



# PROVIDER NEWSLETTER

November 2022

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## PRIOR AUTHORIZATION CORNER

Health Choice allows up to 90 days of oxygen service without authorization. If oxygen needs continue past 90 days, authorization is required.

We actively promote preventive care to our members with programs specifically designed for their benefit plans. Our messaging never wavers from these key points:

- Preventive care is important to achieving and maintaining your best health.
- Preventive care allows for early intervention and better management of conditions such as diabetes, heart failure, high blood pressure and mental health concerns.
- Preventive care can extend your lifespan.
- Preventive care can help avoid costly medical expenses.

**Healthcare.gov** offers comprehensive lists of **preventive services for all adults, women, and children**. Please review these lists to see if there are any you may be overlooking. Remember to always check member eligibility and benefits, as well as verifying you participate in their plan's network, to ensure these services are covered under the plan's preventive benefit structure.

Please help us ensure members, and you, are taking advantage of these important services. Let's work together to make 2023 the healthiest year yet.

## HEALTHY END TO ANOTHER HECTIC YEAR

As 2022 comes to a close, now is an excellent time to review patient records to ensure everyone is current with their annual preventive visits or get a jump on scheduling visits in 2023. Health Choice Utah covers all preventive services required by the Affordable Care Act, and some benefit plans cover additional services as preventive—all with no out-of-pocket costs for our members.

## CONTACT INFORMATION

### GENERAL INFORMATION

**Health Choice Utah – Medicaid**  
Member Services: (877) 358-8797  
Prior Authorizations Fax: (877) 358-8793  
[www.healthchoiceutah.com](http://www.healthchoiceutah.com)  
PAYER ID: 45399

**Health Choice Generations D-SNP – Medicare**  
Member Services: (844) 457-8943  
Prior Authorizations Fax: (844) 457-8942  
[www.healthchoicegenerations.com](http://www.healthchoicegenerations.com)  
PAYER ID: 45399

### CASE MANAGEMENT

[CaseManagement@healthchoiceutah.com](mailto:CaseManagement@healthchoiceutah.com)

### CLAIMS ADDRESS

Health Choice Utah (or)  
Health Choice Generations  
  
PO Box 45900  
Salt Lake City, UT 84145

### HEALTH CHOICE UTAH - PBM

**RealRx Pharmacy Help Desk:**  
(855) 864-4046  
RXBIN: 610830  
RXPCN: RRXHCU  
RXGRP\*: N/A

### PROVIDER PORTAL HELP

[Provider.Portal@healthchoiceutah.com](mailto:Provider.Portal@healthchoiceutah.com)

### PROVIDER SERVICES

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### QUALITY / RISK ADJUSTMENT

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## UPDATING AND CERTIFYING NPI PROVIDER DATA

The Centers for Medicare & Medicaid Services (CMS) is in the midst of updating National Provider Identifier (NPI) data in the National Plan & Provider Enumeration System (NPES). Every provider is required to have a personal and/or organizational NPI number, regardless of whether they participate with CMS. Please review your information in NPES as soon as possible and update any inaccurate information in modifiable fields such as provider name, mailing address, telephone and fax numbers, and specialty.

- Be sure to include all addresses where you practice and actively see patients and where a patient can call and make an appointment.
- Do not include addresses where you could see a patient but do not actively practice.
- Remove any practice locations that are no longer in use.

Once you update your information, you need to confirm it is accurate by certifying it in NPES. Remember, NPES has no bearing on billing Medicare Fee-For-Service.

Questions? Visit [NPES FAQs](#) or [NPES HOME PAGE/SIGN IN PAGE](#).

## REPORTING DOMESTIC ABUSE, NEGLECT, AND EXPLOITATION

Incidents of domestic abuse, neglect, and exploitation traditionally escalate during the holidays. Unfortunately, with the pandemic, law enforcement and other protective agencies are already seeing a marked increase in domestic violence compared to previous years. To ensure the health and safety of children and adults, join us in our commitment to ensure everyone in your office is educated about how to recognize and report suspected instances of abuse, neglect, and/or exploitation of children, adults, or families.

