

2020 Benefit Change Review Bariatric Surgery

GIB Item 7A

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Informational Item Only

- No Board action is required

Bariatric Surgery Coverage

Added to all plans in 2020

- Formerly an Access Plan only benefit, removed in 2018

Covers members with BMI of 35 or greater

- Lower BMI may be covered if plans have coverage policy
- Pre-surgery requirements may apply for all surgeries
- Coverage includes required pre-surgery services

Plans required to develop authorization criteria

Bariatric Surgery Types and Coverage Criteria

Plans generally cover the same types of surgeries

Similar pre-surgical requirements:

- Unsuccessful prior weight loss attempts
- Nutrition counseling
- Psychological counseling

Half of plans allow coverage for BMI under 35

- Require Type 2 Diabetes with uncontrolled high blood sugar

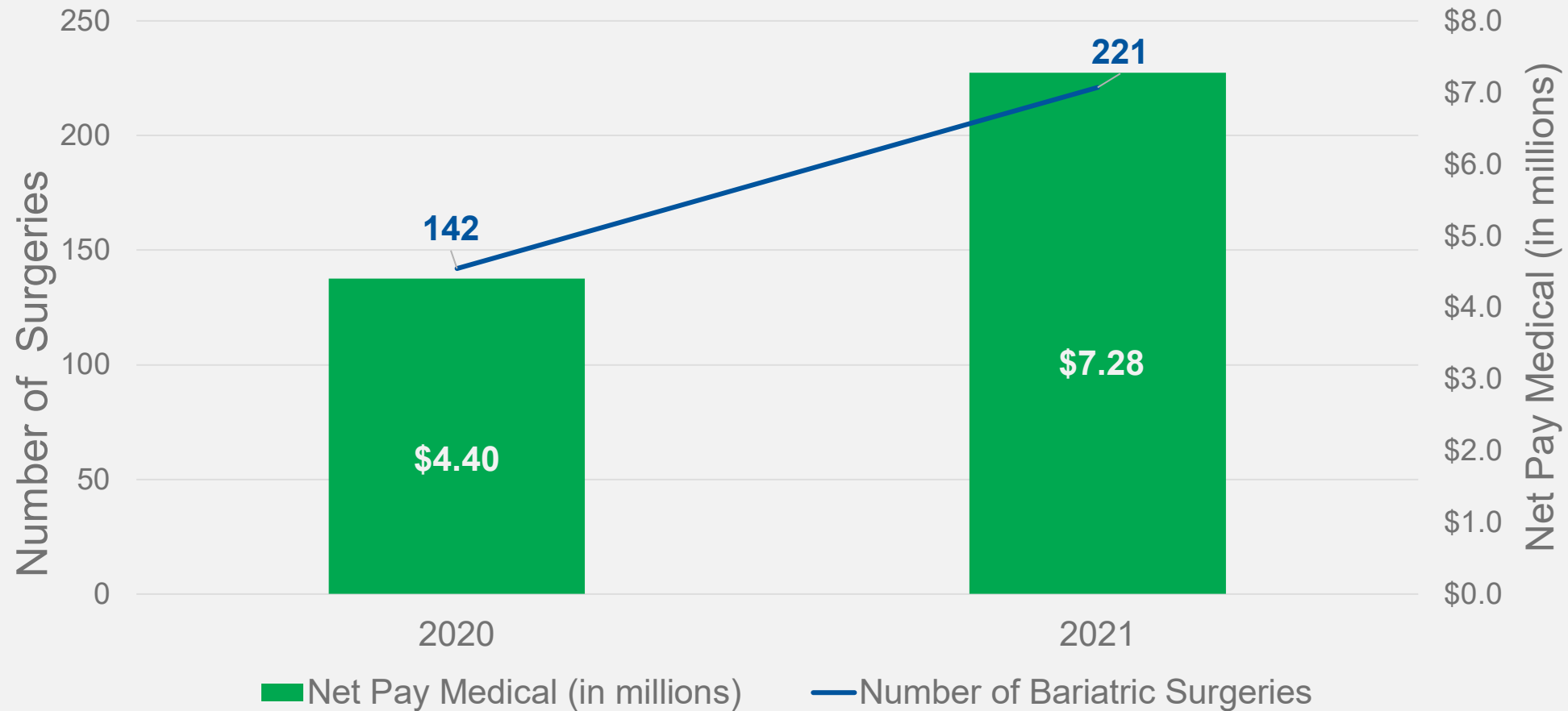
Members Eligible for Bariatric Surgery

- 7,832 members in 2020 and 7,176 members in 2021 were eligible for bariatric surgery
 - 4.5% of members
 - 59% female

Eligible versus Non-Eligible

Population Group	Average Risk Score	Average Allowed PMPY	Average Pharmacy Scripts Per Year	Average Medical Visits Per Year	ER Visits per 1,000	Admits Per 1,000
Not Eligible	77	\$5,415	11	8	196	37
Eligible	255	\$18,341	30	18	551	167

Utilization & Costs



Bariatric Surgery Experience

Typical bariatric surgery patients:

- Were female (80%)
- Were inpatient (95%)
- Cost \$31,890

Outpatient surgeries significantly lower cost (avg \$15,914)

Anticipated Outcomes

Reduction in Type 2 diabetes, insulin use

Cost recovery within 26 to 30 months

Larger weight reduction than non-surgical programs

Cost and health outcomes will take time

Next Steps

Additional analysis:

- By surgery type
- Cohort study
- Return on investment

Next review of
benefit in 2023

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Questions?