Reducing Your Risk For Type 2 Diabetes

You may be eligible for the Medicare Diabetes Prevention Program (DPP) if you have a lab result that shows that you are at risk for type 2 diabetes.

PATIENT INSTRUCTIONS

- Ask your physician if you have a lab result within the last 12 months that indicates you have prediabetes.
- If you have a lab result, your physician should provide a print-out or fill out the attached form.
- If you do not have a recent lab result, talk to your physician about a prediabetes screening.
- Once you receive your lab result, please send it to Solera by:
  - **Email:** screen@soleranetwork.com
  - **Fax:** 602-650-0690, or
  - **Mail:** Solera Health, Attn: PCC, 111 W Monroe St, Ste 300, Phoenix, AZ 85003-1718

WHAT IS PREDIABETES?

Prediabetes means your blood glucose (sugar) level is higher than normal, but not high enough to be diagnosed as diabetes. This condition raises your risk of developing type 2 diabetes.

WHAT CAN YOU DO ABOUT IT?

There's a program that can help you reduce your risk for type 2 diabetes.

The Centers for Disease Control and Prevention (CDC), has developed the Medicare Diabetes Prevention Program — or DPP — a program that can help prevent or delay type 2 diabetes.

The goal is to lose a modest amount of weight — at least 5% — by improving food choices and increasing physical activity. That's 10 pounds for a person weighing 200 pounds.

HOW CAN I GET THE MEDICARE DPP?

Your health plan is partnering with Solera Health to provide you with access to the Medicare Diabetes Prevention Program (DPP). Through Solera, you can select the program of your choice.

HOW DOES THE PROGRAM WORK?

The Medicare Diabetes Prevention Program is a lifestyle change program that can help you lose weight, adopt healthy habits and reduce your risk of developing type 2 diabetes. The program includes:

- A focus on healthier food choices and increased activity levels
- 16 weekly lessons over the span of 6 months, followed by monthly maintenance sessions
- 1-1 interactions with a lifestyle health coach
- Small group, in-person classes

Questions? Call Solera at 1-877-486-0141 (TTY 711), Monday-Friday from 9 am to 9 pm EST.

COURSE START DATE:	START TIME:
☐ NDPP ☐ MDPP ☐ MDPP/FFS ☐ MCDPP	
DPP PROVIDER NAME:	
LOCATION NAME:	

Diabetes Prevention Program Referral Form

I would like to refer the patient below to the **Diabetes Prevention Program (DPP)**, a year-long program focused on diabetes risk prevention and weight loss for patients ≥ 18 years of age.

PHYSICIAN INFORMATION	
NAME:	STREET:
PHONE:	CITY, STATE, ZIP:
EMAIL:	FAX:

PARTICIPANT INFORMATION	
NAME:	STREET:
PHONE:	CITY, STATE, ZIP:
EMAIL:	BIRTH DATE (mm/dd/yyyy):
GENDER: ☐ Male ☐ Female	
ETHNICITY: ☐ Hispanic ☐ Not Hispanic ☐ Latino ☐ Not Reported	
RACE: ☐ American Indian or Alaska Native ☐ Asian or Asian American ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White	

INSURANCE INFORMATION - PRIMARY COVERAGE Attach a copy of the card (front and back)	
HEALTH PLAN:	
SUBSCRIBER:	RELATIONSHIP:
COVERAGE TYPE: ☐ Medicare ☐ Medicare Advantage ☐ Employer Group ☐ Health Insurance Exchange ☐ Individual Policy	
INSURANCE ID#: (all digits)	GROUP #:
EMPLOYER: (if applicable)	EFFECTIVE DATE:
CUSTOMER SERVICE PHONE #: (back of card)	

INSURANCE INFORMATION - SECONDARY COVERAGE
Attach a copy of the card (front and back)

HEALTH PLAN:					
SUBSCRIBER:			**RELATIONSHIP:**		
COVERAGE TYPE: ☐ Medicare	☐ Medicare Advantage	☐ Employer Group	☐ Health Insurance Exchange	☐ Individual Policy	
INSURANCE ID#: (all digits)			**GROUP #:**		
EMPLOYER: (if applicable)			**EFFECTIVE DATE:**		
CUSTOMER SERVICE PHONE #: (back of card)					

ADDITIONAL HEALTHCARE COVERAGE Check all that apply

☐ VA ☐ Tricare ☐ Tribal Benefits ☐ Worker Comp ☐ Auto Accident

PARTICIPANT QUALIFICATIONS Check all that apply			PARTICIPANT LAB INFORMATION Blood test results must be within the following ranges	
HEIGHT:	**WEIGHT:**		☐ **A1c value between 5.7% - 6.4%**	
☐ **18 years of age or older**	☐ **BMI ≥25 (≥23, if Asian)**		☐ **Fasting plasma glucose between 100 - 125 mg/dL (NDPP) or 110 - 125 mg/dL (Medicare)**	
☐ **Diagnosis of gestational diabetes during pregnancy**			☐ **Oral glucose tolerance test between 140 - 199 mg/dL**	
☐ **CDC or ADA Risk Assessment Test**	**SCORE:**		**LAB RESULT VALUE:**	**DATE:**

PROVIDER INSTRUCTIONS

Submit forms and any required lab results to Solera:

- **EMAIL:** screen@soleranetwork.com
- **FAX:** 602-650-0690
- **MAIL:** Solera Health, Attn: PCC
  111 W Monroe St, Ste 300
  Phoenix, AZ 85003-1718

MEDICARE ONLY (REQUIRED)

Patient must have a qualifying blood test result (must be within 12 months of their planned Medicare DPP start date). Self-reporting is not allowed.

- Fill out the above lab values or provide a lab result print-out.
- Lab print-outs must include patient first name, last name, date of birth, health plan ID number, lab value and test date.

EXCLUSIONS: The following diagnoses exclude a patient from participating: End-stage renal disease, type 1 or type 2 diabetes, pregnancy.

CONSENT STATEMENT

1. You are enrolling in a **Diabetes Prevention Program (DPP)** recognized by the federal government.
2. This program is based on sound research and is designed to help you avoid type-2 diabetes.
3. You understand that protected health information will be generated during your participation and that your privacy will be protected as required by all applicable laws.
4. You agree to enroll in this program and participate fully to obtain the health benefits.

PARTICIPANT INFORMATION

LAST NAME:	**FIRST NAME:**
MIDDLE INITIAL:	**DATE OF BIRTH (mm/dd/yyyy):**
SIGNATURE:	