

# 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](mailto: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.**

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**PROVIDER INSTRUCTIONS**

- If your patient has a recent blood test result (must be within 12 months of their planned Medicare DPP start date), please fill out the form below and hand it to your patient, or provide a lab result print-out to your patient.
- Print-outs must include patient first name, last name, date of birth, health plan ID number, lab value and test date.
- If your patient does not have a recent lab result, please consider screening for prediabetes.
- Lab results can be submitted to Solera in one of three ways:
  - Email: **screen@soleranetwork.com**
  - Fax: **602-650-0690**, or
  - Mail: **Solera Health, Attn: PCC, 111 W Monroe St, Ste 300, Phoenix, AZ 85003-1718**

**PATIENT REFERRAL FORM**

I would like to refer the patient below for the Medicare Diabetes Prevention Program (DPP), a preventive service available at no cost to Medicare members.

**PHYSICIAN INFORMATION:**

<b>NAME:</b>	<b>ADDRESS:</b>
<b>PHONE:</b> (            )	

**PATIENT INFORMATION:** *(fill out below or attach information)*

<b>NAME</b> <i>(on ID card):</i>	<b>HEALTH PLAN NAME:</b>
<b>ADDRESS:</b>	<b>HEALTH PLAN ID NUMBER:</b>
	<b>BIRTH DATE:</b>
<b>PHONE:</b> (            )	<b>EMAIL:</b>

**PROGRAM QUALIFICATION REQUIREMENTS:**

**Members must qualify with the following criteria:** *(please record at least 1 blood value and height and weight)*

- Blood value:
 

<input type="checkbox"/> Fasting plasma glucose of 110-125 mg/dL, <b>OR</b>	<b>VALUE:</b> _____	<b>DATE:</b> ___ / ___ / ___
<input type="checkbox"/> A1C value between 5.7-6.4, <b>OR</b>	<b>VALUE:</b> _____	<b>DATE:</b> ___ / ___ / ___
<input type="checkbox"/> Oral glucose tolerance test between 140 – 199 mg/dL	<b>VALUE:</b> _____	<b>DATE:</b> ___ / ___ / ___
- BMI: greater than or equal to 25  
(or if self identified as Asian, greater than or equal to 23)
 

<b>HEIGHT:</b> _____	<b>WEIGHT (LBS):</b> _____
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- No exclusions: no diagnosis of end-stage renal disease, no type 1 or type 2 diabetes, not pregnant; previous gestational diabetes is not an exclusion to participation; must be 18 years or older.