



Weight Watchers Value Added Benefit Program

Dear Provider:

As part of our value-added services, Delaware First Health offers a six-month Weight Watchers membership to members who meet the following program requirements:

- Members must be 18 years old or older.
- BMI must be greater than or equal to 25.
- Completion of baseline form prior to enrollment by a primary care provider (requires current height, weight, BMI within the last 12 months).

Please complete the attached baseline form so we can confirm the member is eligible to participate in the program. The information provided will also be used to evaluate member outcomes and program effectiveness. Once complete, you can return the form by fax to 1-833-966-0517 or log into the secure provider portal at Provider.DelawareFirstHealth.com and upload the form as an attachment under the Document Resource Center. We have included step by step instructions to upload the form via the portal.

Thank you in advance for your assistance and for helping Delaware First Health members live better, healthier lives.

For additional information about the Weight Watchers Value Added Benefit Program, please reach out to Delaware First Health at 1-877-236-1341.

Sincerely,

Delaware First Health



Weight Watchers Value Added Benefit Baseline Form

Member Name _____

ID # _____ DOB # _____ Phone # _____

Address _____

Measures	Result
1. Was a member seen by a PCP within the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. If the member was seen by PCP within the last 12 months:	
a. What was the date of the member's last PCP visit?	
b. What was the member's height (inches)?	
c. What was the member's weight (lbs.)?	
d. What was the member's BMI?	

Provider Comments (Optional):

Provider Name: _____

Provider Phone: _____

Date Provider Completed Form: _____

Please return the completed form via fax to 1-833-966-0517 or submit via the provider portal. Instructions to submit via the portal are attached.

Uploading Weight Watchers Value Added Benefit Baseline Form to Secure Provider Portal

1

Log in to the Secured Provider Portal

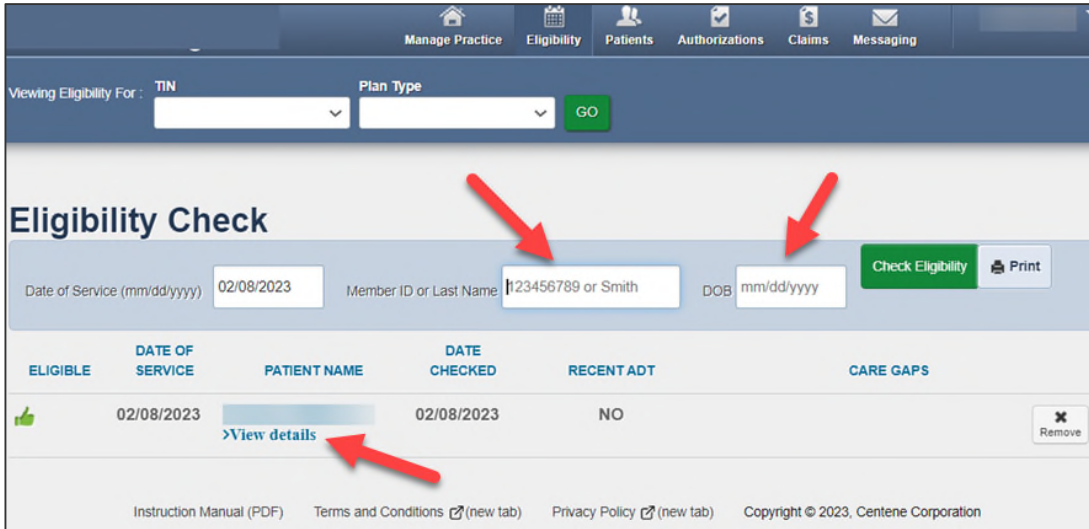
- Log into the portal by visiting Provider.DelawareFirstHealth.com.
- If you need to create an account, you will need your TAX ID number during sign-up.

2

Find the Member by Checking Eligibility (Figure 1)

- Click on eligibility icon to access the member overview
- On the Eligibility Check screen, search for the member with the member ID number or last name AND date of birth
- Click “view details” to open the member’s record.

