



**THE
EMPIRE
PLAN**

REPORTING ON

Diabetes

NEW YORK STATE HEALTH INSURANCE PROGRAM (NYSHIP) for Empire Plan enrollees and for their enrolled dependents, COBRA enrollees with their Empire Plan benefits and Young Adult enrollees

Understanding Diabetes

Diabetes is a disease that occurs when your body cannot produce, convert or properly use glucose from food for energy. Glucose is a form of sugar made when the body digests food. Those with diabetes have excess glucose in the bloodstream which, left unchecked, can damage every system in the body.

Even though the disease is more manageable than ever, diabetes is increasing to epidemic proportions in the United States. According to the American Diabetes Association, 23.6 million people in the United States, or 7.8 percent of the population, have diabetes. While an estimated 17.9 million people have been diagnosed, 5.7 million, or nearly one-quarter, are unaware that they have the disease and are already suffering from its complications.

Symptoms of Diabetes

If you have any of these symptoms, contact your doctor:

- Frequent urination
- Extreme thirst
- Extreme hunger
- Sudden weight loss
- Unusual fatigue
- Blurry vision
- Tingling or burning sensation in the hands, fingers, feet or toes
- Frequent infections and poor wound healing
- Cuts or bruises that are slow to heal
- Dry skin

If you or someone you love is diagnosed with diabetes, this report will help you better understand and manage the disease. Those of you who are at risk for diabetes will learn about lifestyle changes that will help delay or prevent the disease.

And, you will learn how The Empire Plan's Home Care Advocacy Program (HCAP) and Diabetes Management Program offer support and guidance for living with diabetes.

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This issue of Reporting On is for information purposes only. Please see your doctor for diagnosis and treatment. Read your plan materials for complete information about coverage.

Types of Diabetes

The three main types of diabetes are:

- Type 1 diabetes
- Type 2 diabetes
- Gestational diabetes (diabetes during pregnancy)

Of the 23.6 million people in the United States who have diabetes, 90 to 95 percent have type 2 diabetes and 5 to 10 percent have type 1 diabetes. About 4 percent of all pregnant women develop gestational diabetes.

Type 1 Diabetes

In people with type 1 diabetes, formerly called “juvenile-onset diabetes” or “insulin-dependent diabetes mellitus,” the body loses the ability to make insulin.

Insulin is a vital hormone made by the pancreas, a gland in the body near the stomach. It is needed to change glucose, the body’s primary energy source, into energy.

When insulin is not available, glucose stays in the bloodstream and cannot be used as energy. Left unchecked, excess glucose can damage the blood vessels that nourish the eyes, kidneys and bladder. To regulate their blood sugar levels and prevent this damage, people with type 1 diabetes need to take insulin every day.

Type 1 diabetes usually occurs in children or young adults under age 30, but can develop at any age for unknown reasons. Environmental factors such as viral infections, chemicals, stressful situations and others may also play a role, but the specific role of each of these factors still is not clear.

Type 2 Diabetes

Type 2 is the most common form of diabetes. Formerly called “adult-onset diabetes” or “non-insulin-

dependent diabetes,” in type 2 diabetes the body does not produce enough insulin or the cells ignore the insulin. As with type 1 diabetes, glucose stays in the bloodstream and cannot be used as energy.

During this period, the pancreas works overtime to make more insulin to overcome the resistance. For a while, the extra insulin moves enough glucose into cells to keep glucose from building up too high in the blood. This can go on for months or years without obvious symptoms.

The pancreas eventually begins to tire. Insulin production levels off, and the body cannot keep up with the amount of glucose in the blood, triggering type 2 diabetes. The condition may not be diagnosed right away, however, because often there are no visible or obvious symptoms.

Some people with type 2 diabetes need to take insulin or medication to help their bodies use insulin better.

