



Diabetes Prevention Program Referral Form

INSTRUCTIONS:

1. Use this form to refer your Alliance member patients to the Diabetes Prevention Program (DPP).
2. Please send the completed form to our partner, Solera Health:

Fax: **1.602.650.0690**

Mail: Solera Health

Attn: PCC

111 W. Monroe St., Suite 300

Phoenix, AZ 85003-1718

PROVIDER INFORMATION						
NAME:	PHONE NUMBER:					
	FAX NUMBER:					
ADDRESS:	# OF PAGES FAXED:					
EMAIL:						
PATIENT INFORMATION						
NAME (AS ON ID CARD):	ALLIANCE MEMBER ID #:					
	PHONE NUMBER:					
ADDRESS:	MEMBER DOB (MM/DD/YYYY):					
HEALTH PLAN NAME: ALAMEDA ALLIANCE FOR HEALTH						
PROGRAM QUALIFICATION REQUIREMENTS						
<p>1. All participants must meet the following criteria:</p> <table border="0"><tr><td><input type="checkbox"/> 18 years of age or older</td><td><input type="checkbox"/> Not pregnant</td></tr><tr><td><input type="checkbox"/> BMI ≥ 25, or BMI ≥ 23 if Asian American</td><td><input type="checkbox"/> No previous diagnosis of type 1 or type 2 diabetes</td></tr></table> <p>HEIGHT: _____ WEIGHT: _____</p>		<input type="checkbox"/> 18 years of age or older	<input type="checkbox"/> Not pregnant	<input type="checkbox"/> BMI ≥ 25 , or BMI ≥ 23 if Asian American	<input type="checkbox"/> No previous diagnosis of type 1 or type 2 diabetes	
<input type="checkbox"/> 18 years of age or older	<input type="checkbox"/> Not pregnant					
<input type="checkbox"/> BMI ≥ 25 , or BMI ≥ 23 if Asian American	<input type="checkbox"/> No previous diagnosis of type 1 or type 2 diabetes					
<p>2. AND participants must meet one (1) of the following (2A, 2B, or 2C):</p> <p>2A. Blood test within the past 12 months (<i>select one of the following</i>):</p> <table border="0"><tr><td><input type="checkbox"/> Hemoglobin A1c of 5.7 to 6.4%</td></tr><tr><td><input type="checkbox"/> Fasting plasma glucose of 100 to 125 mg/dL</td></tr><tr><td><input type="checkbox"/> Two-hour plasma glucose (after a 75 gm glucose load) of 140 to 199 mg/dL</td></tr></table> <p>Enter the lab result here: Value: _____ Date: _____</p> <p>2B. History of gestational diabetes:</p> <table border="0"><tr><td><input type="checkbox"/> Previous diagnosis of gestational diabetes mellitus (GDM)</td></tr></table> <p>2C. Positive screening on the American Diabetes Association Type 2 Diabetes Risk Test (www.diabetes.org/are-you-at-risk/diabetes-risk-test)</p> <table border="0"><tr><td><input type="checkbox"/> Score of 5 or higher</td></tr></table> <p><i>When Solera calls your patient, they will ask these questions to determine eligibility. You and your patient can go over the questions ahead of time.</i></p>		<input type="checkbox"/> Hemoglobin A1c of 5.7 to 6.4%	<input type="checkbox"/> Fasting plasma glucose of 100 to 125 mg/dL	<input type="checkbox"/> Two-hour plasma glucose (after a 75 gm glucose load) of 140 to 199 mg/dL	<input type="checkbox"/> Previous diagnosis of gestational diabetes mellitus (GDM)	<input type="checkbox"/> Score of 5 or higher
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<input type="checkbox"/> Previous diagnosis of gestational diabetes mellitus (GDM)						
<input type="checkbox"/> Score of 5 or higher						

DPP Questions? Please call Solera Health
Monday – Friday, 6 am to 6 pm
Toll-free **1.866.690.5774**

For other questions, please call the
Alliance Provider Services Department
Monday – Friday, 7:30 am to 5 pm
Phone Number: **1.510.747.4510**

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