Under Utah Law (26-23a-2), “any healthcare provider who treats or cares for a person who suffers from any wound or other injury inflicted by the person's own act or by the act of another” must immediately report it to a law enforcement agency. In addition, any person who has reason to believe that an elderly or disabled adult is being abused, neglected, or exploited must by law (62A-3-305 and 76-5-111 .1) immediately report the situation to Adult Protective Services (a division of Aging and Adult Services) or the nearest law enforcement agency. Under these laws, all reporters are immune from civil and criminal liability related to the report.

In addition to reporting to law enforcement agencies, notify one of the following divisions at the Utah Department of Health.

CHILD & FAMILY SERVICES	ADULT & AGING SERVICES
<b>Utah Division of Child and Family Services</b> 120 North 200 West, Room 225 Salt Lake City, Utah 84103 Phone: 801-538-4100 Fax: 801-538-3993	<b>Adult Protective Services</b> 120 North 200 West, Room 325 Salt Lake City, Utah 84103 Phone: 801-538-3910 Fax: 801-538-4395
<b>24-Hour Child Abuse Reporting:</b> 801-281-5151 <b>Domestic Violence Information Line:</b> 800-897-5465	<b>24-Hour Adult Protective Reporting:</b> 800-371-7897 or 801-264-7669

We thank you for the care you provide our members. We encourage you to educate your staff about prevention and detection of abuse, neglect, and/or exploitation, and the resources available for victims. Contact the agencies above for additional prevention, detection, and resource information. These agencies can also provide information for your patients.

Additional resources from the Utah Department of Human Services:

- [Child Protective Services](#)
- [Adult Protective Services](#)
- [Domestic Violence Services](#)

## NOW HIRING?

Many medical offices are working to backfill positions made vacant during the pandemic. Our Equity, Diversity, & Inclusion committee put together eight tips to ensure you're hiring candidates that represent the diverse communities you serve.

### 1. Ensure Diverse Representation on Hiring Committees

An equitable hiring committee should include people with various demographic identities and backgrounds. Having diverse perspectives helps mitigate bias when evaluating candidates.

### 2. Standardize the Interview for a More Even Playing Field

Use the same set of interview questions (in the same order) for each candidate and ensure each candidate gets equal time. A standardized approach makes you more likely to evaluate a candidate based on skill without injecting your personal bias.

### 3. Beware of Extra Scrutiny

Everyone has implicit bias, and being aware that it exists can reduce the negative effect it has on others. Consider whether you question one candidate's credentials more than another. Ask yourself if you would apply the same level of scrutiny to someone of a different identity or background.

### 4. Look at Diverse Backgrounds as a Culture Add

The term “culture fit” is rooted in bias. It assumes that because the candidate is different from others on the team, they aren't a good fit for the role. If someone on a hiring committee comments about culture fit, speak up by asking why they feel that way. You might also suggest that differences can be a culture add—bringing something new to our culture that we don't have now.

### 5. Share Job Openings With Diverse Community Groups

Sharing job openings with diverse community groups increases the diversity of your candidate pool.

### 6. Look for Ways to Demonstrate Inclusivity in the Interview

Three out of four job seekers and employees say that a diverse and inclusive workforce is important to them (Glassdoor, 2020). During the interview process, consider sharing examples of equity, diversity, and inclusion in your office. You might also consider asking a candidate about their experience in building an inclusive culture or working with diverse communities.

### 7. Be Mindful of Implicit Bias

Bias is a normal part of the human experience but, unchecked, bias can negatively affect your ability to make equitable decisions. One of the best ways to combat unchecked bias, is assume bias exists and then actively challenge it. Some questions you might ask yourself include:

- Are my opinions of this candidate based on a stereotype or assumption?
- Does this applicant remind me of myself or someone I know? Is that influencing how I perceive them?
- Is the conclusion I have about this candidate evidence-based? Why do I see the applicant this way?
- In what ways have I already endorsed or excluded this candidate? Why?