Gestational Diabetes

Gestational diabetes occurs when a woman’s body cannot produce the amount of insulin needed during pregnancy. There are usually no symptoms. Therefore, if you are pregnant, you should be tested for diabetes between the 24th and 28th week of pregnancy. Women already at risk for diabetes (see page 3) should be screened at their first prenatal appointment rather than waiting.

Most pregnant women need two to three times more insulin than when they are not pregnant. This happens because of hormonal changes that are normal in pregnancy.

After pregnancy, blood glucose levels usually return to normal. However, a woman who has had

Your Prescription Drugs

A list of the most commonly prescribed generic and brand-name prescription drugs including medications used to treat diabetes is available on the New York State Department of Civil Service web site at <https://www.cs.state.ny.us>. Select Employees or Retirees and follow the links to your group-specific health benefits.

The Empire Plan Flexible Formulary Drug List, Preferred Drug List or Three Level Drug List (depending on your group) will help you and your doctor determine if your prescription is for a generic or a preferred brand-name drug. However, these lists do not include all the prescription drugs covered under The Empire Plan. For specific questions about your prescriptions, please call The Empire Plan Prescription Drug Program toll free at 1-877-7-NYSHIP (1-877-769-7447). Select Option 4.

gestational diabetes is at risk for developing type 2 diabetes later in life.

Women who had gestational diabetes have an increased risk of developing type 2 diabetes in the next 10 to 20 years if overweight after pregnancy. The risk is reduced if the mother maintains a reasonable weight after pregnancy.

Sometimes, gestational diabetes may really be the “unmasking” of type 2 diabetes that hasn’t been diagnosed yet. If this is the case, diabetes will not go away after the pregnancy, and the blood glucose will become high if diabetes is not treated.

Source: International Diabetes Center

- **Overweight.** The longer people are overweight and the more overweight they are, the greater their risk for diabetes. Recent studies have shown that losing 5 to 7 percent of body weight can help reduce the risk of type 2 diabetes (see page 2).
- **Blood pressure of 130/80 or higher.** Sixty to 70 percent of people with undiagnosed diabetes have high blood pressure. Normalizing blood pressure greatly reduces the risk of both stroke and heart attack by slowing the formation of arterial plaque in vessels everywhere in the body, especially the brain, heart, kidneys, eyes and legs.
- **High cholesterol or triglycerides.** More than 75 percent of people with diabetes have high cholesterol or triglycerides, which are components of fat found in the blood. This increases the risk of heart disease by up to four times that of the general population. People with diabetes can reduce their risk of heart and blood vessel disease by lowering cholesterol levels or triglycerides. HDL (high-density lipoprotein), or “good” cholesterol, should be no less than 40 mg for men and 50 mg for women; LDL (low-density lipoprotein), or “bad” cholesterol, should be less than 100 mg; and triglycerides should be less than 150 mg.
- **Parent or sibling with diabetes.** A significant number of children or siblings of people with type 2 diabetes eventually will develop the disease unless they take steps to prevent it.
- **Family background of African American, Native American, Asian American, Hispanic/Latino or Pacific Islander.** People in these ethnic groups are at two to three times the risk of developing diabetes compared with all other people.
- **History of gestational diabetes (see page 2) or giving birth to a baby weighing more than 9 pounds.** Up to two-thirds of women who develop diabetes during pregnancy may develop type 2 diabetes.
- **Sedentary lifestyle.** “Sedentary” means doing nothing more than the light physical activity of day-to-day life. People who exercise three to five times a week can reduce their risk of diabetes by up to 58 percent.
- **Prediabetes.** As many as 57 million Americans are on the brink of developing diabetes, a condition called impaired glucose tolerance (IGT), or more commonly known as prediabetes. Prediabetes is a condition in which blood glucose levels are higher than normal but not yet diabetic. People with this condition have only slightly elevated blood sugar levels. However, they have an extremely high chance of developing full-blown diabetes within 10 years. This also increases the risk for other serious complications of diabetes such as kidney failure, heart disease, stroke, limb amputations due to impaired circulation and blindness.

