

Partnering to Tackle Prediabetes and Diabetes Across Wyoming

Wyomingites are recognized for their resilience and independence, but proactive health management requires confronting clinical numbers head-on. Approximately **1 in 3 Wyoming adults** is at high risk for type 2 diabetes, and more than **80% remain completely unaware** due to the asymptomatic nature of early prediabetes.

In observance of **Diabetes Awareness Month this November**, the Wyoming Department of Health (WDH) Public Health Division, the University of Wyoming Center on Aging (WyCOA) through its *Healthier Wyoming* initiative, and WYhealth are encouraging providers across the state to actively screen, identify, and guide at-risk patients onto a path of early intervention.

A 3-Step Clinical Roadmap for Your Patients

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To streamline patient navigation and lower barriers to preventive care, clinical teams can guide individuals through this structured three-step journey:

Step 1: Rapid Prediabetes Risk Assessment (FindOutWY.org)

- Patients complete a brief, confidential, 60-second online screening that assesses age, BMI, physical activity levels, and family history.
- **Clinical Action:** Direct patients to FindOutWY.org during routine checkups, triage, or intake to establish baseline awareness and identify elevated risk early.

Step 2: Diagnostic Hemoglobin A1C Testing In-Clinic or via In-Network Lab

- For patients identified with elevated risk scores or those overdue for glycemic screening, perform an in-office point-of-care A1C or order diagnostic testing through an enrolled Wyoming Medicaid laboratory or facility.
- **Clinical Action:** Evaluate glycemic status directly through routine Medicaid-covered preventive and diagnostic laboratory benefits, ensuring findings are integrated immediately into the patient's clinical record and care plan.

Step 3: Diabetes Self-Management & Local Community Support (Wyoming 211)

- Connect patients diagnosed with prediabetes or diabetes to Certified Diabetes Care and Education Specialists (CDCES) or CDC-recognized Diabetes Prevention Programs (DPP) to build sustainable lifestyle and nutritional habits.
- **Access:** Patients can dial **2-1-1** or visit wyoming211.org to locate local diabetes education specialists, self-management workshops, community support groups, and virtual/telehealth options across Wyoming.

How WYhealth Supports Your Practice and Medicaid Patients

WYhealth Health Management serves as an extension of your clinical team for your Wyoming Medicaid patients.

- **Targeted Chronic Condition Care:** Enrolled Medicaid patients work one-on-one with a dedicated Nurse Care Manager who reinforces clinical treatment plans, tracks glycemic and blood pressure metrics, and supports lifestyle modifications.
- **Outsmart Diabetes Incentive:** is Medicaid's only incentive program - it's designed to support a member's diabetes management efforts. Enrolled participants can earn a $50 gift card each quarter, up to $200, visit: https://health.wyo.gov/healthcarefin/medicaid/wyoming-medicaid-health-management/diabetes-outsmart-diabetes-incentive-program/
- **Addressing Social Determinants of Health (SDOH):** Care Managers connect members to vital local resources, including food assistance and appointment transportation.
- **Promoting Routine Follow-Ups:** WYhealth actively encourages patients to schedule and attend preventive and specialty follow-up visits with your office.
- **24/7 Nurse Line:** Medicaid members have continuous after-hours clinical triage available at **888-545-1710, option 2** (Medicaid ID required).

Referring Patients to WYhealth

Referring your Medicaid patients to WYhealth is fast!

- Complete the brief **WYhealth Referral Form** to initiate specialized care management for diabetes or other chronic medical conditions.
- Questions or coordination needs can be directed via email to: **WDH-WYhealth@wyo.gov**.

Thank you for your ongoing commitment to improving health outcomes and fostering resilience across Wyoming's communities.