sessions. The member's health care provider will indicate the necessity of home blood sugar monitoring on the Provider Verification of Diagnosis Form. For members who are not required/requested by their health care provider to check home blood sugars, a home blood sugar log report is not required.

4. _____ Enrollees with a body mass in the overweight or obese categories as determined by BMI or body composition must complete the *Go Healthy!* weight management program within 180 days of enrolling in the Diabetes Management Program.

5. _____ Annual care requirements, as determined by the participant's health care provider, must be completed and verified by BestHealth. Annual diabetes care requirements may include:

- Blood Pressure
- Cholesterol Panel
- Glycosylated Hemoglobin (A1c%)
- Microalbumin
- Influenza Vaccine and/or Pneumococcal Vaccine
- Diabetes Eye and Foot exams



6. _____ **Non-compliance with the requirements of the BestHealth Diabetes Management Program will result in disenrollment from the BestHealth Diabetes Management Program.**

Once disenrolled, the participant will no longer be eligible for 100% coverage of diabetes medications and supplies for the remainder of the calendar year, but the participant is still eligible for continued health coaching.

7. _____ Members unable to meet any of the Diabetes Management Program requirements must contact BestHealth for appeal through the BMHCC administrative appeal process.

I, _____, have reviewed and understand the terms of the BestHealth Diabetes Management Program offered to BMHCC Health Plan employees as part of the BestHealth Program and the requirements for participation in the Health Coaching Services program. I agree to participate in the Health Coaching Services program for assessment and follow up. ***I understand that failure to comply with the coaching follow up, minimally every three months, will result in immediate disenrollment from the program. If I do not comply with the program requirements, my free diabetes medications and supplies will be discontinued for the remainder of the calendar year.***

I acknowledge that I have previously agreed to the terms of the BestHealth Enrollment Consent form and consented to the access, use and disclosure of my personal health information for operation of the program. I understand that the terms and conditions of the BestHealth Program are applicable to the Diabetes Management Program as well as any other BestHealth health management programs.

This consent authorizes Baptist BestHealth to communicate with me about the Diabetes Management Program using email, phone and MyChart. The correct email address and phone number that I am using is noted above.

Signature: _____ Date: _____

Return this form to BestHealth by one of the following methods. Upon receipt, a BestHealth representative will contact you to complete the enrollment process.

Email: besthealth@bmhcc.org or Fax: (901) 227-2377



Provider Verification of Diagnosis Form

Participant name:	
Date of Birth:	Employee ID number:
Phone number:	Email address:

The above participant has the following diagnosis:

- | | |
|---|---|
| <input type="checkbox"/> Diabetes Type 1 | <input type="checkbox"/> Insulin Resistance |
| <input type="checkbox"/> Diabetes Type 2 | <input type="checkbox"/> Pre-Diabetes State |
| <input type="checkbox"/> Impaired Fasting Glucose | <input type="checkbox"/> Gestational Diabetes |

Home blood sugar testing is indicated for this participant

Yes No

Frequency of Testing

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Twice Per Day | <input type="checkbox"/> Three Times Per Day |
| <input type="checkbox"/> AC and HS | <input type="checkbox"/> Other (explain): | |
- _____

Annual diabetes care requirements for this participant include:

- | | |
|--|---|
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Diabetes Eye Exam |
| <input type="checkbox"/> Cholesterol Panel | <input type="checkbox"/> Diabetes Foot Exam |
| <input type="checkbox"/> Glycosylated Hemoglobin | <input type="checkbox"/> Influenza Vaccine |
| <input type="checkbox"/> Microalbumin | <input type="checkbox"/> Pneumococcal Vaccine |

Most recent HbA1c value: _____

Collection date: _____

Provider Signature _____

Date _____

Printed Provider
Name _____

Please return this form to BestHealth by one of the following methods:

Email: besthealth@bmhcc.org

Fax: (901) 227-2377