Coverage for Weight Management and Physical Activity in Cancer Care

National Cancer Policy Forum
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NATIONAL CANCER POLICY FORUM

Duke Health

ACA mandate for obesity coverage:

USPSTF Grade A or B recommendations

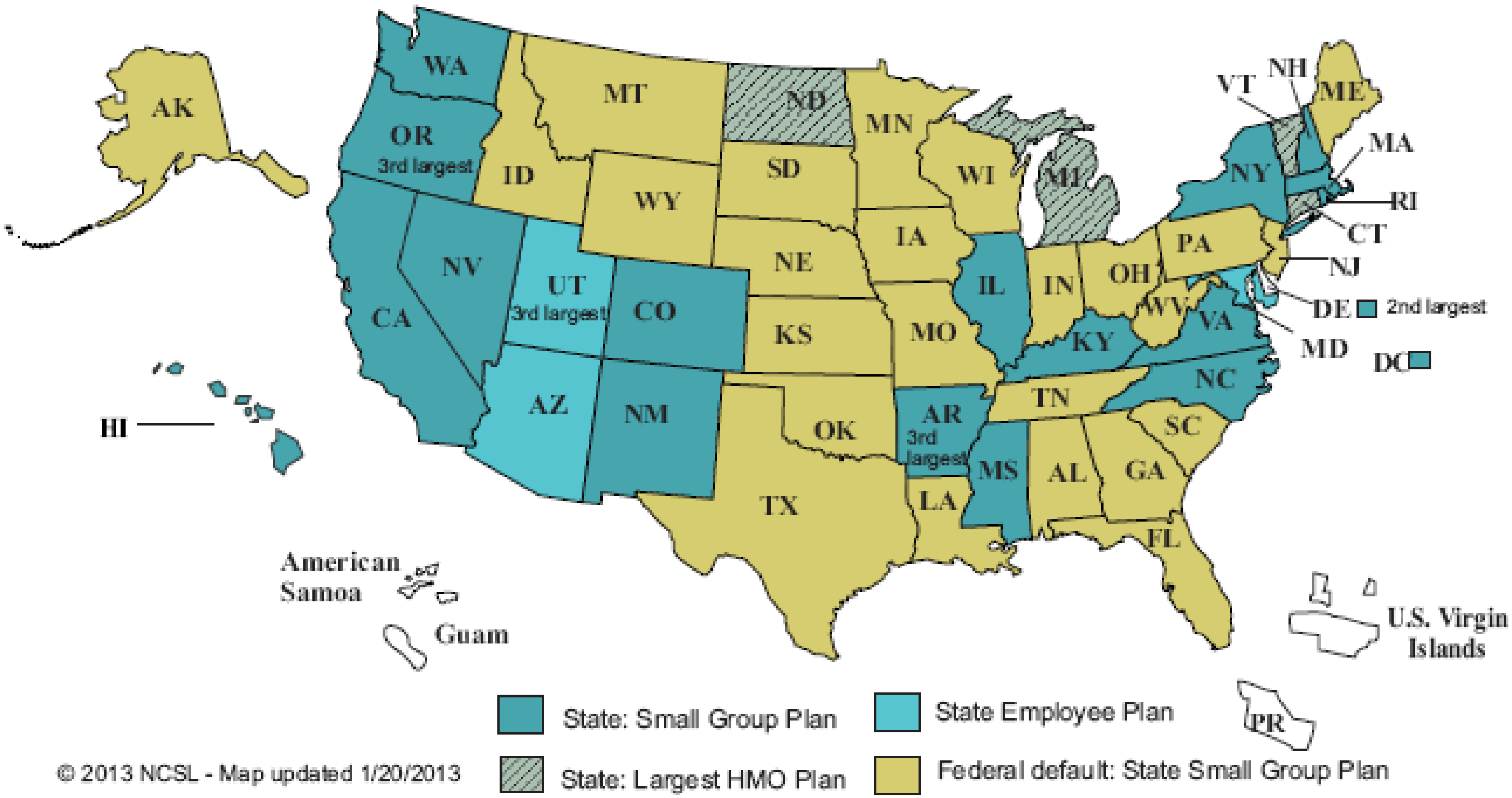
Healthy diet counseling	The USPSTF recommends intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease. Intensive counseling can be delivered by primary care clinicians or by referral to other specialists, such as nutritionists or dietitians.	Grade B
Obesity screening and counseling: adults	The USPSTF recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.	Grade B
Obesity screening and counseling: children	The USPSTF recommends that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.	Grade B

Note: "Clinician" as used above is based on the Institute of Medicine definition: "... an individual who uses a recognized scientific knowledge base and has the authority to direct the delivery of personal health services to patients. A clinician has direct contact with patients and may be a physician, nurse practitioner, or physician assistant." (Institute of Medicine. Primary Care: America's Health in a New Era. Washington, DC: National Academies Press; 1996)

Finding the benefits:

- Benefit handbooks
- Preventive care guidelines
- Wellness programs
- Medical policy

State Essential Health Benefit Benchmark Plans



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.

http://www.ncsl.org/research/health/state-ins-mandates-and-aca-essential-benefits.aspx, accessed 01/31/2017

Essential Health Benefits determined by state:

BlueCross BlueShield of North Carolina

An Independent Licensee of the Blue Cross and Blue Shield Association

Blue Options℠

10/2009

Obesity Treatment/Weight Management **[pg. 21/77]**

Your health benefit plan provides coverage for OFFICE VISITS for the evaluation and treatment of obesity; see "Summary of Benefits" for visit maximums. Benefits are also provided for surgical treatment of morbid obesity. Morbid obesity surgical services require PRIOR REVIEW and CERTIFICATION or services will not be covered.

Your health benefit plan also provides benefits for nutritional counseling visits to an IN- or OUT-OF-NETWORK PROVIDER as part of your PREVENTIVE CARE benefits. The nutritional counseling visits may include counseling specific to achieving or maintaining a healthy weight. **[limit 6 visits/ benefit period]**

Nutritional counseling visits are separate from the obesity-related OFFICE VISITS noted above.

Obesity Treatment/Weight Management Exclusions

- Removal of excess skin from the abdomen, arms or thighs
- Any costs associated with membership in a weight management program
- Drugs indicated for the short-term treatment of clinical obesity
- Any services not described above.

Obesity Treatment/Weight Management **[pg. 11/77]**

PRIMARY CARE PROVIDER or SPECIALIST 100% after deductible 100% after deductible

Outpatient Services 100% after deductible 100% after deductible

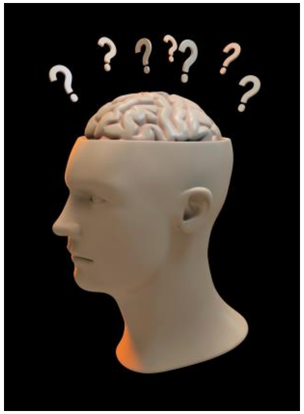
Inpatient Services 100% after deductible 100% after deductible

OFFICE VISITS for the evaluation and treatment of obesity are limited to a combined IN- and OUT-OF-NETWORK

- MAXIMUM of four visits per BENEFIT PERIOD. Any visits in excess of these BENEFIT PERIOD MAXIMUMS are not COVERED SERVICES.

https://www.cms.gov/cciio/resources/data-resources/ehb.html#North%20Carolina, accessed 01/31/2017

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