



HAP Diabetes Prevention Program for Your Medicare Patients

The Diabetes Prevention Program is a Centers for Medicare & Medicaid Services (CMS) mandated program offered by HAP in partnership with the National Kidney Foundation of Michigan. Members meet through online workshops that focus on nutrition and physical activity. Trained lifestyle coaches lead classes that are small and supportive by design.

This program is available to all HAP Medicare Advantage members. You can find coverage criteria information in our policy. Just log in at **hap.org**, select *More, Benefit Admin Manual* and search for *Diabetes Prevention Program for Medicare Plan Members*.

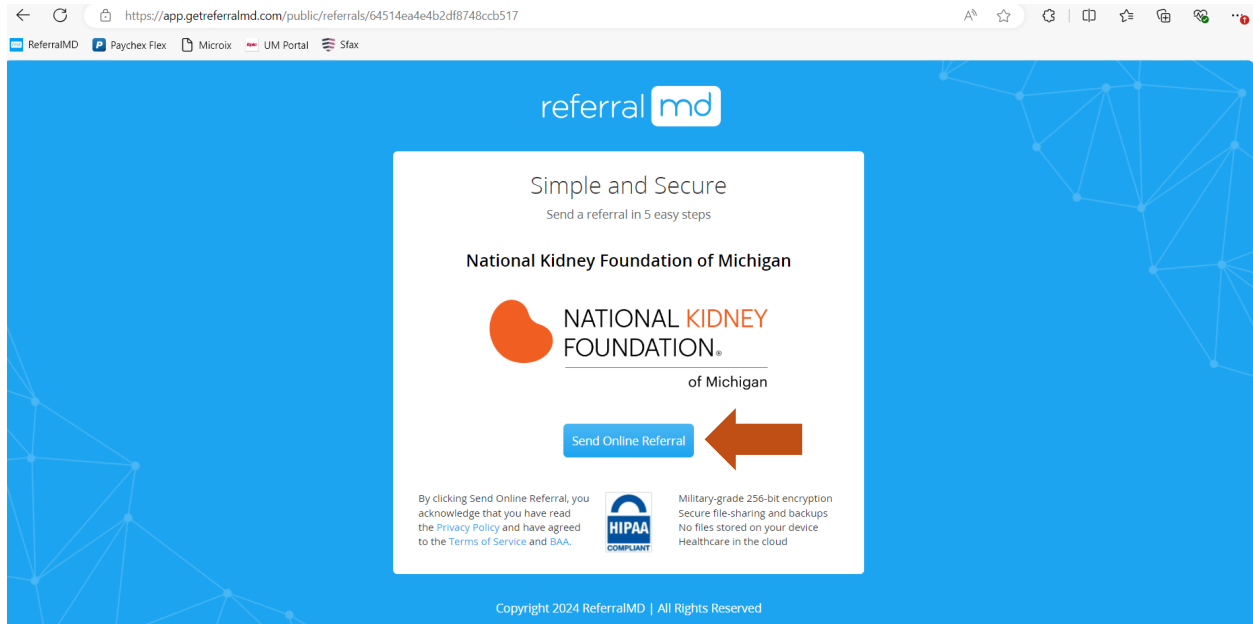
To refer your patients to this program, click [here](#). For your convenience, instructions are attached.

For more information on the Diabetes Prevention Program, please call **(800) 482-1455**, or email preventdiabetes@nkfm.org.

National Kidney Foundation of Michigan – Referral MD Provider Portal

[Click here to access the portal.](#)

Click the blue Send Online Referral button to start.



1. Enter the **Patient** details. Click Continue.

A screenshot of the "Enter Patient" form in the ReferralMD portal. The browser's address bar shows the URL: https://app.getreferralmd.com/public/referrals/64514ea4e4b2df8748ccb517/send. The page has a blue header with the "National Kidney Foundation of Michigan" logo. Below the header, the title "Enter Patient" is displayed, followed by a red asterisk and the text "required field". A progress bar at the top shows five steps: "Patient", "Referral Source", "Receiving Provider", "Referral Details", and "Final Review". The "Patient" step is currently active, indicated by a green circle. Below the progress bar is a green "Continue" button. The form itself is divided into two columns. The left column contains a "REFERRAL DETAILS" section with a dropdown menu showing "Referral Method" and "Referral Portal". The right column contains several input fields: "First Name *" (with a placeholder "Patient's First Name"), "Last Name *" (with a placeholder "Patient's Last Name"), "Suffix" (with a placeholder "Patient's Last Name Suffix (Jr, Sr)"), "Salutation" (with a placeholder "Patient's Salutation (Mr, Ms, Mrs)"), "Birthdate *" (with a date picker), "Gender *" (with a dropdown menu showing "Patient's Gender"), "Race" (with a dropdown menu showing "Select"), "Language *" (with a dropdown menu showing "Search Languages"), and "Address Type" (with a dropdown menu showing "Home").

