



**CONFIDENTIAL**

<b>Date:</b>	
<b>To:</b>	<b>From:</b>
<b>Fax Number: 1-855-703-8078</b>	<b>Phone Number:</b>
<b>Phone Number: 1-888-846-4262 (TTY 711)</b>	<b>Total Pages: 2</b>

Dear Provider,

We are pleased to inform you that your patient is enrolled in our Health Care Coordination Program for weight management. Our team of experienced Health Coordinators perform 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. 'Ohana Health Plan takes pride in helping people live healthier lives, and we understand it all starts with you, the Primary Care Provider (PCP).

'Ohana Health Plan provides a six-month Weight Watchers membership to members who meet the following program requirements:

- Interested members must be 13 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 Health Care Coordinator 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 'Ohana making members live better, healthier lives.

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

Sincerely,

'Ohana Health Plan

**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.**

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<b>Fax:</b>	<b>Pages:</b>
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<b>Phone:</b>	<b>Date:</b>
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<b>Re:</b>	<b>cc:</b>
<b>Weight Watcher Baseline Form</b>	
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*MEMBER NAME:* \_\_\_\_\_ *Member ID# :* \_\_\_\_\_ *DOB:* \_\_\_\_\_  
**Lab Date 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):**

Disease Management Team  
**'Ohana**  
Phone: 1-888-846-4262 (TTY 711)  
Fax Number: 1-855-703-8078  
**Monday–Friday, 7:45 a.m.– 4:30 p.m. Hawaii Standard Time**