



# PROVIDER NEWSLETTER

Health Choice Utah  
Provider Publication  
Q4

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# SAVE THE DATE – HEALTH CHOICE UTAH’S 3RD CONNECT THE DOTS SUMMIT

**Date: March 25, 2025**  
**Location: Salt Lake City**

**“If knowledge is power, knowing what you don’t know is wisdom” – Thomas Oppong**  
**Registration and agenda to be sent out January 2025.**

**To be placed on the list to receive the registration link, email: [outreach@healthchoiceutah.com](mailto:outreach@healthchoiceutah.com)**

## **Below are some of the Class Topics:**

- » Burnout/Self-reliance – Doug Thomas - Intermountain Mental Health
- » Acupressure – Dr. Elizabeth Howell – Huntsman Mental Health
- » Insurance Rights & Responsibilities and tools for patient– UUHP Provider Services
- » Caregiving-What it looks like – Dr Rebecca Utz – Family Caregiving Collaborative
- » Finance Classes – USU Extension
- » Better Health Outcomes: Addressing the SDOH and patient Care – Oreta Tupola,
- » Disability Programs & Services – DWS and Utah Parent Center
- » Social Security Insurance & Medicare Benefits – Social Security Administration
- » Understanding Fentanyl – Drug Enforcement Agency
- » Bulling Prevention – USU Extension
- » LGBTQ+ – Cultural Humility
- » Effects of Social Media on Youth – Dr Richard Ferguson
- » Medicaid Programs – Benefits and Eligibility
- » Behavioral Health Providers Must Report Critical Incidents

As part of the requirements of the Medicaid 1115 waiver that allows us to pay for SUD and mental health Residential treatment, the state of Utah is required to report any critical incidents involving any behavioral health provider to the Centers for Medicare and Medicaid (CMS). Utah Medicaid requires us to report any critical incident involving one of our enrollees. Types of critical incidents are described below.

If you become aware of any critical incident involving your facility, practice or patient you must report these to your provider representative by email with a copy to Steve Baker, Director, Provider Services. If you have any questions, please reach out to your provider representative.

We appreciate your help with this requirement to ensure Utah Medicaid can continue to cover residential treatment for Medicaid members.

**Types of critical incidents that must be reported:**

- » A serious injury of a member that occurred on the Behavioral Health facility premises and required an overnight admission to a hospital medical unit.
- » A report of a serious physical assault of a member that occurred on the Behavioral Health facility premises and required medical intervention at a medical facility/medical unit/ER.
- » A report of a serious physical assault by a member that occurred on the Behavioral Health facility premises and required medical intervention at a medical facility/medical unit/ER for the assailant and/or the victim.
- » An unexpected death of a member that occurred on Behavioral Health facility premises.
- » A report of a sexual assault of or by a member that occurred on Behavioral Health facility premises.
- » A report of an abduction of a member that occurred on Behavioral Health facility premises.
- » An instance of care ordered or provided to a member by someone impersonating a healthcare professional, that occurred on the Behavioral Health facility premises.
- » Behavioral Health provider medication errors resulting in an impact on the member's well-being, medical status or functioning.
- » A serious suicide attempt by a member that required an overnight admission to a hospital medical unit.
- » A completed suicide by a member.
- » A homicide that is attributed to a member.

## INTRODUCING BETTERDOCTOR PORTAL FOR IMPROVED PROVIDER DIRECTORY ACCURACY

The federal No Surprises Act requires health plans to verify the accuracy of provider directory information every 90 days. In addition to staying compliant, an accurate provider directory ensures our members are able to find you, removing barriers to health care for patients.

With that in mind, Health Choice Utah is excited to announce we'll use the BetterDoctor® online portal from Quest Analytics® to gather this data.

### WHAT YOU NEED TO KNOW

- » BetterDoctor will contact you every 90 days by fax, mail, email, and/or telephone to verify your provider directory information via the BetterDoctor online verification portal. In some cases, BetterDoctor will establish a roster process for larger practices.
- » You need to attest, or provide changes, when you are contacted.
- » BetterDoctor will forward your changes or attestation to Health Choice Utah to enter i n our systems.

