

CONFIDENTIAL

Date:	
To:	From:
Fax Number: 1-866-287-3286	Phone Number:
Phone Number: 1-866-635-7045	Total Pages: 2

Dear Provider,

We are pleased to inform you that your patient is enrolled in our Disease Management Program for weight management. Our team of experienced registered nurses and health coaches performs coordinated healthcare interventions using evidence-based practice guidelines that focus on:

- Supporting the member/physician relationship and plan of care
- Emphasizing prevention
- Ongoing evaluation of clinical, human and economic outcomes

Our primary objective is to help improve our members' quality of life by educating and empowering them to adopt a healthier lifestyle. When they make behavioral changes, their chronic conditions can be more successfully managed. Missouri Care takes pride in helping people live healthier lives, and we understand it all starts with you, the primary care physician (PCP).

Missouri Care provides a six-month Weight Watcher membership to members who meet the following program requirements:

- Interested members must be 13 years old or older (Curves members must be 12 years old or older), must be accompanied by an adult, and obtain a doctor's note for participation if under the age of 18 years old.
- Completion of baseline form prior to enrollment by primary care physician (requires current height, weight, BMI, blood pressure, total cholesterol, and fasting blood glucose within the last 12 months).
- BMI must be greater or equal to 25 for adults 18 years or older (children 13-17 ranked in 85% percentile).
- Speak to a HWC to complete program evaluation and assess member's readiness to change.

Weight Watcher Baseline Form

Please complete the attached baseline form before the member begins the program. It will help us track key measures such as weight loss, BMI, blood pressure, cholesterol and blood sugar in order to evaluate member outcomes and program effectiveness. These key measures **must be from the past 12 months*** to be submitted as baseline. After the member completes the six-month Weight Watcher Program, we will request that you submit outcome measures.

Members who successfully decrease their BMI by one point will be eligible to enroll in an additional six-month Weight Watcher Program. Therefore, we are requesting your help in empowering our members to make healthy lifestyle changes.

Thank you in advance for your assistance and for helping Plan Name members live better, healthier lives.

Please do not hesitate to contact us for additional information about our program.

Sincerely,
 Missouri Care

PLEASE NOTE: At the time of enrollment, all HMO members sign a release of information form to grant the HMO access to their health care information.

To:	From:
Fax: 1-866-287-3286	Pages:
Phone: 1-866-635-7045	Date:
Re: Weight Watcher Baseline Form	cc:

MEMBER NAME: _____ *Member ID#:* _____ *DOB:* _____

Lab Data Requested: *Results must be within the past 12 months

	Type	Date	Result
	Last PCP appointment		
	Height (inches)		
	Weight (lbs.)		
	BMI		
	Blood Pressure		
	Total Cholesterol		
	Fasting Blood Glucose		

Provider Comments (Optional):

**Care Management Department
 Missouri Care
 Phone: 1-866-635-7045
 Fax Number: 1-866-287-3286
 Monday–Friday, 8 a.m.–6 p.m. Central**