





Contact Us

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Lifestyle Management Programs

SpecialtyHealth is proud to partner with **Washoe County** and provide 3 different Lifestyle Management Programs for PPO and HDHP health plan members.



Weight Loss-General \$145/member/month



Weight Loss-Prediabetes \$145/member/month



Weight Loss-Diabetes \$170/member/month

Individuals who choose to participate in one of these programs will receive one-on-one care, comprehensive blood work, and monthly dietitian visits and in person biometric checks. Accountability, goal setting and personalization will be the bedrock of these programs.

The following is a list of wellness services and prices provided by SpecialtyHealth to Washoe County. These services will be performed at SpecialtyHealth or at LabCorps throughout the county.

Weight Loss-General

\$145/member/mo* Open to all plan members

- Initial program planning visit
 - Performed by APRN and RD
- Monthly Check-ins
 - Body weight, waist circumference and blood pressure
 - Performed at our Sparks clinic
- Lab Work
 - Performed 2x per year at 6-month intervals.
 - Focus on Insulin Resistance and Inflammation
- Monthly Dietitian Visit

Weight Loss-Prediabetes

\$145/member/mo* Weight Loss and Prediabetics

- Initial program planning visit
 - Performed by APRN and RD
- Monthly Check-ins
 - Body weight, waist circumference and blood pressure
 - Performed at our Sparks clinic
- Lab Work

If an individual is unresponsive to

to medical weight loss-while

lifestyle change, they can be referred

continuing with lifestyle modifications

- Performed 2x per year at 6-month intervals.
- Focus on Insulin Resistance and Inflammation
- Monthly Dietitian Visit

Weight Loss-Diabetes \$170/member/mo* Diagnosed Diabetics

- Initial program planning visit
 - Performed by APRN and RD
- Monthly Check-ins
 - Body weight, waist circumference and blood pressure
 - Performed at our Sparks clinic
- Lab Work
 - Performed 2x per year at 6-month intervals.
 - Focus on Insulin Resistance
 and Inflammation
- Monthly Dietitian Visit
- Quarterly A1c-POC

- Telehealth can be done remotely.
 Program will be 1 year in length.
- Referrals made by APRN or MD



PPO and HDHP - Weight Loss Program

This program is designed to have bi-weekly appointments with SpecialtyHealth providers, clinicians and/or dieticians. Progress towards goals will be monitored by SpecialtyHealth's clinical team.

If an individual is unresponsive to lifestyle modifications, SpecialtyHealth clinicians (APRN or MD) will determine if a referral to Premier Physicians is appropriate.

Step 1: Complete enrollment and a health questionnaire using the following link: <u>https://www.specialtyhealthwellness.com/washoe-county-weight-loss-program/</u>

When completing the Questionnaire, members will elect one of the following:

- General Weight Loss: Open to all members
 - \$145 per month*
- Pre-Diabetes Weight Loss: For those members with A1c >5.7
 - \$145 per month*
- Diabetes Weight Loss: For those members with a diabetes diagnosis
 - \$170 per month*

***IMPORTANT:** 12-month program commitment. Monthly fees are paid directly to SpecialtyHealth. Participating member must submit claim form and receipt to UMR for expenses to be applied to deductible, maximum out-of-pocket, and to receive any applicable reimbursement.

Step 2: Complete blood panel through LabCorp (ordered by SpecialtyHealth).

Lab Tests:

- NMR-Insulin Resistance and Cholesterol particle size and number
- GlycA-Inflammation
- A1c-average 3-month blood sugar
- LP(a)-specific type of lipoprotein, dense and atherogenic
- Complete Metabolic Panel

Frequency:

- General Weight Loss and Pre-Diabetes: Full panel every 6 months
- Diabetes Weight Loss: Full panel every 6 months, A1c every quarter

Step 3: Schedule first and ongoing appointments

The first appointment is a planning meeting centered around the members' needs. Lab results will be reviewed, existing conditions will be addressed, initial weigh-in and biometrics will be taken.



Claim Form

Specialty Health Weight Loss Progam Reimbursement



GROUP NAME

Washoe County

GROUP # 76415627

HOW TO PRESENT A CLAIM

- 1. Complete the "Member Information" and "Dependent Information" if benefit is for dependent.
- 2. Provide any additional information related to this reimbursement in the "Remarks" box.
 - 3. Attach proof of payment to the claim form.
 - 4. Email, fax, or mail, the claim form to UMR.

WHERE TO SEND A CLAIM

Fax: 855-444-2896

PO Box 30541

Salt Lake City, UT 84130-0541 Email: UMR-ClaimSubmission@umr.com

MEMBER'S INFORMATION

UMR

| MEMBER'S NAME | | | PPO D HDHP D | | | MEMBER ID NUMBER | | | |
|-------------------|-------|------|--------------|--------|----------|------------------|-----|------|--|
| Last | First | | | Middle | | | | | |
| MEMBER'S ADDRESS | | | | | | DATE OF BIRTH | | | |
| Number and Street | | City | | State | Zip Code | Month | Day | Year | |
| REMARKS: | | | | | | | | | |

DEPENDENT INFORMATION

TION Complete only if patient is a dependent spouse or child.

| DEPENDENT'S NAME | | | | _ | |
|------------------|-------|-------------|------|--------|------------------|
| Last | First | | | Middle | Member ID Number |
| | | | | | |
| RELATIONSHIP | DA | ATE OF BIRT | Ή | | |
| Spouse Child | Month | Day | Year | | |

The above answers are true and correct to the best of my knowledge. I hereby authorize any physician, surgeon, practitioner or other person, any hospital, including veterans administration or governmental hospital, any medical service organization, any insurance company, or other institution organization to release to each other, any medical or other information acquired, including benefits paid or payable, concerning this or other disabilities. A photostat of this authorization shall be as valid as the original.

Member's Signature