

**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: 3</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 them 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 the primary care physician (PCP).

Missouri Care provides a 3 month Curves Complete® membership to members who meet the following program requirements:

- BMI must be greater than or equal to 25
- Members ages 12–19 must have a BMI of 25 or greater, or be ranked in the 85th percentile for their age
- Member must be at least 12 years of age to enroll (if under 18, must be accompanied by an adult)
- Have transportation to and from a Curves facility
- Completion of baseline form by PCP

### **Curves Complete Baseline Form**

You must complete the attached baseline form before the member begins the program. This form is also located on our website at [www.missouricare.com](http://www.missouricare.com). It will help us track key measures such as reduction of weight, 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 has completed their Weight Management 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 three-month Curves Complete Program. Thus, we are requesting your help in empowering our members to make healthy lifestyle changes.

Thank you in advance for your assistance. Please don't 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:**

**1-888-871-0596**

**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  
Missouri Care  
Phone: 1-877-393-3090  
Fax Number: 1-888-871-0596  
Monday–Friday, 8 a.m.–5 p.m.**