The latest studies also show that prediabetes occurs earlier than originally thought and that high-risk individuals should be checked more often. Doctors are starting to recommend that people age 45 or older, especially those who are overweight, be screened for prediabetes.

There are three different tests your doctor can use to determine whether you have prediabetes: the A1c test (see page 7), the fasting plasma glucose test (FPG) or the oral glucose tolerance test (OGTT). The blood glucose levels measured after these tests determine whether you have a normal metabolism, or whether you have prediabetes or diabetes.

If your blood glucose level is abnormal following the FPG, you have impaired fasting glucose (IFG); if your blood glucose level is abnormal following the OGTT, you have impaired glucose tolerance (IGT). Both are also known as prediabetes.

If you are diagnosed with prediabetes, you can take simple steps to prevent or delay type 2 diabetes. Improving your diet, increasing your physical activity and taking care of yourself are among the best ways to stay healthy and possibly delay a diabetes diagnosis.

Source: The New England Journal of Medicine

The Empire Plan's Home Care Advocacy Program (HCAP) covers medically necessary diabetic supplies and diabetic shoes prescribed by your doctor.

To be considered for benefits, you must be managing your diabetes under the direction of a doctor, for example, through diet, exercise and/or medication.

Diabetic Supplies

Examples of diabetic supplies include a glucometer (a small, portable machine that you can use to check your glucose levels), test strips, portable lancets, alcohol swabs and syringes.

If you have insulin-dependent diabetes, you are eligible for HCAP benefits for blood-testing supplies, including a glucometer. If you have non-insulin-dependent diabetes, you may be eligible for blood-testing supplies, including a glucometer.

Supplies not covered include tape, cotton balls and disposable containers.

Call the HCAP network providers directly at their toll-free numbers for authorization before receiving diabetic supplies, except insulin pumps and Medijectors. For most

diabetic supplies, call The Empire Plan Diabetic Supplies Pharmacy at 1-888-306-7337. Tell the network provider that you are an Empire Plan enrollee and provide the prescribing doctor's name and phone number. The supplier will confirm your need for diabetic supplies with your doctor.

For insulin pumps and Medijectors, you must call HCAP for authorization at 1-877-7-NYSHIP (1-877-769-7447). Select Option 1 at the menu.

If you do not call HCAP for precertification before receiving insulin pumps and Medijectors and/or if you use a non-network provider, you will pay a much higher share of the cost.

Diabetic Shoes

If you are diagnosed with diabetes and diabetic foot disease, one pair of custom-molded or depth shoes per calendar year are a covered expense under The Empire Plan.* You must use an HCAP-approved provider and the shoes must be fitted and furnished by a qualified pedorthist, orthotist, prosthetist or podiatrist (shoes ordered by mail or from the internet are not eligible for benefits).

When you use an HCAP-approved provider for medically necessary diabetic shoes, you receive a paid-in-full benefit up to an annual maximum benefit of \$500. To ensure that you receive the maximum benefit, you must make a prenotification call to HCAP.

If you receive medically necessary diabetic shoes from a provider who is not an HCAP-approved provider, benefits will be considered under the Basic Medical Program subject to the annual deductible with any remaining covered charges paid at 75 percent of the network allowance with a maximum annual benefit of \$500.

Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447), choose UnitedHealthcare and then the Benefits Management Program to make arrangements to receive benefits for medically necessary diabetic shoes through HCAP.

For more information on HCAP, see your *NYSHIP General Information Book* and *Empire Plan Certificate and Reporting On HCAP*.

* There is a \$500 limit per calendar year for diabetic shoes, customized inserts and/or modifications. This does not apply to prescription orthotics, which are covered under The Empire Plan Participating Provider Program or Basic Medical Program.

THE EMPIRE PLAN DIABETES MANAGEMENT PROGRAM

The Empire Plan's Diabetes Management Program provides guidance for improving, managing and living with diabetes or high blood sugar. The Program aims to prevent long-term complications such as kidney and circulatory disorders, nerve damage and blindness.

