



NEW DIABETIC GLUCOSE METER PROGRAM FOR HPM MEMBERS!



Advocate Redi-Code

To: HPM Primary Care Providers
From: Health Plan of Michigan
Date: November 12, 2009
Re: Diabetic Glucose Meter Program

Health Plan of Michigan (HPM) and our new exclusive diabetic supply company **Healthy Living Diabetic** (HLD) want to make it easier for our members to control their diabetes. Therefore, HPM is **providing a new Advocate Redi-Code Meter** for each of our diabetic members.

The Advocate Redi-Code meter offers:

- Small blood sample size (0.6 microliter)
- No Coding of test strips
- 6 second test time, with a 450 test memory
- Talking meter providing results in both English & Spanish
- Alternate site testing

Healthy Living Diabetic should be utilized for any HPM member that is newly diagnosed or needs a new glucometer after 11/12/09. Please contact **Healthy Living Diabetic at 1-866-779-8512** for coordination.

All other HPM members will receive their new meter and testing supplies from HLD in their next regularly scheduled shipment. HPM will only reimburse for the Advocate Redi-Code meter and test strips through HLD after January 1, 2010.

If an HPM member has questions or needs assistance using their new Advocate Redi-Code meter please instruct them to contact **Healthy Living Diabetic at 1-866-779-8512**.

If you should have any questions regarding this new program, please contact your HPM Provider Services Representative 1-888-773-2647. HPM will not reimburse for any other glucometer or testing supplies provided from any other Durable Medical Equipment Vendor.

healthy living diabetic

Toll Free 866 779 8512
Fax Free 866 779 8511

Diabetes Prescription

Date: ___/___/___ Referred by: _____

Patient Name: _____ Male: Female

Address: _____

City: _____ State: _____ Zip: _____ Birth date: ___/___/___

Day phone: _____ Home Phone: _____ SS #: _____ - _____ - _____

Initial Date of Service: ___/___/___

Insurance

Health Plan of Michigan Member ID: _____

Other: _____ Contract/Policy#: _____

Group#: _____ Subscriber: _____

Is patient treated with insulin? Yes No (please check one)

DURATION of need:

Duration of need: Lifetime Other: _____

(The maximum allowed duration is 12 months. The duration will default to 12 months unless specified otherwise.)

Diagnosis Code: Pre Existing New (please check one)

250.00 250.01 250.02 250.03 Other: _____

I have seen this patient within the last six (6) months to evaluate their diabetes control and have noted above the reason(s) for a higher daily testing frequency.

Recommended Testing

prescribed for this patient:

- 1 time a day
- 2 times a day
- 3 times a day
- Other: _____ times a day
- 4 times a day
- 5 times a day
- 6 times a day

Diabetes Testing Supplies: Please indicate

additional items prescribed for this patient.

- Glucose Monitor
- Battery
- Control Solution
- Alcohol Wipes
- Lancing Device
- Other: _____

HEDIS Data: Please fill in the date of most recent test and the result for the following tests:

Test (most recent)	Date of Test	Score/Result	Test (most recent)	Date of Test	Score/Result
LDL	_____	_____	Dilated Eye Exam	_____	_____
HbA1c	_____	_____	Microalbumin	_____	_____
Blood Pressure	_____	_____	BMI	_____	_____

Insulin Pump and Supplies Needed:

Insulin Pump Required: Yes or No Additional Supplies Needed: _____

Ordering Physician Name: _____ Date: _____

Physician Signature: _____ UPIN #: _____

Address: _____

License #: _____ Phone #: _____ Fax #: _____

30755 Barrington • Madison Heights • MI • 48071

Please send all faxes to: 866.779.8511