### 8. Look at the Candidate as a Whole—Don't Overvalue Things That May Come From Privilege

When evaluating candidates, seek to understand them as a whole and understand their journey. You may value volunteer experience, for example, but having the capacity to volunteer isn't available to everyone. Instead of discounting candidates who haven't been able to pursue extracurricular experiences, ask yourself why that experience is valuable to you. Is there another way you can establish that the candidate possesses a skill or trait? In the same vein, do not discount other types of work experience that may seem unrelated at first. Many skills are transferable across job types and industries.

Whether you're hiring now, or preparing for the future, these tips will help you be better aware of how bias can creep—no matter how inadvertently—into the interviewing process. They're important skills when hiring, and in daily life.

## REMIND MEDICAID MEMBERS TO UPDATE STATE CONTACT INFORMATION

At the beginning of the COVID-19 pandemic, the federal government issued a Public Health Emergency (PHE) allowing for continuous coverage of Medicaid without requiring beneficiaries to complete an annual review. The PHE may end later this year, which means Medicaid needs current beneficiary information on file to resume the annual reviews. We need help making sure eligible beneficiaries do not lose their Medicaid coverage when the PHE ends.

### Why it Matters

Uninsured people are markedly less likely than Medicaid beneficiaries to get care, and significantly more likely to delay or go without needed care, according to data from the Kaiser Family Foundation. Reminding patients to update their contact info with Medicaid helps ensure these patients have continuity of care. It's a chance to show concern and empathy for the patient and to build the doctor/patient relationship.

Additionally, payment for services provided to Medicaid beneficiaries is sent directly to provider offices. If a Medicaid member's eligibility is not renewed, you may no longer see that patient or be faced with trying to recoup payment for their uninsured services.

### How You Can Help

Providers and frontline staff can encourage all Medicaid patients to update their contact information with the Department of Workforce Services (DWS), especially if the patient has moved within the last two years. This ensures that DWS can contact them when it's time

to complete their review. To update their contact info, Medicaid patients can call DWS at **866-608-9422** or visit [jobs.utah.gov/mycase](https://jobs.utah.gov/mycase).

### Reference

"Data Note: Three Findings about Access to Care and Health Outcomes in Medicaid." KFF Medicaid Issue Brief. Kaiser Family Foundation. <https://www.kff.org/medicaid/issue-brief/data-note-three-findings-about-access-to-care-and-healthoutcomes-in-medicaid>. 29 June 2022. Accessed on 09 Sept. 2022.

## MIB UPDATE REGARDING HOSPICE CLAIMS

Effective July 1, 2022, hospice providers are required to report the location of where services are rendered in order to ensure appropriate payment. For electronic billing of the 837 professional claim, complete the service facility location name, 2310C loop. For claims submitted on a paper CMS 1500 form, report the service facility location information in boxes 32, 32a, and 32b.

## UTAH MEDICAID – PUBLIC HEALTH EMERGENCY UNWINDING


Wait—what? Not sure where we are with the Public Health Emergency (PHE)? Is it ending? Did the ending get delayed? How do changes impact you? Utah Medicaid developed a web page specifically to keep providers informed on the PHE "unwinding" status, and Medicaid's plan-of-action once the PHE ends. Visit [Utah Medicaid and the Public Health Emergency Unwinding](#) often to stay abreast of the latest updates and have confidence in the information you receive.

# Pacific Islanders Needed!

For our research study, we are looking to **interview** Native Hawaiian and Pacific Islander adults (18+ years old) who have pre-diabetes or diabetes, are comfortable speaking English, and have lived in the mainland U.S. (any state but Hawaii) for at least 1 year.



## SIGN UP NOW!



Scan the QR code above and fill out the survey to see if you qualify for our study.



Get a **FREE \$25** Amazon Gift Card by participating in our research study!

Interviews will be held in November, December, and January.

CONTACT US

**PRINCIPAL INVESTIGATOR**  
Sarah Gunnell Bellini

**GRADUATE STUDENT**     **801-422-0015**  
Dailyn Tufuga

**SARAH\_BELLINI@BYU.EDU**

IRB NUMBER: IRB2022-457  
IRB APPROVAL DATE: 11/18/2022



## LET'S TALK ABOUT DIABETES — EVERY VISIT, EVERY TIME

It is imperative that PCPs and their staff have a process in place to review and order any overdue testing for Type 2 diabetic patients every time they are seen, regardless of the reason for the visit.

Utilizing the American Diabetes Association checklist below will help ensure diabetic patients receive necessary testing in a timely manner.

### A1C Testing

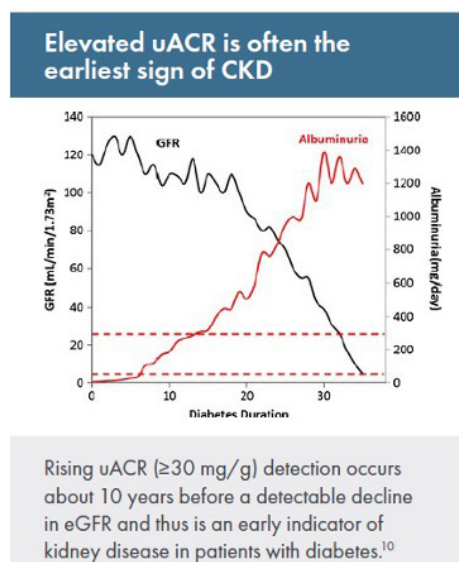
#### Hemoglobin A1C Control for Patients with Diabetes (HBD)

Diabetic patients with A1Cs of 7% or lower should be retested at least every six months.

For diabetic patients with an A1C of 8% or higher, they should be tested at least every three months until they are at the target of 7% or lower.

### Kidney Disease Testing

#### Kidney Health Evaluation for Patients with Diabetes (KED)

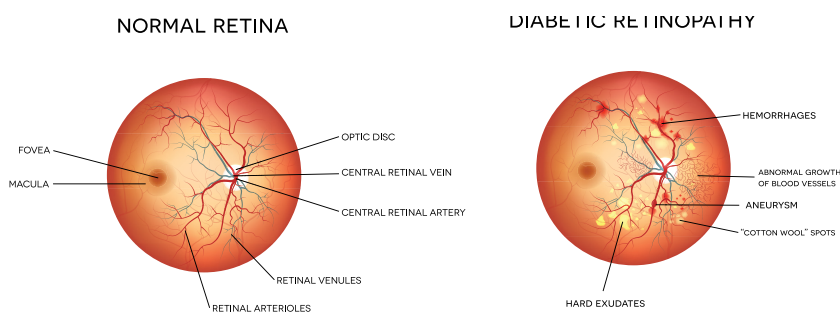


At least once per year, diabetic patients should be tested to assess urinary albumin, creatinine and eGFR.

Clinical practice guidelines recommend screening diabetic patients for kidney disease every year using estimated Glomerular Filtration Rate (eGFR) and urine Albumin-to-Creatinine Ratio (uACR). Contrary to clinical guidance, evidence shows less than half of the diabetic population receive annual kidney monitoring that includes both an eGFR and uACR, even though these levels fluctuate frequently.

### Retinopathy Testing

#### Eye Exam for Patients with Diabetes (EED)



Diabetic patients should have an annual comprehensive dilated eye exam by an ophthalmologist or optometrist. If retinopathy is not detected and glycemia is in control, this exam can be done every two years going forward.

Some eye diseases can be difficult to spot early on, especially since most eye diseases can take several years before any signs or symptoms arise. High blood sugar levels can cause damage to blood vessels in the retina, causing blurred, fluctuating, dark or empty areas of vision or a sudden shower of floaters (black or grey specks of strings).

Retinopathy is the leading cause of preventable blindness that affects more than 8 million Americans. Early in the disease process, patients may be asymptomatic. It is essential all diabetic patients undergo an annual comprehensive eye exam.

### Blood Pressure Testing

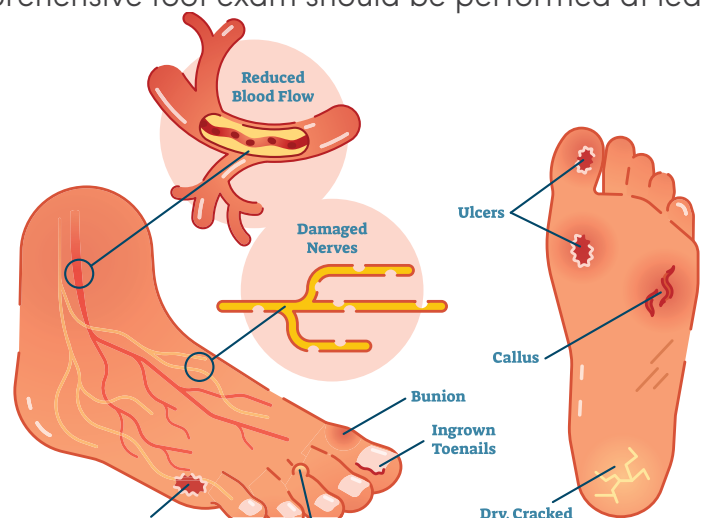
#### Blood Pressure Control for Patients with Diabetes (BPD)

Blood pressure readings should be taken at every office visit regardless of a hypertension diagnosis. Patients with an elevated blood pressure (above 140/90) who do not have a history of hypertension should have their blood pressure rechecked during the appointment. If the reading is still elevated, the patient should be scheduled for a blood pressure follow up appointment in 7-14 days or less.

DESCRIPTION	CODES
Hypertension	ICD-10: I10
Systolic greater than/equal to 140	CPT-CAT-II: 3077F
Systolic less than 140	CPT-CAT-II: 3074F, 3075F
Diastolic greater than/equal to 90	CPT-CAT-II: 3080F
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic less than 80	CPT-CAT-II: 3078F
Remote blood Pressure Monitoring codes	CPT: 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474

### Foot Care

A comprehensive foot exam should be performed at least once per



year to identify risk factors for ulcers, amputations, neuropathy, and infection.

The potential for limb loss is a reality that people living with diabetes must face. However, items such as therapeutic shoes, socks, or compression wear can help to reduce the risk of foot ulceration and prevent limb loss.

In a study following people with type 2 diabetes, research showed that the use of therapeutic footwear helped lower the risk of foot ulcers by 12% and the risk of limb loss by 18%. When comparing patients with foot ulcers to those without, research shows that foot care costs were 5.4 times higher in the first year and 2.8 times higher in the second year. According to the American Diabetes Association, by implementing a foot health program that actively prevents and monitors risk of foot complications, diabetic limb loss is decreased by 85%.

## TWO TESTS, ONE LAB REQUEST, ONE PERFORMANCE MEASURE

### TWO TESTS FOR KIDNEY HEALTH

eGFR	Blood test to assess kidney function	serum creatinine (mg/dL) with equation (mL/min/1.73m <sup>2</sup> )
	Urine test to assess kidney damage	urine albumin (mg/dL) urine creatinine (g/dL)

Evidence shows that contrary to clinical guidance, fewer than half of people with diabetes receive an annual kidney assessment that includes both eGFR and uACR. Kidney Health Evaluation for Patients with Diabetes (KED) addresses this gap. KED is a new HEDIS® measure.

Test results are used to diagnose and code a patient's CKD stage and are often secondary to a code for the underlying cause, such as diabetes or hypertension. Test results can also be used to educate patients about kidney disease and the elevated risk for those with diabetes. Educational resources to support conversations, including videos addressing the risk of kidney disease and handouts explaining kidney test results, are available from the National Institute of Diabetes and Digestive and Kidney Diseases.

So, regular monitoring of kidney health is clearly an identified priority.

## ASSESSING KIDNEY HEALTH

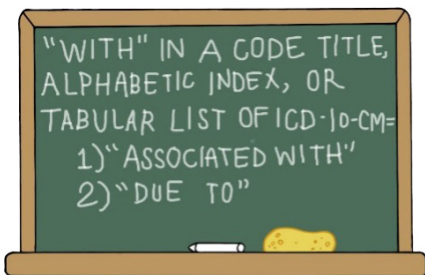
Clinical practice guidelines from the American Diabetes Association and the National Kidney Foundation (NKF) recommend screening patients with diabetes for kidney disease every year using estimated Glomerular Filtration Rate (eGFR) and urine Albumin-to-Creatinine Ratio (uACR). Patients with diabetes can have changes in eGFR or in uACR, or in both, so it is important to track both.