If you or your dependents have received treatment for diabetes or a diabetes-related problem, you may be invited to participate in this Program. Depending on the severity of your condition, UnitedHealthcare may telephone you or send a letter inviting you

to participate in the Program. Participation is voluntary, free of charge and confidential.

If you agree to participate in the Program, you will receive informational material to help you understand your diabetes. If you are identified as high risk, a diabetes nurse case manager will be assigned to answer your questions and help you better manage your diabetes. The nurse will also coordinate care with the doctor treating your diabetes, as well as doctors treating any other health conditions that may exist.

To find out if you may be considered for the Diabetes Management Program, please call The Empire Plan NurseLineSM toll free at 1-877-7-NYSHIP (1-877-769-7447) and press 5 on the main menu to speak with a nurse.

COPING WITH DIABETES

Until you are diagnosed with a chronic medical condition such as diabetes, it is difficult to predict how you will react. Much like the stages of grief, coping with a diagnosis also has its stages.

Feeling down once in a while is normal, but some people have a feeling of extreme sadness or hopelessness that just won't go away. Feeling this way most of the day for two weeks or more is a sign of serious depression.

Research by the National Institute of Mental Health has shown that depression is often associated with diabetes. People who have both diabetes and depression tend to have more severe symptoms of both diseases, higher rates of work disability and use more medical services than those who only have diabetes alone.

Also, poor diabetes control can cause depressive symptoms and worsen existing depression. If your doctor has ruled out physical causes for depression, he or she may refer you to a specialist for mental health treatment or you may seek treatment yourself such as psychotherapy or medication. It is important to not only treat the diabetes, but to address any accompanying depression as well.

If you or a loved one has diabetes and may be suffering from depression, help is available through The Empire Plan Mental Health and Substance Abuse Program. Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select Option 3 for OptumHealth. The OptumHealth Clinical Referral Line is staffed with licensed clinicians who are available 24 hours a day,

7 days a week to answer your questions or locate a local mental health network provider. You can also ask to receive mailings with information to help manage depression as a part of The Empire Plan Depression Management Program. The clinician can help you access this Program.

If you would like more information about depression, you can access the customized Empire Plan Mental Health and Substance Abuse web site at www.liveandworkwell.com (use access code Empire in the right-hand navigation). This web site contains self-help questionnaires, articles and other resources on coping with depression and chronic medical conditions such as diabetes.

Sources: National Institute of Mental Health and American Diabetes Association

Nearly one child in every 400 to 500 between the ages of birth and 19 is diagnosed with type 1 diabetes. Type 2 diabetes currently accounts for up to 50 percent of all new cases of diabetes in children. This is a significant increase from even a decade ago, when the majority of cases for pediatric diabetes was type 1 diabetes.

One of the main causes of type 2 diabetes is obesity, which contributes to both insulin resistance and cardiovascular problems. Since the 1970s, the rate of obesity in children has more than doubled. Many attribute this to an increasingly sedentary lifestyle, as well as poor nutritional habits and choices. Given the rise of childhood obesity, it is estimated that more than one third of all children who were born in 2000 will eventually develop diabetes, either during childhood or after adolescence.

Often diet, exercise and lifestyle changes can help children manage diabetes or prevent it from developing, but sometimes medications may be needed as well.

Goals of Managing Diabetes in Children

Managing diabetes in children involves several goals. These goals are to:

- keep blood sugar levels normal
- improve insulin sensitivity, which helps control blood sugar levels
- treat cardiovascular issues and fatty liver disease
- prevent complications associated with diabetes, such as nephropathy or kidney disorder, neuropathy, which is nerve damage, especially to the feet and legs, and retinopathy, which is eye disease

Underlying all of these goals is the essential challenge to instill lifestyle changes to combat obesity, which will help all ages of people achieve all the other treatment goals for diabetes.

Benefits of Diet and Exercise

Doctors recommend that children with diabetes or prediabetes (see page 3) consume more fresh fruits, vegetables and whole grains, eat fewer high-fat and processed foods, and eliminate sweetened beverages, such as soda, entirely from the diet.

In addition to adopting healthy eating habits, children with diabetes can – and should – play games and sports and should make a habit of engaging in physical activity for at least 60 minutes daily. Exercise helps to lower blood glucose levels, maintain a healthy heart and lungs and to control weight. Your child will reap these benefits even if he or she remains overweight.

The National Institutes of Health recommends that children limit watching television and playing video games to no more than one hour per day. Instead of sedentary entertainment, doctors recommend active playing and/or participation in organized sports such as soccer or baseball, dance or other physical activities at home.

Medications and Other Treatments for Children

The first and most important factor in combating diabetes for children is by making lifestyle changes with diet and exercise. Ideally, a diabetes health care team for children and adolescents will include nutritionists and activity leaders to help patients and families incorporate these healthy changes into their lives.

What's for Lunch?

If your child has diabetes, then most likely he or she is on a diet plan to help manage the disease. It's easier to watch your child's eating habits at home, but what happens in the school cafeteria?

School cafeterias are nutritional minefields. Traditional school lunches often contain starchy, high-calorie foods and many items have trans fats and corn sweeteners in them.

How can parents help their children stick with healthy lunches and not be tempted by the onslaught of overindulgence around them? First, it's better to bring a lunch from home rather than rely on the school cafeteria choices. A nutritious and filling lunch may consist of a sandwich on whole-grain bread, a homemade cookie or treat, fresh fruit or veggies, a low-fat cheese stick and 1 or 2 percent milk.

Second, have children make the choices for what healthy items they would like in their lunch. Having control over what's in their lunch may help them to be satisfied with what they are eating and to create a different lunch every day.

Even if no symptoms of diabetes such as increased thirst or urination are present (see front cover), health care providers may prescribe antidiabetic medications if lifestyle changes fail to decrease the risks involved with diabetes.

With good medical care and support from adults, children with diabetes can lead healthy, active, fun-filled lives.

Sources: LifeWire, a part of The New York Times Company and the National Institutes of Health

DIABETES EDUCATION AND SELF-CARE

Diabetes education can be an important part of a treatment plan for diabetes. Diabetes educators provide information on nutrition and lifestyle improvement that can help diabetics better manage their disease.

The Empire Plan network now includes Diabetes Education Centers that are accredited by the American Diabetes Association Education Recognition Program. If you have a diagnosis of diabetes, your visits to a network center for self-management counseling are covered and you pay only an office visit copayment for each covered visit. Covered services at a non-network diabetes education center are considered under the Basic Medical Program subject to deductible and coinsurance.

The Diabetes Self-Management Education (DSME) available at a network center is a series of weekly individual or group sessions. Both individual and group DSME focus on sharing information about self-care skills and habits for diabetes control such as checking blood sugar, taking oral medicines and insulin, if indicated, on time and in the right doses, following a food or meal plan, exercising, and checking feet.

Effective DSME does more than provide knowledge and skills. Enrollees can get emotional support and help from certified diabetes educators and other group members to solve problems in their everyday lives. On an ongoing basis, DSME fosters a level of self-care that is essential to prevent the debilitating effects of diabetes and to have a higher quality of life.

To find an Empire Plan participating Diabetes Education Center, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and press Option 1 to reach UnitedHealthcare. Or, go to the New York State Department of Civil Service web site at <https://www.cs.state.ny.us>, click on Benefit Programs and then NYSHIP Online. Select your group if prompted, click on Find a Provider and then Medical and Surgical Providers under UnitedHealthcare. Select the Search the Provider Directory tab, then Search for laboratories or other facilities, then scroll down to Click [here](#) to view a list of Diabetes Education Centers.

