

Health Care Practitioner Enrollment & Referral Form to Diabetes Prevention Provider through iHPNetwork

Fax To: +1 (833) 359-2479 (iHPNetwork's HIPAA Compliant Fax)

PATIENT INFORMATION

First name	Address
Last name	City
Health insurance	State
Group #	ZIP code
Alternative Payment	Phone
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Mobile
Birth date (mm/dd/yy)	Do you own a smart phone?
Email	

By providing your information above, you authorize your health care practitioner to provide this information to a diabetes prevention program provider, who may in turn use this information to communicate with you regarding its diabetes prevention program.

PRACTITIONER INFORMATION (COMPLETED BY HEALTH CARE PRACTITIONER TO BE ADDED TO THE IHPNETWORK PLATFORM)

Physician/NP/PA	Address
Practice contact	City
Phone	State
Fax	ZIP code

Practice email: (must have a practice email address to be enrolled in iHPNetwork platform)

SCREENING INFORMATION TO BE COMPLETED BY HEALTH CARE PROVIDER

Body Mass Index (BMI)	Eligibility = $\geq 24^*$ (≥ 22 if Asian)	
Blood test (check one)	Eligible range	Test result (one only)
.. Hemoglobin A1C	5.7- 6.4%	_____
.. Fasting Plasma Glucose	100- 125 mg/dL	_____
.. 2-hour plasma glucose (75 gm OGTT)	140- 199 mg/dL	_____
Date of blood test (mm/dd/yy): _____		

For Medicare requirements, I will maintain this signed original document in the patient's medical record.

Date	Practitioner signature
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OPTIONAL	<p>By signing this form, I authorize my physician to disclose my diabetes screening results to the (insert program/organization name here) for the purpose of determining my eligibility for the diabetes prevention program and conducting other activities as permitted by law.</p> <p>I understand that I am not obligated to participate in this diabetes screening program and that this authorization is voluntary.</p> <p>I understand that I may revoke this authorization at any time by notifying my physician in writing. Any revocation will not have an effect on actions taken before my physician received my written revocation.</p>	
	<table border="1"> <tr> <td>Date</td> <td>Patient signature</td> </tr> </table>	Date
Date	Patient signature	

IMPORTANT WARNING: The documents accompanying this transmission contain confidential health information protected from unauthorized use or disclosure except as permitted by law. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless permitted to do so by law or regulation. If you are not the intended recipient and have received this information in error, please notify the sender immediately for the return or destruction of these documents. Rev. 08/17/18

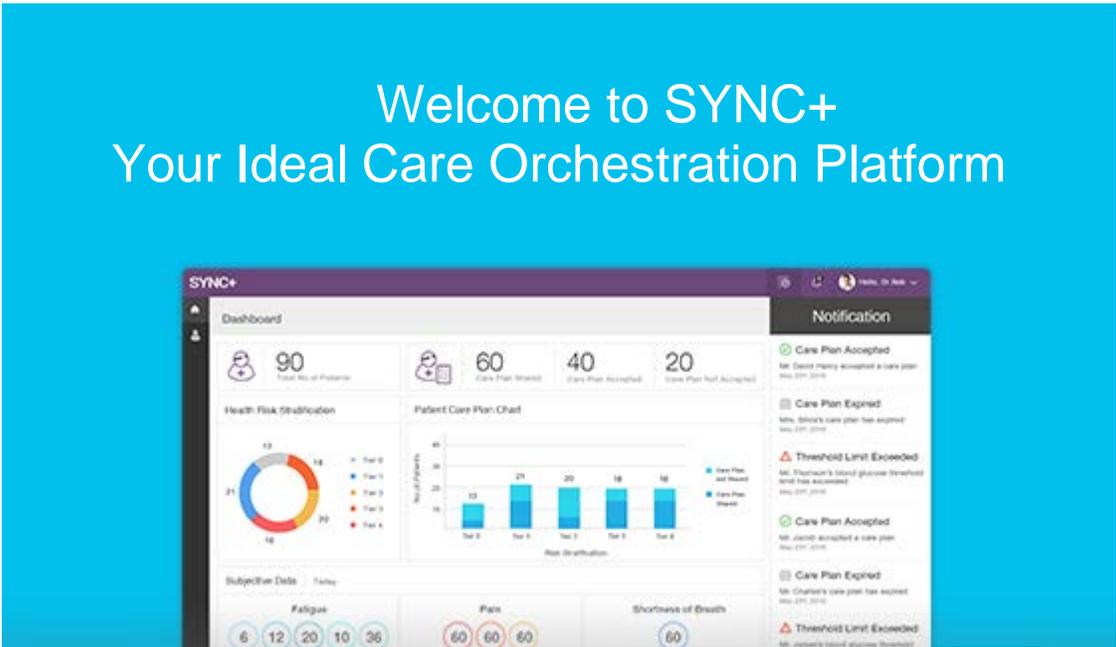
Enrolling patients and their referring doctors into the diabetes prevention program through iHealth Partners Network

Method 1: Paper Enrollment & Referral

The attached paper enrollment form functions as a dual enrollment and referral tool for both the referring health care practitioner and their patients whom they are enrolling into the CDC Diabetes Prevention Recognized Program (DPRP) through iHPNetwork. Since iHealth Partners Network is a collaborative care platform, the referring doctor, their patient and the Diabetes Prevention Recognized Program health coach must all be enrolled into iHPNetwork platform, HealthviewX.

- ✓ **Step 1:** The referring doctor and their patient who is being referred into the DPRP must complete this enrollment/referral form and fax it to iHealth Partners Network secure HIPAA compliant fax number: **+1 (833) 359-2479** – **The Referring Physician can also pre-register without referring a patient by emailing their practice information to: dcampbell@ihpn.online** (see method 2)
- ✓ **Step 2:** Once the application is received, iHPNetwork will enroll both the referring physician and their patient into the iHPNetwork platform.
- ✓ **Step 3:** The referring physician will receive an email that will come from our HIPAA platform (Healthviewx) that looks like the one below and provides them with their practice's log-in authorizations and can now access care plan goals and correspond with patients and providers. (Referring Doctor name): Your account is registered successfully!

November 28, 2016 at 11:05 AM
From:Healthviewx



Welcome to SYNC+
Your Ideal Care Orchestration Platform

The screenshot displays a dashboard with the following components:

- Dashboard Metrics:** Total No. of Patients (90), Care Plan Created (60), Care Plan Accepted (40), Care Plan Not Accepted (20).
- Health Risk Stratification:** A donut chart showing patient distribution across four risk levels: Tier 1 (13), Tier 2 (18), Tier 3 (21), and Tier 4 (18).
- Patient Care Plan Chart:** A bar chart showing the number of patients in each risk stratification category.
- Subjective Data:** Metrics for Fatigue (6, 12, 20, 10, 36), Pain (60, 60, 60), and Shortness of Breath (60).
- Notification Panel:** Alerts for Care Plan Accepted, Care Plan Expired, and Threshold Limit Exceeded.

Below the dashboard are four icons representing key features:

- Care Plan Creation
- Vital Info Exchange
- Patient / Provider Management
- Actionable Dashboard

You have been registered successfully!
Username : referringdoctor@ihpn.com
Password : 84fmh0
Portal Link : <https://ihp.healthviewx.com/>

- ✓ Step 4: The patient who was referred to the iHPNetwork DPRP will also receive an email to accept enrollment with instruction on how to download the patient iHPNetwork app, Fit+ app. Otherwise, the referred patient will receive an email that will provide them access to their care plan via the web.

Dr (referring doctor name) has created a care plan for you. Please download and install the Fit+ App to accept and enable your care plan.

Healthviewx

12/8/2016 3:24 PM

To patient@email.com

FIT+

Enhancing well being for healthier living



Dear Patient,

Your Physician has created a care plan for you.
You are just a few steps away from accessing it.

Step1

Click the link below to download the IOS or Android mobile app



Step2

[Click Here](#) for the app installation instructions

Step3

Once you've downloaded and installed the app, please use the following credentials to login and access your Care Plan

Username: patient@email.com

Password: 1e19h5y

The FIT+ Team

This email was sent to patient@email.com.

If you received this email by mistake, or if you have any question regarding your privacy,

Please email enrollment@ihpn.online

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Method 2: Referring & Enrolling Directly from the IHPNetwork Platform

- ✓ **Step 1:** The referring doctor will provide their practice name, address, phone and email address to enroll into the iHPNetwork platform as a referring physician to our diabetes prevention program to dcampbell@ihpn.online
- ✓ **Step 2:** The iHPNetwork enrollment team will add the referring doctor to the HealthviewX platform.
- ✓ **Step 3:** The referring physician will receive an email that will come from our platform email (HealthviewX) like the one above. An enrollment team member will contact the office to provide instruction on our easy to use referral and case management platform.
- ✓ **Step 4:** Once logged-in the referring doctor can make the referral directly on the platform which is immediately directed to the DPRP preferred provider.
- ✓ **Step 5:** Referring physician is now a part of the collaborative team and can access the care plan, correspond with the patient and lifestyle practitioner.

*These BMI levels reflect eligibility for the National DPP as noted in the [CDC Diabetes Prevention Recognition Program Standards and Operating Procedures](#). The American Diabetes Association (ADA) encourages screening for diabetes at a BMI of ≥ 23 for Asian Americans and ≥ 25 for non-Asian Americans, and some programs may use the ADA screening criteria for program eligibility. Please check with your diabetes prevention program provider for their specific BMI eligibility requirements.

* <https://www.hhs.gov/hipaa/for-professionals/fag/570/does-hipaa-permit-health-care-providers-to-use-email-to-discuss-health-issues-with-patients/>

Physicians: Enrolling into the iHealth Partners Network is easy and free. We will also provide you with free marketing and awareness materials

Preventing Type II Diabetes

A guide to refer your patients with prediabetes to an evidence-based diabetes prevention program.

In the average primary care practice, it's likely that one-third of patients over age 18, and half over age 65, have prediabetes.

Several options:

1. Refer patients to a Recognized CDC Diabetes Prevention Program.
 2. Become a Recognized CDC Diabetes Prevention Program Provider.
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We also offer opportunities to refer or provide patients who are already diagnosed with diabetes into a low-cost **Diabetic Self-Management Education (DSME)** online site.