2. Enter the **Referral Source** details.

https://app.getreferralmd.com/public/referrals/64514ea4e4b2df8748ccb517/send

ReferralMD Paychex Flex Microix UM Portal Sfax

National Kidney Foundation of Michigan

Select Referring Provider * required field

Patient ✓ Referral Source ✓ Receiving Provider Referral Details Final Review

Luna Lovegood Caitlin Buechley

GENDER LANGUAGE CITY SPECIALTY Clear Search by provider name, NPI, or phone Back

REFERRAL DETAILS

Referral Method
Referral Portal

PATIENT ID#

Luna Lovegood
01/01/1988 (36)
MRN
(734) 222-9800 Mobile
llovegood@hogwarts.edu

FAMILY/GUARDIAN

Use the search box above to find the referring provider.

Use the search box to find the referring provider.

If they are not listed, you can add a referral source. It will ask if you are sending the referral for a healthcare provider with an NPI number. Select Yes or No.

GENDER LANGUAGE CITY SPECIALTY Clear Q madam pomfrey X

No Results Found

Are you sending this referral for a healthcare provider with an NPI number? ☐ Yes ☐ No

You will need to enter first and last name, organization, phone number, and fax.

Are you a healthcare provider? ☐ Yes ☒ No

First Name *
Contact's First Name

Last Name *
Contact's Last Name

Specialties
Search Specialties

Organization *

3. Select the **Receiving Provider**.

Click on the National Kidney Foundation of Michigan.

Under Choose Location and Department, select the National Kidney Foundation of Michigan.

Select the appropriate program for your referral.

National Kidney Foundation of Michigan

Select Receiving Provider * required field

Progress: Patient (✓) → Referral Source (✓) → Receiving Provider (○) → Referral Details (○) → Final Review (○)

Referral Method: Referral Portal

PATIENT ID#

Luna Lovegood
01/01/0001 (24)
MRN (734) 222-9800 Mobile
cbuechley@nkfm.org

Date of Birth: 01/01/0001 (24)
Gender: Female
Race:

NAME / ORGANIZATION INSURANCE DISTANCE

National Kidney Foundation of Michigan
Nephrology and 1 More

Choose Location and Department *

National Kidney Foundation of Michigan
1169 Oak Valley Drive, Ann Arbor, MI 48108

4. Enter the **Referral Details**.

You may see a set of optional questions and/or a referral reason.

Type a short summary for the referral reason. Click Continue.

National Kidney Foundation of Michigan

Complete Referral Details * required field

Progress: Patient (✓) → Referral Source (✓) → Receiving Provider (✓) → Referral Details (○) → Final Review (○)

Referral Method: Referral Portal

Specialty: Nephrology

PATIENT ID#

Luna Lovegood
01/01/1988 (36)
MRN (734) 222-9800 Mobile
llovegood@hogwarts.edu

FAMILY/GUARDIAN

Referral Reason*
Please provide a short summary for the referral reason

Enter your answer

Attachments

Upload Files

5. Final Review.

Click PRIORITY and select ROUTINE (30 Days).

Check the verification (I am not a robot) box.

Click Send Referral. You will have an option to download the referral.

The screenshot displays the 'Final Review' page of the National Kidney Foundation of Michigan referral system. The page features a progress bar at the top with five steps: Patient, Referral Source, Receiving Provider, Referral Details, and Final Review. The 'Final Review' step is currently active, indicated by a green circle and a red arrow pointing to it. Below the progress bar, there are three buttons: 'PRIORITY' (with a dropdown arrow), 'Back', and 'Send Referral'. The 'Send Referral' button is highlighted in green. On the left side, there is a sidebar with sections for 'REFERRAL DETAILS', 'PATIENT', and 'FAMILY/GUARDIAN'. The 'REFERRAL DETAILS' section shows 'Referral Method: Referral Portal' and 'Specialty: Nephrology'. The 'PATIENT' section shows 'Luna Lovegood' with an MRN of '01/01/1988 (36)' and contact information. The 'FAMILY/GUARDIAN' section is currently empty. The main content area on the right shows 'Referral Details' with 'Referral Reason: Hypertension'. At the bottom right, there is a verification box with a green checkmark and the text 'I'm not a robot', along with a reCAPTCHA logo and links for 'Privacy' and 'Terms'.

Final Review

* required field

Patient Referral Source Receiving Provider Referral Details Final Review

Luna Lovegood Caitlin Buechley High Blood Pressure Control Completed

PRIORITY Back Send Referral

REFERRAL DETAILS

Referral Method
Referral Portal

Specialty
Nephrology

PATIENT ID#

Luna Lovegood
01/01/1988 (36)
MRN
(734) 222-9800 Mobile
llovegood@hogwarts.edu

FAMILY/GUARDIAN

Referral Details

Referral Reason
Hypertension

I'm not a robot

reCAPTCHA
Privacy - Terms

Thank you for referring to the National Kidney Foundation of Michigan!