Source: American Diabetes Association

HELP MANAGE YOUR DIABETES WITH A SIMPLE TEST

If you have been diagnosed with diabetes, ask your doctor about a Hemoglobin A1c test, which shows the average amount of sugar that has been in your blood over the last two to three months. In addition to monitoring your daily blood sugar levels at home, the A1c test can help determine if your treatment

is working effectively. It also gives you and your doctor important information about how to manage your diet and exercise plan, as well as how to adjust dosages of insulin and other prescription drugs.

Through The Empire Plan Diabetes Management Program (see page 5), work with your doctor to lower

your hemoglobin A1c level to less than 7 percent. The normal range for people who do not have diabetes is between 4 and 6 percent. This will significantly reduce your risk of diabetic complications, including serious eye and kidney disease, and most commonly heart attack and stroke.

SMOKING CESSATION BENEFITS

If you have diabetes and want to quit smoking, The U.S. Public Health Service has recommended medications and individual counseling as effective in helping smokers quit. Research shows that smokers are more likely to make a quit attempt and, most importantly, to succeed when

they have easy access to smoking cessation treatments.

Through The Empire Plan Prescription Drug Program, you have access to prescription drugs that can help you to quit smoking. Talk to your doctor about which prescription drug(s) would be appropriate for you. Also, individual smoking cessation counseling

is covered by The Empire Plan if Medicare is your primary insurance. For more information and support, you can contact the New York Smokers' Quitline and the North American Quitline Consortium at the numbers listed below. Call today.

Based on information from Partnership for Prevention®

RESOURCES

Keep these telephone numbers and web site addresses handy for your reference and to order your prescribed services, equipment and supplies.

The Empire Plan Home Care Advocacy Program (HCAP)
1-877-7-NYSHIP
(1-877-769-7447)

Press or say 1 on the main menu for UnitedHealthcare. Then press or say 3 for HCAP.

The Empire Plan Diabetic Supplies Pharmacies
HCAP network supplier for diabetes supplies
1-888-306-7337

The Empire Plan NurseLineSM
Health information and support 24 hours a day, 7 days a week
1-877-7-NYSHIP (1-877-769-7447)
Press or say 5 on the main menu. Press 2 to reach the library, enter PIN 335, and then enter the four-digit topic code.

American Association of Diabetes Educators
1-800-338-3633
www.diabeteseducator.org

American Diabetes Association
1-800-DIABETES
(1-800-342-2383)
www.diabetes.org

Centers for Disease Control and Prevention
www.cdc.gov/diabetes

Children with Diabetes
www.childrenwithdiabetes.com

Exercise is Medicine™
www.exerciseismedicine.org

Health Information from FirstGov
www.healthfinder.gov

International Diabetes Center
1-888-825-6315
www.parknicollet.com/diabetes

Juvenile Diabetes Research Foundation International
1-800-533-CURE
(1-800-533-2873)
www.jdrf.org

Let's Move
www.letsmove.gov

National Diabetes Education Program
1-800-438-5383
www.ndep.nih.gov

National Diabetes Information Clearinghouse
1-800-860-8747
www.diabetes.niddk.nih.gov

New York State Smokers' Quitline
NY residents: 1-866-NY-QUITS
(1-866-697-8487)
for free assistance
www.nysmokefree.com

North American Quitline Consortium
Residents of other states:
1-800-QUIT-NOW
(1-800-784-8669)
www.naquitline.net

State of New York Department of Civil Service, Employee Benefits Division, Albany, New York 12239 • <https://www.cs.state.ny.us>

It is the policy of the State of New York Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the Department of Civil Service web site (<https://www.cs.state.ny.us>). Check the web site for timely information that meets universal accessibility standards adopted by New York State for NYS Agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator. NYS and PE Retirees, NYS and PE COBRA Enrollees and Young Adult Enrollees: Contact the Employee Benefits Division at (518) 457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

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