

DIABETES PROVIDER RECOGNITION PROGRAM (DPRP) Physician Office Resources

Wondering how you will afford
the time to apply?

Would an extra hand make a difference?

Wondering what to do next?



If the answer is **YES** to any of the above questions...

Check out **DPRPAssist** through the **Employer Health Care Alliance**

DPRPAssist has resources to support your efforts
in applying for Diabetes Provider Recognition.

What resources are available?

- Local assistance from DPRP liaison (trained by NCQA)
- Professional development for staff

Why?

- Gain recognition for your performance
- Potential financial rewards from Bridges to Excellence®
in the Greater Cincinnati/Northern Kentucky area

How Can I Apply?

- Complete the Application Form (on the back
or attached)
- Return by e-mail or FAX

The Employer Health Care Alliance (EHCA) will contact you within a week.

Made available through an unrestricted grant from Novo Nordisk Pharmaceuticals, Inc.



TAKE ACTION NOW: AVAILABLE FOR A LIMITED TIME

APPLICATION FORM

Contact Information (Please print and fax back, or complete electronically and return via e-mail)

Physician's Name:	
Group or Practice Name:	
Street Address:	
City, State, ZIP:	
Work Phone:	
Work Fax:	
E-Mail Address:	

Required Actions

1. Have you downloaded the DPRP Application? Yes No
2. Have you identified staff to be responsible for the process? Yes No
3. Key office contact for the Employer Health Care Alliance to discuss this request:
Contact: _____ Phone: _____

Available Resources - Please check all that apply

Local assistance from DPRP liaison (trained by NCQA)

- Answer questions about the whole process.
- Conduct pre-assessment by phone: Will we meet the criteria?
- Assist in completing the application or getting started with time saving tips.
- Assist with completing the data abstraction.

Professional Development for Staff – 45 minute discussion lead by CDE in my office for my staff on:

- Evaluating diabetes control in the primary care practice.
- Diabetes Provider Recognition Program: Setting up the office.
- Coding of diabetes care services.
- When it is time for insulin.



Name (printed): _____

Signature: _____ Date: _____

FAX FORM BACK TO 513-458-6732 – or – SEND VIA E-MAIL TO: sdimario@cintiehca.com