### COMMON PROVIDER DIRECTORY DISCREPANCIES

- » The practitioner no longer practices at the office.
- » The practitioner is not accepting new patients.
- » The phone number listed isn't the scheduling number, is incorrect, or is disconnected.

### RESOURCES

- » BetterDoctor – [Frequently Asked Questions & Answers](#)

## HEALTH CHOICE UTAH SELECTS CERTIFYOS AS NEW CREDENTIALING VENDOR

The f Health Choice Utah continues to explore opportunities to streamline our primary source verification procedures and improve the accuracy and timeliness of our credentialing efforts. To support these efforts, we are excited to announce that Health Choice Utah has selected CertifyOS® as our new Credentialing Verification Organization (CVO). By leveraging the capabilities CertifyOS offers, including its self-service module, we are confident we can provide a smoother, more cost effective, and efficient credentialing experience for our providers and internal teams. This partnership marks a significant step in enhancing our credentialing processes and ensuring the highest level of quality and compliance.

The transition to CertifyOS, a National Committee for Quality Assurance (NCQA) certified CVO, officially took effect on October 1, 2024.

### WHAT DOES THIS MEAN FOR PROVIDERS?

For our providers, this transition will bring several benefits, including:

- » Faster Turnaround Times – CertifyOS reduces the time required for verifying provider credentials, allowing providers to focus more on patient care.
- » Enhanced Compliance – As an NCQA-certified CVO, CertifyOS meets the stringent standards required for federal and state compliance, including direct searches of exclusion databases such as the List of Excluded Individuals/Entities (LEIE) and System for Award Management (SAM).
- » Streamlined Communication – CertifyOS ensures less duplication of information, and direct notifications only when information is missing or incomplete.

### NEXT STEPS

On October 1, 2024, CertifyOS began conducting all primary source verifications for our credentialing process. Providers do not need to take any additional action to accommodate this transition. Our Credentialing team is available, as always, to answer any questions and provide support to ensure a smooth transition to our new vendor.

If you have any questions regarding this transition, reach out to our Credentialing team at provider.credentialing@healthchoiceutah.com

## REOPENING ADMINISTRATIVE PRIOR AUTHORIZATION DENIALS

If you received a medical necessity denial and there is additional clinical information that may change the outcome of our decision, please submit this form and associated clinical to the fax numbers listed below. Guidelines:

- » Resubmission of clinical information will not be accepted after the date of discharge for inpatient stays. Once discharged, refer to the appeal instructions in the original denial letter.
- » This form must be filled out in its entirety and must be submitted along with accompanying clinical documentation. Incomplete forms, forms without clinical, or submissions with only duplicate clinical from the original request will not be considered.
- » Clinical information and medical reasoning for re-review must be provided by requesting entity.
- » Timelines: submission must fall within the timelines listed below for consideration
- » If the resubmission does not meet the criteria for re-review and you wish to submit an appeal, please refer to the denial letter.

Please submit the additional information along with this form to the following fax numbers:

Inpatient Stays: 801-213-2132

Outpatient Pre-service Requests: 801-213-1358



## REPORTING DOMESTIC ABUSE, NEGLECT, AND EXPLOITATION

Incidents of domestic abuse, neglect, and exploitation traditionally escalate during the holidays. Unfortunately, law enforcement and other protective agencies continue 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 and Family Services	Adult and Aging Services
Utah Division of Child and Family Services 120 North 200 West, Room 225 Salt Lake City, Utah 84103	Adult Protective Services 120 North 200 West, Room 325 Salt Lake City, Utah 84103
<b>Phone:</b> 801-538-4100 <b>Fax:</b> 801-538-3993	<b>Phone:</b> 801-538-3910 <b>Fax:</b> 801-538-439
<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](#)

# HEALTH INSURANCE MEMBER ENROLLMENT CONCERNS IDENTIFIED

The Centers for Medicare & Medicaid Services (CMS) recently released the following statement regarding fraudulent Health Insurance Marketplace® enrollment: “A record-high 16.4 million people selected plans for coverage through the Marketplaces that use [HealthCare.gov](https://www.healthcare.gov) during the most recent open enrollment period. **CMS received approximately 40,000 complaints of unauthorized plan switches in the first three months of 2024.**” [CMS Statement on Agent and Broker Marketplace Activity, Update](#)

As part of our fiduciary responsibility, Health Choice Utah reviews member enrollments to ensure appropriate eligibility and plan coverage. In recent months, we’ve identified several questionable member enrollment applications with the following issues as the most prevalent.

## UNAUTHORIZED ENROLLMENT OR PLAN-SWITCHING

Health Choice Utah has identified instances where insurance agents or brokers enrolled consumers into an unwanted plan without the member’s knowledge in order to take the commission that comes with signing a new customer. Some members were on Medicaid or qualified for Medicaid and were switched to a Marketplace plan with a higher deductible, to a plan that didn’t include their doctors, and/or—if their income or eligibility for premium tax credits was misrepresented—some ended up owing back taxes. CMS guidelines state an insurance agent or broker must obtain consent by the consumer before switching an enrollee’s plan or making any other changes to their application.

[CMS Compliance with Marketplace Requirements Slides](#)

## MISREPRESENTATION OF A HEALTH INSURANCE MARKETPLACE ENROLLMENT APPLICATION DURING A SPECIAL ENROLLMENT PERIOD (SEP) AND “CHANGE IN RESIDENCE”

We have also identified instances where agents or brokers assisted consumers in filling out their enrollment application during a Special Enrollment Period (SEP) when the member was not qualified for this SEP opportunity. Consumers may qualify for an SEP based on certain life changes, including a permanent change in their residence. We have discovered situations where members who permanently live outside of the state of Utah were instructed by an insurance agent or broker to list a false or temporary Utah address on their insurance enrollment application in order to obtain treatment services in Utah. Using a false or temporary address in an insurance application is insurance fraud.

Unfortunately, insurance-enrollment fraud is on the increase. With respect to fraudulent activities involving the Affordable Care Act (ACA), states where Medicaid has been expanded are particularly at risk. Utah is no exception.

Enrollment fraud is just one of the many types of health insurance fraud. This article is not meant to impugn the integrity of all insurance agents and brokers but rather, to bring to light a growing problem being perpetrated by bad actors within the healthcare industry. Investigating and reporting fraudulent activity helps control the rising cost of healthcare and protect the standing of our reputable healthcare professionals.

## WHAT CAN YOU DO?

If you know of a member who received a notification indicating their health insurance plan has been changed and they did not authorize the change, please have them contact the Marketplace Call Center at **800-318-2596** (TTY: 855-889-4325) as soon as possible so the Marketplace can promptly resolve any enrollment or coverage issues.

## REMINDER – CHECK MEMBER ELIGIBILITY AND BENEFITS

As has always been best practice regarding Medicaid enrollees, remember to verify eligibility prior to every visit. Since Medicaid eligibility can change from month to month—or during the month—verify eligibility in the month of the visit, and no more than 10 days prior to the visit. There are now three methods by which eligibility can be verified:

- » [PRISM Portal](#) (preferred)
- » [Medicaid Eligibility Lookup Tool](#)
- » Phone:
  - Salt Lake City area – **801-538-6155**
  - Utah, Idaho, Wyoming, Arizona, Colorado, Nevada, and New Mexico – **800-662-9651**
  - From other states – **801-538-6155**

### SEE A DISCREPANCY BETWEEN PRISM AND PROVIDER PORTAL OR EPIC?

Send us a heads-up at [providers@healthchoiceutah.com](mailto:providers@healthchoiceutah.com) to help us keep our files aligned with PRISM.