Kidney damage is assessed using uACR based on a spot urine sample, recommended by guidelines because it is unaffected by variation in urine concentration. Other tests for albumin, such as a dipstick, are not recommended because they are less sensitive and do not detect lower uACR levels.

Kidney function is assessed using eGFR based on the patient's serum creatinine level, age, sex and race, but clinicians are currently reevaluating the use of race in calculating kidney function. The NKF-ASN (American Society of Nephrology) Task Force on Reassessing the Use of Race in Diagnosing Kidney Disease is working toward a national solution to eGFR reporting (a final report is expected in 2021).

Together, these two tests provide key information regarding kidney health, including determining the stage of CKD and the risk of progression

## RISK ADJUSTMENT CORNER: THE "WITH" GUIDELINE



The "with" guideline in the ICD-10-CM Index indicates a causal relationship when a diagnosis appears alongside the word "with." This means conditions are presumed to be linked unless explicitly unlinked by a provider in encounter documentation.

The table below is a quick guide to common diabetes complications and presumed relationships. Additional information is required to determine the most complete and accurate code within the subcategories/subclassifications. Diabetes with no complications can be reported using E08.9, E09.9, E10.9, E11.9, depending on the type of diabetes.

DIABETES WITH COMPLICATIONS	ICD-10-CM CODES
Hyperosmolarity with or without coma	E08.00-E08.01, E09.00-E09.01, E11.00-E11.01, E13.00-E13.01
Ketoacidosis with or without coma	E08.10-E08.11, E09.10-E09.11, E10.10-E10.11, E11.10-E11.11, E13.10-E13.11
Intercapillary glomerulonephrosis or glomerulosclerosis, Kimmelsteil-Wilson disease, nephropathy, chronic kidney disease, renal tubular degeneration, or other kidney complications	E08.21-E08.29, E09.21-E09.29, E10.21-E10.29, E11.21-E11.29, E13.21-E13.29
Cataract, retinopathy with or without macular edema, resolved macular edema, or other ophthalmic complication	E08.311-E08.39, E09.311-E09.39, E10.311-E10.39, E11.311-E11.39, E13.311-E13.39
Autonomic (poly) neuropathy, gastroparesis, gastroparesis, loss of protective sensation (LOPS), neuropathy, mononeuropathy, polyneuropathy, neuralgia, amyotrophy, myasthenia, or other neurologic complication	E08.40-E08.49, E09.40-E09.49, E10.40-E10.49, E11.40-E11.49, E13.40-E13.49
Peripheral angiopathy with or without gangrene, or other circulatory complication	E08.51-E08.59, E09.51-E09.59, E10.51-E10.59, E11.51-E11.59, E13.51-E13.59
Arthropathy, neuropathic arthropathy, Charcot's joints	E08.610-E08.618, E09.610-E09.618, E10.610-E10.618, E11.610-E11.618, E13.610-E13.618
Dermatitis, necrobiosis lipoidica, skin ulcer, foot ulcer, or other skin complication	E08.620-E08.628, E09.620-E09.628, E10.620-E10.628, E11.620-E11.628, E13.620-E13.628
Periodontal disease, other oral complication	E08.630-E08.638, E09.630-E09.638, E10.630-E10.638, E11.630-E11.638, E13.630-E13.638
Hypoglycemia with or without coma	E08.641-E08.649, E09.641-E09.649, E10.641-E10.649, E11.641-E11.649, E13.641-E13.649
Hyperglycemia	E08.65, E09.65, E10.65, E11.65, E13.65
Other specified diabetic complication (e.g. osteomyelitis)	E08.69, E09.69, E10.69, E11.69, E13.69
Unspecified diabetic complication	E08.8, E09.8, E10.8, E11.8, E13.8

## DIABETIC TIPS FOR THANKSGIVING

Thanksgiving and the upcoming holidays, with its abundance of food, can be a challenge for someone with diabetes. Many of the traditional foods that adorn the table are laden with calories and carbohydrates. With careful planning, a person with diabetes can eat, drink and celebrate along with friends and family and still keep blood sugars in check.

Tips for making a game plan:

1. Decide in advance, what you are going to eat. Do not feel like you have to partake of all the side dishes and desserts. Make good choices and keep our carbohydrate intake steady.
2. You as the host: If you are hosting the meal, you can make your own low-calorie and low-carb choices. Many rich dishes can be made diabetic friendly by adding vegetables, reducing fats and sugars and make baking substitutions.
3. Watch portions: Learn how to “eyeball” servings sizes to stay within your calorie-carb limits
4. Don’t fill up on appetizers: bypass the chips and dips, go for veggies or finger foods
5. Focus on Turkey! Turkey is carb-free, lean, high in niacin, phosphorous, selenium, B6 and zinc. Avoid drowning your turkey in gravy.
6. “Stiff the Stuffing” – Keep your stuffing portion to ½ cup. On the other hand, one could substitute fat-free chicken or veggie broth for some or most of the butter, use whole-grain bread, add generous amounts of chopped vegetables, nuts, and pumpkin, chia or sunflower seeds.
7. Do not be afraid to say “No thank you!” It is your health and wellness at stake.
8. Be active: Do not just sit around after dinner, go for a walk, play charades or another game to keep your blood moving.

### Thanksgiving: Foods to enjoy and limit:

LIMIT	ENJOY
Plain store-bought stuffing	Whole-wheat, veggie filled stuffing
Creamy mashed potatoes	Roasted carrots, green beans, and other veggies
White bread and processed flours	Whole grain bread and whole wheat and nut flours
Sweet potatoes or yams with marshmallow topping	Sweet potatoes with egg meringue topping
Canned cranberry sauce	Cranberry compote sweetened with stevia

## HEALTHY HOLIDAY RECIPES

### KETO SPICY SAUSAGE AND CHEDDAR STUFFING

This Keto Sausage and Bread Stuffing is going to be the star of your Thanksgiving table! Made with my famous low carb cheesy skillet bread and plenty of sausage, it's full of traditional stuffing flavor without all the carbs.

Prep Time	10 minutes
Cook Time	45 minutes
Total Time	3 hours 20 minutes
Servings	16
Calories	311 kcal

#### Ingredients

- 1 recipe Cheesy Skillet Bread
- 12 ounces spicy Italian sausage
- 1 cup diced celery
- 1/2 cup diced onion
- 2 garlic cloves minced
- 1 teaspoon dried sage
- 1/2 teaspoon kosher salt
- 1/4 teaspoon black pepper
- 1/2 cup low sodium chicken broth
- 2 large eggs
- 1/4 cup heavy cream

#### Instructions

1. A day or two in advance, make the skillet bread and cube into ½ inch pieces. Preheat oven to 200F.
2. Spread bread cubes on a large baking sheet and bake 2 to 3 hours, until well dried and crisp. Let sit out overnight to continue to dry.
3. Heat a large skillet over medium heat and add sausage; sauté until just cooked through, about 6 minutes, breaking up large chunks with a wooden spoon.
4. Using a slotted spoon, transfer sausage to a large bowl. Add celery, onion, garlic, sage, salt and pepper to skillet and sauté until tender, about 5 minutes. Add to sausage.
5. Preheat oven to 350F and butter a large 13x9 inch glass baking dish. Add cubed bread to sausage mixture. Add chicken broth and toss to combine.
6. In a medium bowl, whisk eggs with cream and pour over mixture in bowl. Toss until well combined and transfer to prepared baking dish. Bake 35 minutes, uncovered, until top is crusty and browned.

#### Nutrition Facts

Serving	1 serving = about 1/2 cup
Calories	311 kcal
Carbohydrates	6g
Protein	11.5g
Fat	26.4g
Fiber	3.2g

## KETO CHEESY BREAD

This popular keto cheesy bread is baked in a skillet for an easy low carb side dish. Deliciously tender, with a crisp topping of cheddar cheese, it makes the best low carb Thanksgiving stuffing too!

