



MISSISSIPPI DIVISION OF
MEDICAID

Public Comments for State Plan Amendment (SPA) 16-001 Bariatric Surgery

Received: December 19, 2015

I have reviewed the Medicaid documents regarding Bariatric Coverage for the Medicaid Beneficiaries of Mississippi and would like to add my support to the proposal. I have been practicing Bariatric Surgery in Jackson for almost 17 years and I am currently an active in the Bariatric Programs at Merit Health River Oaks Hospital and St Dominic's Hospital.

Bariatric Surgery coverage has long been needed in the care of our underserved population in Mississippi and is the next step in continuing to reduce the burden of obesity in our state. The thrust to improve Mississippi healthcare and lives can only be improved through this initiative. We have moved from the most obese state in e United States to currently third overall. This shows that the treatment of obesity is forward thinking and working. This initiative is a much needed step in the overall plan and those involved in its moving forward must be commended.

The Agency for Healthcare Research and Quality has shown that average cost per year for diabetic patients is cut by 34% in the second year post bariatric surgery and 70% in the subsequent years. In addition to improved health, decreased mortality, and improved lifestyle our state will be able to recognize an annualized cost savings. Current studies estimate Bariatric Surgery pays for itself in two years for diabetics and four years in non-diabetics.

I feel this is not only a sound investment in our financial future but in the lives of Mississippians as a whole.

Thank you for your time.

David R Carroll MD FACS FASMBS

Fellow- American College of Surgeons

Fellow- American Society of Metabolic and Bariatric Surgeons

President of the Mississippi Chapter of ASMBS

December 19, 2016

David J. Dzielak, Ph.D.
Executive Director
Division of Medicaid
Office of the Governor

Dear Dr. Dzielak:

The American Society for Metabolic and Bariatric Surgery (ASMBS) enthusiastically commends you and your team for recognizing the extreme importance of urgently addressing the epidemic of obesity in Mississippi. The American Medical Association officially recognized obesity as a disease in 2013, and we all recognize the tremendous financial, physical, and psychosocial costs of obesity, both to the affected individual and our society. Obesity and related co-morbidities such as diabetes, hypertension, and dyslipidemia represent some of the most important national public health concerns.

We believe that bariatric surgery provides the most effective and efficient treatment of obesity and related diseases. Offering bariatric surgery coverage will lead to better health and quality of life for Mississippi Medicaid beneficiaries. Bariatric surgery frequently produces rapid and dramatic improvement, if not complete resolution, of many obesity-related diseases. In fact, studies show that the expense of bariatric surgery can be recouped in less than 2-3 years through reduced costs for treating such diseases.

We strongly support your proposal to provide bariatric surgery for Medicaid beneficiaries, and believe it will establish Mississippi as a role model for other states in the fair and equal coverage of evidence-based and medically necessary treatment of obesity.

Sincerely,

Wayne English, M.D.
Chair, ASMBS Access to Care Committee

Helmuth Billy, M.D.
Chair, ASMBS Insurance Committee

Brandon Williams, M.D.
Co-Chair, ASMBS Access to Care Committee

Matt Brengman, M.D.
Immediate Past-Chair, ASMBS Insurance
Committee

John Scott, M.D.
Co-Chair, AMBS Access to Care Committee

John Morton, M.D.
Immediate Past-President ASMBS

Raul Rosenthal, M.D.
President ASMBS

Dear Ms. Wilson and Dr Dzielak

I want to take the time to commend the efforts by the Mississippi Division of Medicaid to propose implementing what could be the first bundled bariatric surgery coverage plan for Medicaid patients in the nation. The impact of obesity related disease, the tremendous financial and social costs related to untreated obesity is staggering and a major public health concern in Mississippi and across all 50 states.

As Medical director at two accredited bariatric programs in California our program recognizes on a daily basis the tremendous impact that surgery can produce in not only resolving the obesity related diseases but improving the lives and futures of individuals living with the impact that obesity has on health, finances and physical limitations.

Mississippi in the position to serve as a role model and example for the rest of the nation on how State Medicaid programs can work together with physicians and hospitals to develop and implement a cost effective solution for this terrible and costly disease. The huge financial cost that obesity, associated diabetes, hypertension, heart disease, sleep apnea and other comorbid conditions has on health care system can only be reversed with an effective and coordinated partnership between state programs, physicians and hospitals. Mississippi is to be commended for taking the toll that obesity has on our society seriously and putting together a proposal that will most certainly serve as an example for the rest of the nation.

Over the past 15 years, as a physician practicing bariatric surgery in California, I have watched nearly two decades come and go with no improvement in my states attempt at addressing this issue seriously. With the national changes in healthcare we have seen Medicaid enrollment increase 3 fold in California. I can only hope that the Governor of my state and our state political leaders take note at the outstanding example Mississippi is setting. California is not the only state that needs to move ahead with similar proposals to effectively address the obesity crisis in our states. To date the body of evidence based medicine supports the surgical approach to treating obesity as an effective and durable treatment. I wholeheartedly support the efforts your department has put forward and look forward to seeing the Mississippi program implemented and similar programs developing nationally.

Congratulations

Helmuth T. Billy, MD

Medical Director, Bariatric Surgery
Community Memorial Hospital, Ventura California
St. Johns Regional Medical Center, Oxnard California.

Chair, Insurance Committee,
American Society of Bariatric Surgery

Received: December 20, 2015

Dear Mrs. Wilson,

I am so proud of Mississippi's leadership regarding access to care specifically Bariatric surgery for Medicaid patients. As a physician I see a tremendous use of money spent on medications & equipment for obesity related diseases. My surgical patients save that money after their operation as they lose weight and are able to come off their meds. National studies show surgical patients end up missing less work and leading more productive lifestyles. I'm sure thus proposal will save the state money and actually pay for itself . I can't wait to get to work nailing down the details ! Gov Bryant should pat himself on the back !

Yours truly,

Erin Cummins MD FACS FAMBS
Surgical Director Baptist Nutrition & Bariatric Center



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December 20, 2015

Division of Medicaid
Office of the Governor
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550 High Street, Jackson, Mississippi 39201

On behalf of the more than 50,000 members of the Obesity Action Coalition (OAC), a National non-profit organization dedicated to helping individuals affected by the disease of obesity, the OAC is pleased to support the Mississippi Medicaid Program's State Plan Amendment (SPA) to create a bundled payment for bariatric surgery.

Under this proposal, Mississippi Medicaid would cover "inpatient hospital bariatric surgery and related services when prior authorized as medically necessary to treat medical conditions caused or worsened by the beneficiary's obesity. The proposed payment methodology would be an all-inclusive bariatric surgery case rate which includes preoperative, intraoperative and postoperative services up to 12 months related to the bariatric surgery."

Addressing one's obesity is not an easy task – a point clearly illustrated by the 93 million Americans currently affected by this complex and chronic disease. This is especially true for low-income individuals, who often lack the economic means or spare time, to afford healthy food choices, exercise regularly, or access current evidence-based obesity treatment avenues. This point is particularly true in Mississippi, which ranks as our country's poorest state with 24 percent of Mississippians living in poverty.

We know that obesity is a multi-factorial chronic disease requiring a comprehensive approach to both prevent and treat. This disease is associated with a large number of related conditions such as type 2 diabetes, hypertension, heart disease, lipid disorders, certain cancers, sleep apnea, arthritis and mental illness. Therefore, care should not be seen as simply having the goal of reducing body weight, but should additionally be focused on improving overall health and quality of life. This point is again particularly true in Mississippi where the state ranks 1st in obesity prevalence for both adults and 10-17 year-olds (35.1 percent and 21.7 percent, respectively); 3rd in diabetes prevalence (12.9 percent); and 3rd in hypertension prevalence (40.2 percent).

For these reasons, we welcome the state's willingness to explore creative payment models to ensure patients receive optimal care for their obesity and related comorbidities. OAC believes that the state's Medicaid program, working in conjunction with local bariatric surgeons and other members of the multi-disciplinary treatment team, will be able to develop a bundled payment approach for bariatric surgery that will ensure quality care for so many Medicaid beneficiaries who struggle with severe obesity. We particularly applaud the state for proposing to include coverage for critical post-operative services such as coordination with an exercise physiologist and services of a fitness trainer and gym or similar facility that is tailored to meet the needs of bariatric beneficiaries as well as any costs associated with vitamins or any other required supplements. These services following surgery play a dramatic role in ensuring successful outcomes for patients – especially for those with limited means who would otherwise be unable to afford them.

The mission of the Obesity Action Coalition is to elevate and empower those affected by obesity through education, advocacy and support.

As mentioned above, we know that severe obesity is associated with numerous medical conditions that can often be disabling – leaving individuals unable to maintain jobs and contribute to the local economy. During the last decade, one study examined experience with treating Medicaid beneficiaries with severe obesity and the subsequent impact that such treatment could have on returning these individuals to the work force and subsequent removal from the Medicaid rolls.

The study found that 37 percent of patients returned to work after bariatric surgery (RYGB) compared with six percent of patients in the non-operative control group. This study suggests that bariatric surgery, the most effective available means to achieve durable weight loss and reduction of comorbidities in patients with severe obesity, results in significant rehabilitation of Medicaid-funded individuals affected by this severe form of the disease.

Obesity is a complex chronic disease that deserves to be treated seriously -- in the same fashion as diabetes, heart disease or cancer. Those affected by obesity should have access to the same medically necessary and covered treatment avenues afforded to all others who suffer from chronic disease and receive their care through public or private health plans. We applaud Mississippi for choosing to expand coverage for bariatric surgery in its Medicaid population and encourage the state to examine providing coverage for other treatment areas, such as intensive behavioral therapy and pharmacotherapy, so that healthcare providers may have all the treatment tools available to address this growing epidemic.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe Nadglowski, Jr.", written in a cursive style.

Joseph Nadglowski, Jr.
President/CEO