Figure 1: Eligibility Check



Viewing Eligibility For : TIN Plan Type

Eligibility Check

Date of Service (mm/dd/yyyy) Member ID or Last Name DOB

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	RECENT ADT	CARE GAPS
	02/08/2023	<input type="text"/>	02/08/2023	NO	

[>View details](#)

Instruction Manual (PDF) Terms and Conditions [\(new tab\)](#) Privacy Policy [\(new tab\)](#) Copyright © 2023, Centene Corporation

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Upload the form through the Document Resource Center

- Click on the Document Resource Center located on the left side of the Overview page as displayed in Figure 2 below.
- On the Document Upload tab displayed in Figure 3 below:
 - Select “Medical Necessity” for document category.
 - Select “Other” for document type.
- Click “Choose file” to upload the completed form as displayed in Figure 4 below:
 - **TIP:** The file name cannot contain any spaces or special characters, only an underscore.
- Click submit. A green message will appear to confirm the document was successfully loaded as displayed in Figure 5 below.

Figure 2: Document Resource Center

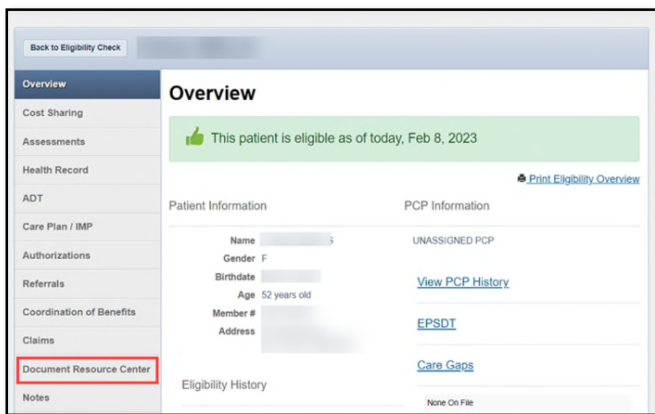


Figure 3: Document Upload

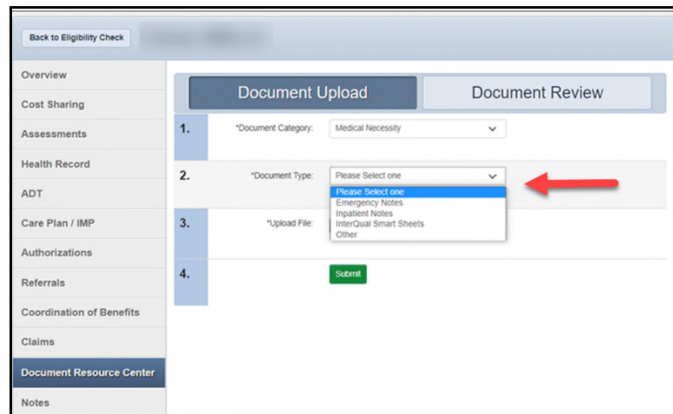


Figure 4: Uploading Document

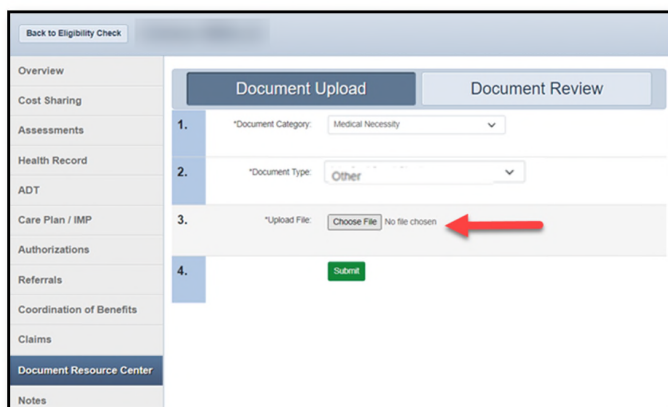


Figure 5: Submitting the Form

