Coverage for Weight Management and Physical Activity in Cancer Care

*Roundtable on Obesity Solutions*

The Challenge of Treating Obesity and Overweight: Learning what works and making it happen

April 6, 2017

*Don Bradley, MD, MHS-CL*
**ACA mandate for obesity coverage:**

**USPSTF Grade A or B recommendations**

<table>
<thead>
<tr>
<th>Population</th>
<th>Recommendation</th>
<th>Grade (What’s This?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Adults</td>
<td>The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m² or higher to intensive, multicomponent behavioral interventions.</td>
<td>B</td>
</tr>
<tr>
<td>Children aged 6 years and older</td>
<td>The USPSTF recommends that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral intervention to promote improvement in weight status.</td>
<td>B</td>
</tr>
</tbody>
</table>


Essential Health Benefit (EHB) selections were submitted to HHS by 25 states and DC by December 10, 2012. The other 25 states did not make a selection; this allowed HHS to assign those state’s “largest small-group plan” as the benchmark.

Inside the mind of a payer: 10 key determinants of coverage

1. Customer demand/preference for a benefit/service
2. Cost
   - as low as possible
   - predictable
3. Evidence for effectiveness and efficiency
4. Deliverable quality outcomes (especially CMS and NCQA metrics)
5. Network for delivery
Inside the mind of a payer: 10 key determinants of coverage

6. Customer satisfaction/experience
7. Ease of administration
8. Compliance/Mandates/Essential Health Benefits
9. Risk
   - legal
   - financial
   - regulatory
   - public relations
   - network
10. Profitability/margin
Medicaid coverage for obesity services

• The coverage slides are STOP Obesity Alliance analyses, and not endorsed or generated by CMS.
• The coverage data are from 2014.
• Essential Benefits requirements from the ACA apply to Medicaid expansion as well. The coverage maps probably look more “orange” [partial coverage] after 2014.
NOTES: Current status for each state is based on KCMU tracking and analysis of state executive activity. *AR, AZ, IA, IN, MI, MT, and NH have approved Section 1115 waivers. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion.

Map 2: Medicaid Coverage of Obesity-Related Nutritional Consult Services

Source: Provider Manuals and CPT Code Search of Provider Fee Schedules
Note: Common Nutritional Consult Services are defined as CPT codes S9452, 9780-97804, S9470

http://stopobesityalliance.org/wp-content/themes/stopobesityalliance/pdfs/Medicaid%20FFS%20Treatment%20of%20Obesity%20Interventions%202014.pdf, accessed 04/04/2017
Map 5: Medicaid Coverage of Obesity Drugs

Source: State Provider Manuals

http://stopobesityalliance.org/wp-content/themes/stopobesityalliance/pdfs/Medicaid%20FFS%20Treatment%20of%20Obesity%20Interventions%202014.pdf, accessed 04/04/2017
Map 6: Medicaid Coverage of Bariatric Surgery

Source: State Provider Manuals

http://stopobesityalliance.org/wp-content/themes/stopobesityalliance/pdfs/Medicaid%20FFS%20Treatment%20of%20Obesity%20Interventions%202014.pdf, accessed 04/04/2017