

November is National Diabetes Awareness Month. It's a great opportunity to connect with your patients who have Diabetes and ensure they have received or are scheduled to receive their routine screenings. Diabetes is a chronic, complex condition that requires continuous medical care. You play an important role in supporting your patients to prevent complications. McLaren wants to support you and your practices with educating and caring for these patients.

The following tests are recommended on an annual basis:

- Hemoglobin A1C Test
- Hemoglobin A1C Control (< 8.0%)
- Blood Pressure Control (<140/90mm Hg)
- Dilated Eye Exam (Retinal)
- Urine Microalbumin Test & Estimated Glomerular Filtration Rate*
- Physical examination including a foot exam at least twice a year

*Kidney Health Evaluation for Patients with Diabetes (KED) was a new measure initiated in CY2020 and will start to be reported in 2023. The measure looks at the percentage of members 18-85 years of age with diabetes who received both an estimate glomerular filtration rate (eGFR) and a urine albumin creatinine ratio (CPT Codes 82565, 82043 and 82570) during the measurement year.

McLaren offers incentive opportunities for your Diabetic patients ages 18-75. Please review this and other incentive programs at www.McLarenHealthPlan.org.

A continued focus and a strong partnership with you will aid in providing these important services to all eligible members.

Please help our members get these important services. If we can assist your office by contacting these members, or if you would like a list of your patients who have not received these services, please email us at MHPQuality@mcclaren.org.

Remember to talk to your patients about tobacco cessation, MHP has a free tobacco cessation program for MHP Community and Medicaid members, call 800-784-8669 for more information.

Complete All Services	McLaren Health Plan Incentive
1. HbA1c test	
2. Estimated glomerular filtration rate (eGFR) & urine albumin-creatinine ratio (uACR)	\$50
Diabetic Management	\$25 for each controlled measure
1. Controlled blood pressure <140/90	
2. Controlled A1c <8	

Thank you for the quality care you deliver!

PCP Feedback (Please print) _____ Comments, requests, questions, etc.: FAX to **810-600-7985**

PCP Name/Office Name _____

Name _____ **Phone** _____

Email _____