## PHARMACY RECENT AND UPCOMING FORMULARY CHANGES

Effective Date	Label Name	Description of Change	Preferred Alternative(s)	Line of Business
10/1/2024	PRAZIQUANTEL 600 MG TAB	Change from Non-Preferred Generic to Non-Formulary	Albendazole 200mg tablet	All
10/1/2024	LACTULOSE 10 GM PACKET	Change from Non-Preferred Generic to Non-Formulary	Lactulose 10 gm/15mL solution	All
10/1/2024	KRISTALOSE 20 GM PACKET	Change from Preferred Generic to Non-Formulary	Lactulose 10 gm/15mL solution	All
10/1/2024	PROMETHAZINE-PHENYLEPHRINE 6.25-5 MG/5ML SYRUP	Change from Non-Preferred Generic to Non-Formulary	PROMETHAZINE HCL 6.25 MG/5ML SOLUTION	All
10/1/2024	PROMETHAZINE-PHENYLEPH-CODEINE 6.25-5-10 MG/5ML SYRUP	Change from Preferred Generic to Non-Formulary	PROMETHAZINE-CODEINE 6.25-10 MG/5ML SYRUP	All
10/1/2024	Methylphenidate TD Patch	Change from Non-Preferred Generic to Non-Formulary	Daytrana® Patch	Commercial, Exchange, CHIP
10/1/2024	Daytrana Patch	Change from Non-Formulary Generic to Preferred Brand	N/A	Commercial, Exchange, CHIP
10/1/2024	Ocaliva®	Change from Specialty to Non-Formulary	Iqirvo® (requires formulary exception request)	All



### HUMIRA BIOSIMILAR UPDATE – IMPACTING HEALTH CHOICE UTAH

After careful consideration of available biosimilar options, **effective October 1, 2024**, Simlandi (adalimumab-ryvk) was added to the formulary as a preferred agent requiring prior authorization. Simlandi will be preferred along with Hadlima (adalimumab-bwwd) and infliximab. Humira will remain a second-line preferred agent.

Simlandi is available in all the same dosage forms and strengths as Humira including latex-free and citrate-free formulations, and it is the only biosimilar that is currently interchangeable. It can be requested for any indication allowed for Humira coverage.

## PHARMACY RESOURCES

- » View our [Pharmacy Formularies](#) for notices regarding upcoming changes to the formulary.
- » View our [Preferred Drug List \(PDL\)/Formulary](#) for updates regarding retail and specialty pharmacy medications. This list also includes prescribing limits such as quantity limits, step therapy, and/or prior authorization requirements. Multiple formularies are available, depending on the member's benefit plan.
- » Pharmacy Prior Authorization forms are available online with specific requirements for use and limitations listed in the form. Visit our [Coverage Policies](#) page to ensure you are submitting the correct form for the requested medication. Bookmark these links in your internet favorites for quick access to submit pharmacy prior authorization requests.
- » The Retail Pharmacy Online Prior Authorization (PA) Submission tool has been updated to allow prior authorization as well as formulary exceptions to be submitted through the same web page. If submitting a formulary exception, it is important to indicate this on your request. To submit a request online, visit the [RealRx Home Dashboard](#) and click on the "Get Started" button under "Request Prior Authorization or Formulary Exception."

## ANNUAL HEDIS AUDIT

We want to give you a heads-up that the Annual HEDIS Audit is just around the corner! As part of this process, we will be requesting medical records from your practice to ensure accurate and timely reporting for the Healthcare Effectiveness Data and Information Set (HEDIS) measures.

### What to Expect:

- » **Record Requests:** You will receive requests for medical records related to specific HEDIS measures. If your organization would prefer to provide EMR access to streamline the process and reduce the burden of manual record requests, please reach out to your Quality Improvement Specialist.
- » Lindsay King – Northern Utah- [Lindsay.King@healthchoiceutah.com](mailto:Lindsay.King@healthchoiceutah.com)
- » Monique Hall – Utah County and Southern Utah- [Monique.Hall@healthchoiceutah.com](mailto:Monique.Hall@healthchoiceutah.com)
- » Vickie Jenkins – Central Utah- [Vickie.Jenkins@healthchoiceutah.com](mailto:Vickie.Jenkins@healthchoiceutah.com)
- » **Action Required:** Please review these requests promptly and provide the necessary records to help ensure we meet audit requirements.

