

# ATTACHMENT A

## BARIATRIC PILOT PROGRAM REQUIREMENTS

**Members must call Employee Benefits Division at 501-682-9656 or 1-877-815-1017 to enroll in the Bariatric Pilot Program beginning**

*Members previously enrolled are subject to former requirements.*

ARBenefits will provide coverage for bariatric surgery to include:

- A) Gastric bypass surgery
- B) Adjustable gastric banding surgery
- C) Sleeve gastrectomy surgery
- D) Duodenal switch biliopancreatic diversion

The Arkansas State and Public School Life and Health Insurance board must approve additional procedures. The surgical procedure must be pre-certified by your surgeon and supported as medically necessary by your primary care physician prior to surgery. .

### **Eligibility Criteria**

1. Only Arkansas State and Public School Employees, aged 25-55, with a BMI greater than 35 will be considered for bariatric surgery (no dependents or spouses).
2. If the Employee's BMI is between 35 and 40, candidates must have co-morbid conditions, such as cardiopulmonary disease, sleep apnea, hypertension or diabetes. **(If you are followed by your physician for, or are on medications to treat a condition, you must enroll in a Disease Management Program.)**
3. The Employee under the plan **must** have been a plan participant for a **minimum** of one plan year prior to enrollment in the bariatric program.

### **Participation Criteria**

1. Candidates must follow the enrollment procedure outlined below:
  - a) The Employee must enroll by telephone contact with the Employee Benefits Division (EBD) (877-815-1017) to be considered for Bariatric Surgery.
  - b) Contact with the coaches must be documented monthly, no less than 20 days nor more than 40 days between contacts. **(Responsibility for maintaining contact with the coach is the Employee's.)**
  - c) The Employee under the plan **must** agree in writing to comply with at least one-year post surgery, physician-supervised treatment plan, and be followed by an ARBenefits Case Manager. **Failure to comply with this requirement will result in the denial of payment for bariatric claims.**
2. A six month physician-supervised nutrition and exercise program to include: Low calorie diet or diet program recommended specifically for the Employee by his/her physician; increased physical activity and behavior modification. The program and the member's compliance with the program must be documented in the medical records at least monthly. This supervision is required for a minimum of 6 months, and must continue monthly up to the scheduled date of the bariatric procedure. If surgery is delayed, monthly supervisory visits must be maintained and documentation provided to the plan.
  - a) Member participation in a physician-supervised nutrition and exercise program must be documented in the medical record by the attending physician who supervised the member's participation. Records must document compliance with the program and member **MUST** show a **10% or greater weight loss** in the 6 months immediately preceding the scheduled surgery. Member's weight must be documented at each physician visit.

**NOTE:** A physician summary letter is **NOT** sufficient

b) Nutrition and exercise programs must be at least 6 months duration or longer and be documented. This documentation needs to accompany the request for approval. All employees will be expected to continue participation in the managed weight loss up to the date of surgery.

c) If the employee has one of the following conditions and is taking medications to control or address the symptoms of the condition, participation in a **Disease Management Program** listed below is required:

- I) Asthma
- II) Coronary Artery Disease
- III) Congestive Heart Failure
- IV) Diabetes, Type I and Type II
- V) Chronic Pain
- VI) High Cholesterol
- VII) High Blood Pressure

3. Following surgery, the employee **MUST** enroll in and complete the **Healthy Guidance Weight Program** speaking with a Health Coach.

4. Surgery must be completed within one year after enrollment in the program.

**ALL necessary documentation has to be obtained before pre-certification is approved/provided.**

a) Documentation required for pre-certification regarding participation by an employee under the plan must be submitted by the chosen Bariatric Surgeon.

b) Letter from the physician monitoring/supervising the weight loss prior to surgery is to include:

- 1) Recommendation of member for bariatric surgery.
- 2) Documentation of all possible medically related causes of obesity (such as thyroid or endocrine disorders).
- 3) Weight History – Including all weight, exercise, dietary, and behavior modification encounters with documented **10% or greater weight loss**. (In-network providers only will be covered by ARBenefits.)
- c) Records of all studies/procedures such as, but not limited to, sleep study, cardiac studies (stress test, echocardiogram, and cardiac catheterization), and operations on the stomach or intestines, hernia repair.
- d) Detailed Post-Op follow-up treatment plan signed by member and surgeon must accompany the request for pre-certification.

**NOTE: This pilot will only cover the First Bariatric procedure per lifetime. (Employees who have had previous bariatric procedures are ineligible for this Pilot.)**

**Any and all of the above requirements may be subject to change.**