

# HEALTH ENHANCEMENT PROGRAM (HEP)

## HYPERLIPIDEMIA - DID YOU KNOW? CHRONIC CARE COMPLIANCE FORM



*Please read the information below and complete the form to be compliant.*

**Hyperlipidemia** is the medical term for high cholesterol. Having high cholesterol puts you at risk for heart disease, the leading cause of death in the United States.

People with high cholesterol have about **twice the risk** of heart disease as people with lower levels.

Cholesterol is a waxy, fat-like substance. Your body needs some cholesterol, but it can build up on the walls of your arteries and lead to heart disease and stroke when you have too much in your blood.

There are two types of cholesterol – LDL is **Lousy** (bad) cholesterol; it is what clogs your arteries if you have too much of it. HDL is **Happy** (good) cholesterol; it helps to clear fat from your blood, so a high level can help to protect you from a heart attack.

**71 million American adults (33.5%)** have high low-density lipoprotein (LDL), or “bad,” cholesterol. **Less than half** of adults with high LDL cholesterol get treatment.

Only **1 out of every 3** adults with high LDL cholesterol has the condition under control.

Lowering your cholesterol can reduce your risk of having a heart attack, needing heart bypass surgery or angioplasty, and dying of heart disease.

Statins and statin combinations are medicines that reduce the body’s natural production of cholesterol. They can:

- Lower the risk of heart attack or stroke
- Reduce LDL
- Raise HDL, and
- Reduce triglycerides (another type of fat in your blood).

Exercising, eating a healthy diet, and not smoking will help you prevent high cholesterol and reduce your levels.

High cholesterol has no symptoms, so many people don’t know that their cholesterol is too high. Your doctor can do a simple blood test to check your levels. **If you are over the age of 20, you may need a cholesterol test to stay compliant with HEP – check your participant portal.**

Sources: CDC Factsheet, CDC Stats, Healthwise Inc.

Name \_\_\_\_\_ Email Address \_\_\_\_\_

EID or Date of Birth \_\_\_\_\_ Day Time Phone Number \_\_\_\_\_

Relationship (circle one) - employee spouse dependent

Signature \_\_\_\_\_ Date \_\_\_\_\_

*By signing, I attest that I have read the fact sheet*

**Return to CMS representative or fax: 877-687-1449**

To learn more go to **CTHEP.com** or call **1-877-687-1448**