We truly appreciate your partnership in helping us achieve accurate reporting and improving healthcare outcomes. If you have any questions or need further information, please don't hesitate to reach out. We're here to support you!

Thank you for your continued collaboration!

## BREAST CANCER AWARENESS

The US Task Force recommends that women who are 40 to 74 years old and are at average risk for breast cancer get a mammogram every 2 years. Women should weigh the benefits and risks of screening tests (see below). Different screening recommendations may be used for women at higher than average risk.

### WHY DO I NEED MAMMOGRAMS?

Mammograms are used as a screening test in women without symptoms. They are also used for women who have symptoms that might be from cancer.

A mammogram can often find or detect breast cancer early, when it's still small. Sometimes a mammogram can find breast cancer even before you feel a lump. When breast cancer is found early, it is usually easier to treat.

### WHAT ARE THE MAIN USES OF MAMMOGRAMS?

Mammograms are used in two main ways.

#### Screening mammograms

A screening mammogram is used to look for signs of breast cancer in women who don't have any breast symptoms or problems. X-ray pictures of each breast are taken, typically from 2 different angles.

#### Diagnostic mammograms

Mammograms are used to look at a woman's breast if she has breast symptoms or if something unusual is seen on a screening mammogram. When used in this way, they are called diagnostic mammograms. They may include extra views (images) of the breast that aren't part of screening mammograms. Sometimes diagnostic mammograms are used to screen women who were treated for breast cancer in the past.

**Schedule the Mammogram Screening bus to come to your clinic location!**

We can schedule the screening bus for most clinic groups that have at least 20 patients aged 40–74 who need mammograms and are ready to schedule. The 45-foot-long mobile clinic is loaded with the latest equipment:

- » 3D mammography machine—exactly the same as in Huntsman Cancer Institute's hospital
- » Wheelchair lift for accessibility to all
- » Exam room for optional skin cancer screening
- » Private changing rooms
- » Waiting and education area

Certified technicians perform mammograms. Board-certified radiologists review the results. Huntsman Cancer Institute and U of U Health dermatology providers do skin cancer screenings. Health educators give cancer prevention and risk information.

**For more information**

Lynette Phillips

801-597-6080

lynette.phillips@hci.utah.edu

Instagram:

@huntsmanscreeningbus

More information

[Huntsman Cancer Screening Bus](#)



## DIABETIC EYE EXAMS (EED HEDIS MEASURE)

Tracks the percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam performed during the measurement year or year prior (2024– 2023)

## DOCUMENTATION RECOMMENDATIONS FOR PRIMARY CARE PROVIDERS

At a minimum, documentation in the medical record must include one of the following:

- » A note or letter prepared by an ophthalmologist, optometrist, PCP or other health care professional indicating that an ophthalmoscopic exam was completed by an eye care professional (optometrist or ophthalmologist), the date when the procedure was performed and the results.
- » A chart or photograph indicating the date when the fundus photography was performed and one of the following:
  - » Evidence that an eye care professional (optometrist or ophthalmologist) reviewed the results.
  - » Evidence results were read by a qualified reading center that operates under the direction of a

medical director who is a retinal specialist.

» Evidence results were read by a system that provides an artificial intelligence (AI) interpretation.

**CHARTING EXAMPLES FOR PRIMARY CARE SETTINGS**

*“Patient states eye exam was completed at Eye Care Pros on 1.18.2024, negative retinopathy”*

*“Patient reports history of diabetic eye exam completed May 2023, negative retinopathy results”*

*“Reviewed results from OD Dr. EyeCare, exam completed 9-23-2024, positive for retinopathy”*

Documentation does not have to state specifically “no diabetic retinopathy” to be considered negative for retinopathy; however, it must be clear that the patient had a dilated or retinal eye exam by an eye care professional (optometrist or ophthalmologist) and that retinopathy was not present. Notation limited to a statement that indicates “diabetes without complications” does not meet criteria

**LIFE WITH DIABETES**

**Diabetes is a common disease, yet every individual needs unique care.**

We encourage people with diabetes and their loved ones to learn as much as possible about the latest medical therapies and approaches, as well as healthy lifestyle choices. This, plus good communication with a team of experts, can help you feel in control and better able to respond to changing needs.

