

Good Health Gateway[®] Diabetes Care Rewards Program

WEST SUBURBAN HEALTH GROUP PROVIDER CONFIRMATION FORM

Please enter the dates your patient last had the following pre-diabetes/diabetes exams and/or laboratory work completed. It is not necessary for all items to be completed on this form at the same time, but we would appreciate your providing whatever information you can based on your contact with the patient and available medical records. Physicians are encouraged to complete all items, including lab dates.

By completing all recommended exams and lab-work annually (semi-annually for HbA1c), your patient will be eligible to receive diabetes supplies and diabetes medications for free. The information you are providing will be retained by Abacus Health Solutions (Abacus), who is administering this incentive program on behalf of your patient's employer and their health plan sponsor, the West Suburban Health Group. None of the medical information you provide will be communicated to the West Suburban Health Group or to the patient's employer.

Patient Name: _____

DOB: ____ / ____ / ____ **Health Plan ID No:** _____

Telephone: (____) ____ - ____

DIABETES CARE ACTIVITY	DATE LAST COMPLETED					
	MONTH		DAY		YEAR	
<i>EXAMPLE</i>	1	1	1	0	1	1
Diabetes Eye Exam						
<input type="checkbox"/> Please check here if an eye exam is not medically indicated. (Physician only)						
Diabetes Foot Exam						
Laboratory Work-up of Fasting Blood Lipid						
Laboratory Work-up of Urine/Protein Levels						
Laboratory Work-up of Hemoglobin A1c levels						

Most Recent Hemoglobin A1c Value Most Recent Blood Pressure Value

Practice Name (Please print):

Provider Telephone Number:

Provider Name (Please print):

Provider Signature:

Date:

PLEASE COMPLETE ALL THE INFORMATION YOU CAN,
SIGN, DATE, AND FAX TO ABACUS:
Toll-free (877) 378-4480
Questions? Call toll-free (800) 643-8028
Thank you for your assistance!

Dear Dr./Healthcare Provider:

Your patient is participating in a voluntary incentive program offered through his or her health plan administrator, and managed by Abacus Health Solutions.

The program is designed to encourage your patient's adherence to pre-diabetes/diabetes care guidelines - including regular tracking of their diabetes as well as adherence to any prescribed medication regimens – and thereby achieve better health outcomes and reduced health care costs.

If your patient demonstrates (through your certification on the attached fax-back form) that they are up-to-date with all of the following elements of their care, they will be able to get their **DIABETES MEDICATIONS AND SUPPLIES FOR FREE (\$0 CO-PAY)**, including brand as well as generic diabetes medications and supplies including insulin needles, syringes, test strips, lancets, and glucometers:

- Annual foot exam (last exam within the past 12 months)
- Annual eye exam if you so recommend, or physician waiver (last exam within the past 12 months)
- Annual fasting blood lipid levels (last lab within the past 12 months)
- Annual urine protein levels (last lab within the past 12 months)
- Semiannual HbA1c levels (last lab within the past 6 months)

If all items are not up-to-date at this office visit, you can order the missing items, and fax the form upon their completion, so that your patient can qualify as soon as possible for free diabetes medications and supplies. If your patient is seeing multiple health care providers for their pre-diabetes/diabetes and you can only complete some items, that is OK – please complete those items you can.

We acknowledge, and communicate to the patient, that these care activities are minimum requirements that need to be completed on an ongoing basis, and that you may recommend more frequent or additional examinations, testing, and other procedures or treatments as needed.

Thank you very much for your assistance on behalf of your patient, and if you have questions feel free to contact us at (800) 643-8028.

Sincerely,



Linda Loiselle
Program Director