Prep Time	10 minutes
Cook Time	16 minutes
Total Time	26 minutes
Servings	10
Calories	357 kcal

### Ingredients

- 1 tablespoon butter for the skillet
- 2 cups almond flour
- 1/2 cup flax seed meal
- 2 teaspoon baking powder
- 1/2 teaspoon salt
- 1 & 1/2 cups shredded Cheddar cheese divided
- 3 large eggs lightly beaten
- 1/2 cup butter melted
- 3/4 cup almond milk

### Instructions

1. Preheat oven to 425F. Add 1-tablespoon butter to a 10-inch oven-proof skillet and place in oven.
2. In a large bowl, whisk together almond flour, flax seed meal, baking powder, salt and 1 cup of the shredded cheddar cheese.
3. Stir in the eggs, melted butter and almond milk until thoroughly combined.
4. Remove hot skillet from oven (remember to put on your oven mitts), and swirl butter to coat sides.
5. Pour batter into pan and smooth the top. Sprinkle with remaining 1/2 cup cheddar.
6. Bake 16 to 20 minutes, or until browned around the edges and set through the middle. Cheese on top should be nicely browned.
7. Remove and let cool 15 minutes.

**Note:** Serves 10. Each serving has 7.2 g of carbs and 4 g of fiber. Total NET CARBS = 3.2 g.

### Nutrition Facts

Serving	1 slice = 1/10th of bread
Calories	357 Calories from Fat.
Carbohydrates	7.9g
Protein	12.48g
Fat	30.63g
Fiber	4.77g

## LOW CARB GREEN BEAN CASSEROLE

Yield: Makes 8 Servings

### Ingredients

- 1 pound fresh green beans, cleaned, trimmed and halved
- 1/2 cup blanched almond flour (I use this brand)
- 1/4 cup coconut flour
- 1 teaspoon sea salt
- 1/2 teaspoon black pepper
- 1 small onion, thinly sliced
- 2 shallots, thinly sliced
- 8 ounces cremini mushrooms, chopped
- 2 tablespoons butter
- 3 cloves garlic, minced
- 1/2 cup chicken stock
- 1/2 cup heavy cream
- 1/2 cup grated Parmesan cheese
- Avocado oil (or frying oil of your choice)

### Instructions

1. Preheat oven to 400°F
2. In a large pot of salted water, bring the green beans to a boil. Boil for 5 minutes. Drain in colander and submerge the beans in an ice water

3. bath to shock them and stop the cooking process. Drain and set aside.
3. In a large mixing bowl, combine almond flour, coconut flour, salt, and pepper. Add onions and shallots and toss until they are well coated.
4. In a large skillet or small sauce pan, over medium-high heat, heat 1/2 inch of avocado oil. Once the oil is hot, add breaded onions and shallots in small batches and fry until crispy and golden brown.
5. Remove them from the oil and spread out on a paper towel to remove excess grease.
6. Heat a separate skillet over medium heat. Add the mushrooms, butter and garlic to the pan.
7. Sauté until the mushrooms are tender and have released their liquid, and the garlic is fragrant, about 8 minutes.
8. To the skillet, add the heavy cream, and chicken stock. Bring to a boil over medium heat and then reduce heat to low and let simmer to thicken. Once sauce has started to thicken, stir in Parmesan cheese.
9. Add the green beans to sauce and stir until they are coated. Transfer the mixture to a casserole dish. Spread crispy onions and shallots out evenly around the perimeter of this dish. Bake for 15 minutes.

### Nutrition Facts

Serving	1 = 1/8th of casserole
Calories	155
Carbohydrates	8g
Protein	5g
Fat	11g

### Other Diabetic Thanksgiving/Holiday Recipes

<https://www.eatingwell.com/recipes/19907/health-condition/diabetic/holidays-events/thanksgiving/>

<https://www.healthline.com/health/diabetes-friendly-recipes-thanksgiving#2.-Spicy-Sausage-and-Cheddar-Stuffing>

<https://www.tasteofhome.com/collection/diabetic-friendly-recipes-for-thanksgiving/>