Measure	Exam	Preventive	Screening
EED	<b>Eye Exam</b> Annual comprehensive dilated eye exam by an ophthalmologist or optometrist to check for retinopathy. Diabetes is the main cause of blindness in adults aged 20 to 74.	<b>Prevent eye disease and blindness</b>	<b>Every year</b> if positive for retinopathy  <b>Every two years</b> if last exam was normal

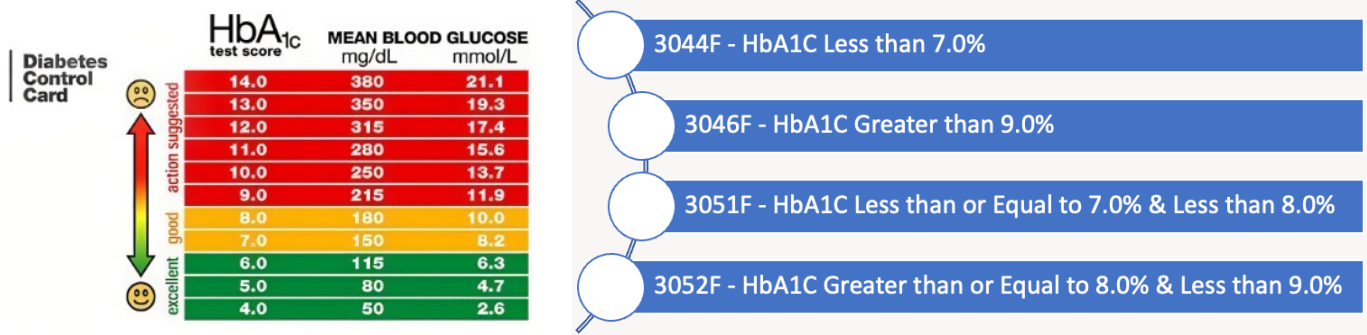
**The Importance of Monitoring A1C Year-Round for Comprehensive Patient Health**

Managing a patient's health is a dynamic and ongoing process, particularly for individuals with diabetes. Regular A1C testing is crucial, not just for controlling blood sugar, but for ensuring a comprehensive approach to overall patient health.

By monitoring A1C levels throughout the year, healthcare providers can identify trends, adjust treatment plans, and proactively prevent complications such as heart disease, kidney damage, and nerve issues. Consistent tracking allows for early intervention if A1C levels rise or fall outside of target ranges, leading to more timely adjustments in care. For patients with diabetes, keeping A1C levels under control is directly linked to reducing the risk of long-term health problems.

In addition to its clinical significance, A1C testing is a key metric in the HEDIS (Healthcare Effectiveness Data and Information Set) performance measures. By monitoring A1C levels, HEDIS metrics help identify areas where care may be falling short and where additional resources are needed. For example, if a large number of patients have poorly controlled A1C levels, healthcare providers can allocate more resources—such as outreach programs, education, or care management teams—to improve diabetes care in those areas.

In short, regular A1C monitoring is not only essential for managing a patient’s diabetes, but it also plays a critical role in identifying where healthcare systems can focus additional efforts to improve patient outcomes. By tracking these metrics, healthcare providers can ensure they are meeting the needs of their patient population and delivering the highest standard of care.



