

**CONFIDENTIAL**

<b>Date:</b>	
<b>To:</b>	<b>From:</b>
<b>Fax Number: 1-888-871-0596</b>	<b>Phone Number:</b>
<b>Phone Number:</b>	<b>Total Pages: 2</b>

Dear Provider:

Your patient is enrolled in our Disease Management Program for Weight Management. Our team of experienced registered nurses and health coaches perform coordinated health care 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 healthier lifestyles. When they make behavioral changes, their chronic conditions can be more successfully managed. WellCare takes pride in helping people live healthier lives, and we understand it all starts with the primary care provider (PCP).

Georgia Medicaid provides a 6-month Weight Watchers membership to members who meet the following program requirements:

- ❖ BMI must be greater than or equal to 25
- ❖ Members ages 13–19 must have a BMI of 25 or greater, or be ranked in the 85<sup>th</sup> percentile for their age
- ❖ Member must be at least 13 years old to enroll (if under age 18, member must be accompanied by an adult)
- ❖ Have transportation to and from Weight Watchers meetings
- ❖ Complete a telephonic screening with our Care Management team (so we can assess the member's readiness to change)
- ❖ Completion of Weight Watchers Baseline Form by PCP

**Weight Watchers Baseline Form**

In order to begin the program, members need you to complete the attached baseline form. This form is also located on our website at [georgia.wellcare.com](http://georgia.wellcare.com). It will help us track key measures such as weight reduction, BMI, blood pressure, cholesterol and blood sugar in order to evaluate member outcomes and program effectiveness. These key measures **must be from the last 12 months** to be submitted as baseline. After the member completes the 6-month Weight Watchers Program, we will request that you submit outcome measures.





Members who successfully decrease their BMI by 1 point will be eligible to enroll in an additional 6-month Weight Watchers Program. Thus, we are requesting your help in empowering members to make healthy lifestyle changes.

Thank you in advance for your assistance. Please don't hesitate to contact me for additional information about our program.

Sincerely,

WellCare of Georgia

Proudly serving *Georgia Families*<sup>®</sup> and *PeachCare for Kids*<sup>®</sup> members.



**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: 1-888-871-0596** **Pages:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Re:** \_\_\_\_\_ **cc:** \_\_\_\_\_

*MEMBER NAME:* \_\_\_\_\_ *Member ID#:* \_\_\_\_\_ *DOB:* \_\_\_\_\_

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

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

**Provider Comments (Optional):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Disease Management Department  
 WellCare Health Plans, Inc.  
 Phone: 1-877-393-3090  
 Fax: 1-888-871-0596  
 Monday–Friday, 8 a.m. to 5 p.m.**

