

Up to 30% of Medicaid beneficiaries have prediabetes.

The Virginia Department of Health and the Department of Medical Assistance Services are offering, on a pilot basis, the National Diabetes Prevention Program (National DPP), a CDC-certified year long, evidence-based lifestyle modification program that has been proven to lower the risk of developing diabetes by 58%.

What is the program?

- CDC-approved curriculum with lessons, handouts, and other resources to help participants make healthy changes. Regular meetings and engagement.
- A lifestyle coach, specially trained to lead the program, to help learn new skills, encourage participants to set and meet goals, and keep them motivated.
- A supportive group of people who are empowered to make lasting changes. Together, individuals can share ideas, celebrate successes, and work to overcome obstacles.
- Offered in a variety of formats including in-person or distance learning to allow enhanced access for Medicaid recipients.
- Multiple supports valued over \$250 available for social needs including transportation, healthy food vouchers, childcare, and access to smart phone technology. These supports do not affect Medicaid eligibility

Who is eligible?

Medicaid recipients at risk for diabetes who are:

- 18 years or older AND
- Body mass index (BMI) of 25 or higher (23 or higher if Asian American) AND
- Not previously diagnosed with type 1 or type 2 diabetes AND
- Is not pregnant.

With any one of the following:

- Blood test result in the prediabetes range within the past year (includes any of these tests and results):
 - Hemoglobin A1C: 5.7–6.4%.
 - Fasting plasma glucose: 100–125 mg/dL.
 - Two-hour plasma glucose (after a 75 g glucose load): 140–199 mg/dL.
- Previous diagnosis of gestational diabetes.
- High-risk result (score \geq 5) on the [Prediabetes Risk Test](#).

Enrollment is limited! The program's initial enrollment ends in June, so there is a short timeframe to get your patients into the program. We invite you to work with your staff to identify your patients who might be eligible and refer them soon. We also encourage you to arrange follow up visits with your team twice during the year to support their progress. Your involvement is critical to optimize participation and completion of the program.

QUESTIONS AND REFERRALS CAN BE SENT TO

SHAMIRA MARSHALL, MEDICAID MCO PROGRAM COORDINATOR, VDH, AT

SHAMIRA.MARSHALL@VDH.VIRGINIA.GOV

OR SECURE FAX 434-208-2129



REFERRAL FORM

PATIENT NAME: _____

DATE OF BIRTH: _____

PHONE NUMBER: _____

PATIENT EMAIL: _____

OTHER CONTACT: _____

My patient:

- Is 18 years or older
- Has a body mass index (BMI) of 25 or higher (≥ 23 if Asian American)
- Has not been previously diagnosed with type 1 or type 2 diabetes,
- Is not pregnant

AND

Has **any** one of the following:

- Blood test in the prediabetes range within the past year
(includes any of these tests and results):
 - Hemoglobin A1C: 5.7% - 6.4%
 - Fasting plasma glucose: 100-125 mg/dL
 - Two hour plasma glucose (after a 75-gram glucose load): 140-199 mg/dL
- Been previously diagnosed with gestational diabetes
- Received a high-risk result (score ≥ 5) on the [Prediabetes Risk Test](#)

I am referring my patient to the DMAS-VDH National Diabetes Prevention Program and have explained the nature of the program to them. I do not believe there is any contraindication for their participation. They understand the program staff will be reaching out to them to discuss further.

NAME: _____

PRACTICE NAME _____

PRACTICE _____

PHONE: _____

FAX: _____

Email form securely to:

Shamira.Marshall@vdh.virginia.gov or fax referral to 434-208-2129