## Who is at risk in your practice?

### Diabetes Risk Factors:

- Women who have given birth to a baby weighing more than 9 pounds
- African-Americans, Hispanics, American Indians, Asian-Americans and Pacific Islanders
- Overweight or obese: BMI 24 kg/m² (≥ 22 if Asian)
- Inactivity or sedentary lifestyle
- Age between 45 and 64 years of age and/or have a family history of type 2 diabetes
- 65 years of age or older

### Diabetes Risk Test:

1. **How old are you?**
   - Less than 40 years (0 points)
   - 40-49 years (1 point)
   - 50-59 years (2 points)
   - 60 years or older (3 points)
2. **Are you a man or a woman?**
   - Man (1 point)  Woman (0 points)
3. **If you are a woman, have you ever been diagnosed with gestational diabetes?**
   - Yes (1 point)  No (0 points)
4. **Do you have a mother, father, sister, or brother with diabetes?**
   - Yes (1 point)  No (0 points)
5. **Have you ever been diagnosed with high blood pressure?**
   - Yes (1 point)  No (0 points)
6. **Are you physically active?**
   - Yes (0 points)  No (1 point)
7. **What is your weight status?**
   - (see chart below)

### Write your score in the box

Add up your score

### Criteria for Diabetes Prevention Program Participation:

BMI ≥ 24 kg/m² (≥ 22 if Asian)

18 years of age or older

Diagnosis of prediabetes or Gestational Diabetes Mellitus based on one or more of the following:

- Blood-based diagnostic test:
  - A1C: 5.7 - 6.4%
  - Fasting Plasma Glucose: 100 - 125 mg/dL
  - 2-hour (75 gm glucose load) Plasma Glucose: 140 - 199 mg/dL

- Clinically diagnosed / self-reported GDM in prior pregnancy
  - OR
- ADA Pre-Diabetes Risk Assessment results indicating high risk (Score ≥5 on the diabetes risk test)

### Recommending a patient is as easy as 1-2-3:

1. Simply fill out the short Patient Recommendation Form with the patient you’d like to recommend for this program
2. Fax the completed form to Solera Health, fax number: 602-391-2667 (also included on form)
3. Solera will contact your patient directly to provide options for participation in the program

### If you scored 5 of higher:

You are at increased risk for having type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes (a condition that precedes type 2 diabetes in which blood glucose levels are higher than normal). Talk to your doctor to see if additional testing is needed.
Diabetes Prevention Program

This form is available in electronic format for typing your information.

Go to anthem.com > Providers > Colorado > Provider Home page > Diabetes Prevention Program > Patient Recommendation Form.

<table>
<thead>
<tr>
<th>PATIENT RECOMMENDATION FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would like to recommend the patient below for the Diabetes Prevention Program (a Diabetes Risk Reduction and Prevention Course), 16-weekly core sessions for patients ≥ 18 years of age.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physician Information</th>
<th>Patient Information (fill out below or attach information)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name (on ID Card):</td>
</tr>
<tr>
<td>Phone:</td>
<td>ID number (including alpha prefix):</td>
</tr>
<tr>
<td>Address (including city, state and zip):</td>
<td>Address (including city, state and zip):</td>
</tr>
<tr>
<td>Fax:*</td>
<td>Phone:</td>
</tr>
<tr>
<td>Email:</td>
<td>Email:</td>
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</tbody>
</table>

**Number of pages including this form:**

**Date of Birth:**

Daytime/evening classes/groups are held in various community locations in addition to virtual delivery options.

**Notes for Recommending Provider:**

- We will contact your patient to register them for the recommended DPP provider and enroll them in the appropriate classes/sessions. If your patient would like to receive more information about the Diabetes Prevention Program before we contact them, they may call the number listed below.

- Solera will provide individual patient reporting to the physician via fax* as indicated above on a monthly basis until the patient completes the program.

- Diabetes Prevention Program Information: www.soleranetwork.com

**Diabetes Prevention Program Qualification Requirements (please select all that apply)**

- □ BMI ≥ 24 (≥ 22, if Asian)  
  BMI value: _____

- □ 18 years of age or older

- □ Blood-based diagnostic test (check those which apply):  
  Lab Value: _____
  - □ A1c: 5.7 - 6.4%
  - □ Fasting Plasma Glucose: 100 - 125 mg/dL
  - □ 2-hour (75 gm glucose load) Plasma Glucose: 140 - 199 mg/dL

- □ History of Gestational Diabetes
  OR

- □ CDC’s Self Pre-Diabetes Risk Assessment Results (please attach if available)

**Please return this form to:**

Solera Health, Inc.  
1018 W. Roosevelt Rd.  
Phoenix, AZ 85007  
Phone: 800-858-1714 | Fax: 602-391-2667