

CONFIDENTIAL

Date:	
To:	From:
Fax Number: 1-888-871-0596	Phone Number:
Phone Number:	Total Pages: 3

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 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 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 85th percentile for their age
- ❖ Member must be at least 13 years of age to enroll (if under 18, must be accompanied by an adult)
- ❖ Has transportation to and from Weight Watchers meetings
- ❖ Has a credit card or PayPal account
- ❖ Has Internet access, for initial enrollment
- ❖ 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 will need to have you complete the attached baseline form. This form is also located on our website at 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 completes the 6-month Weight Watchers 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 6-month Weight Watchers 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 me 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

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

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.**