



The Diabetes Care Connection Program - Transforming Diabetes Management for HAP

The **Diabetes Care Connection** (DCC) program is designed to support HAP patients at every stage of their diabetes journey. DCC delivers a coordinated, physician-supported approach with personalized care, education, and tools to help patients achieve lasting health improvements.

Eligible members

The HAP DCC program is available to HAP patients, including those with prediabetes and diabetes, without co-pay or cost share. It is offered across all lines of business to members in:

- Medicare Advantage
- Commercial HMO and PPO
- ASO self-funded groups

Note: HAP CareSource patients are excluded.

How the program works

Local Diabetes Education Specialists coordinate support and guide patients every step of the way. Since every patient's needs are different, the DCC program builds an individual management plan around the patient's life, goals and journey through one or more of the following programs:

- **Diabetes self-management training, education and support (DSMES)**
Recognized program through the American Diabetes Association, focused on seven healthy behaviors for diabetes self-management.
- **Medical nutrition therapy (MNT)**
A program connecting patients and dietitians to collaborate on creating a customized eating plan to fit lifestyle preferences.
- **Diabetes in pregnancy (DiP)**
One-on-one guidance from a diabetes educator to help navigate pregnancy with confidence.
- **Empowerment groups (EG)**
A support group that provides an opportunity to learn more about diabetes, share personal experiences, and network with others in a similar situation.

Proven Results

The DCC program was first started with patients at Henry Ford Health over 20 years ago, where it delivered a measurable, sustained impact. Current program data shows:

- Average A1C reduction of 1.6% among 80% of enrolled members
- Improvements maintained over an 18-month period
- 10–20% decrease in A1C levels after 6 months for higher-risk members

How you can help your HAP patients

You can refer your HAP patients to the DCC program by completing the attached referral form or by calling the number below. Members can also self-enroll by calling the phone number listed below.

(313) 874-7495 (TTY: 711)

Diabetes Care Connection Services (DCCS) Referral
Please complete and fax to 313-874-9515

Patient Last Name:		First Name:		Patient's Preferred Phone:	
Patient's Address:			City:		Zip:
Email Address:		DOB:			
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Bengali <input type="checkbox"/> Other:					
Select Diagnosis					
<input type="checkbox"/> DM Type 2 (without complications) - E11.9 <input type="checkbox"/> DM Type 2 (uncontrolled) - E11.65 <input type="checkbox"/> DM Type 2 (with unspecified complications) - E11.8 <input type="checkbox"/> _____			<input type="checkbox"/> DM Type 1 (without complications) - E10.9 <input type="checkbox"/> DM Type 1 (with unspecified complications) - E10.8 <input type="checkbox"/> Gestational DM - 024.419 <input type="checkbox"/> _____		
Physician Prescription Service					
Step 1: Choose the service(s)					
<input type="checkbox"/> Diabetes Self-Management Training (DSMT) (Choose initial or follow-up) <ul style="list-style-type: none"> <input type="checkbox"/> Initial - up to 10 hours or specify the number of hours _____ OR <ul style="list-style-type: none"> <input type="checkbox"/> Follow-up – up to 2 hours group/individual or specify number of hours _____ <input type="checkbox"/> Medical Nutrition Therapy <input type="checkbox"/> Diabetes in Pregnancy Education					
Step 2: If DSMT is chosen, Check or write in:					
<input type="checkbox"/> All content (monitoring, healthy eating, healthy coping, disease process, physical activity, goal setting, meds, problem solving, reducing risk) OR <input type="checkbox"/> Specific content as listed here: _____					
Step 3: CHOOSE ONE					
<input type="checkbox"/> Additional individual training needed (e.g. medication injection or monitor training) List # individual hours here _____ (cannot exceed 10 for initial, 2 for follow up) <input type="checkbox"/> Not applicable					
Special needs requiring training to be provided individually versus in a group. Check all that apply:					
<input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Physical <input type="checkbox"/> Cognitive <input type="checkbox"/> Language					
LABS must be provided (May attach labs on a separate sheet)					
Height		Weight		Other Labs:	
Test	Date of Test	Test Result	Test	Date of Test	Test Result
HbA1c #1			Fasting Plasma Glucose #1		
HbA1c #2			Fasting Plasma Glucose #1		
I certify that I am managing the diabetic condition of the above-mentioned patient and the training described in this plan of care is needed to ensure therapy compliance or to provide this patient with the necessary skills and knowledge to help manage his/her diabetes.					
Physician's Name (Please Print):				Date:	
Physician's Signature:				UPIN:	
Physician Address:			Physician Fax #:		Physician Phone #: