



CONFIDENTIAL

Date:	
To:	From:
Fax Number: 1-855-703-8078	Phone Number:
Phone Number: 1-888-846-4262 (TTY 711)	Total Pages: 3

Dear Provider,

We are pleased to inform you that your patient has successfully completed a Weight Management Program with our 'Ohana Health Care Coordination Team.

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 managed more successfully. 'Ohana Health Plan takes pride in helping people live healthier lives, and we understand it all starts with you, the Primary Care Provider (PCP).

Completion of WW® Outcome Form

Please complete the **DATE** and **OUTCOME** columns of the form on the next page with the member's current outcome data. Once completed, please return to us via fax. This will help us track key measures like weight reduction, BMI, blood pressure, cholesterol, and blood sugar in order to evaluate member outcomes and program effectiveness.

Members who successfully decrease their BMI by one point are eligible to enroll in an additional six-month WW Program. With your help, our members can continue to make healthy lifestyle changes.

Thank you in advance for your assistance. Please do not hesitate to contact us for additional information about our program.

Again, we thank you for helping 'Ohana members live better, healthier lives.

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 healthcare information.

To:

From:

Fax:

Pages:

Phone:

Date:

Re:

cc:

WW Outcome form

Member Name: First Name, Last Name

Member ID#: Member ID DOB: Birth Date

Lab Data Requested: Please complete DATE and OUTCOME columns

	Type	Date	Outcome
	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 through Friday, 7:45 a.m. to 4:30 p.m. Hawaii Standard Time