## KIDNEY HEALTH FOR DIABETICS

### Two tests to assess kidney health

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> )
uACR	Urine test to assess kidney damage	urine albumin (mg/dL)
		urine creatinine (g/dL)
In 2020, laboratories collaborated to create a standardized <a href="#">Kidney Profile</a> that bundles these components in one request. <sup>11</sup>		

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. So, laboratories collaborated to create a standardized Kidney Profile that bundles these components in one request. Elevated uACR is often the earliest sign of CKD. Rising uACR (≥30 mg/day) detection occurs about 10 years before a detectable decline in eGFR and thus is an early indicator of kidney disease in patients with diabetes.

### A guide to holiday eating for people with Diabetes:

<https://www.ondemand.labcorp.com/blog/diabetes-friendly-recipes-for-the-holidays?srsltid=AfmBOorMJMq7rcs21kxQj8bWvcGLcpoE4qqkhk429JDQmXLqV8I8UCy>

The holidays are a time for celebrating with family, friends and lots of delicious foods. But for those with diabetes, holiday meals could put you at increased risk of high blood sugar.

During the holidays, it's easy to overindulge in classic carb-heavy dishes like mashed potatoes, stuffing, rolls, pies and casseroles. You want to enjoy the foods you love while also keeping your blood sugar levels in check. The key is making smart swaps and filling your plate with diabetes-friendly options.

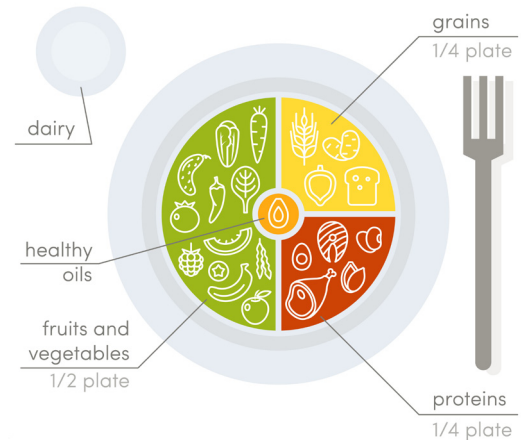
### Plan My Meals

<https://diabetesfoodhub.org/>

Welcome to our Meal Planner, a free feature designed to help you organize your weekly meals effortlessly. With our drag-and-drop interface, you can easily plan your week by adding your favorite recipes.

Ready to get started? Simply create a free Diabetes Food Hub account and start favoriting recipes. From there you can build a personalized meal plan that suits your dietary needs. Join us today and take the stress out of meal planning!

<https://diabetesfoodhub.org/blog/our-best-recipes-your-holiday-table>



### HEALTHY PLATE

### Create a Grocery List

Shopping for diabetes-friendly foods doesn't mean you have to spend more time at the store. Use our weekly grocery list generator so you have a game plan of what you need on your next grocery store trip.

- Save time: Head to the store with a gameplan in advance
- Budget money: Buy only the food you need based on your meal planner
- Eat healthier: Stick to the foods on your list for informed choices

The plate method

It's easy to eat more food than you need without realizing it. Try the plate method to balance the amounts of vegetables, lean protein, and carb foods in your meal.

Start with a 9-inch dinner plate (about the length of a business envelope):

- Fill half with nonstarchy veggies, such as salad, green beans, and broccoli.
- Fill one quarter with a lean protein, such as chicken, beans, tofu, or eggs.
- Fill one quarter with carb foods.

Foods higher in carbs include grains, starchy vegetables (such as potatoes and peas), rice, pasta, beans, fruit, and yogurt. A cup of milk also counts as a carb food.

Then choose water or a low-calorie drink such as unsweetened iced tea to go with your meal.

Use the plate method to balance veggies, protein, and carbs in your meals.

<https://www.cdc.gov/diabetes/healthy-eating/diabetes-meal-planning.html>



## References

### [Breast cancer awareness](#)

<https://www.fda.gov/consumers/knowledge-and-news-women-owh-blog/breast-cancer-awareness-month#:~:text=October%20is%20Breast%20Cancer%20Awareness%20month!&text=Approximately%20one%20in%20eight%20women,women%20die%20from%20breast%20cancer.>

<https://www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/mammograms/mammogram-basics.html>