

# Bariatric Surgery Rule Revision Meeting 2

The Department of Health Care Policy  
and Financing (HCPF)

March 13, 2025

# Closed Captions

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- Captions can be translated into different languages by clicking on the up arrow next to the Closed Captions button and then selecting your preferred language.



# Meeting Agenda

- 1.Introducing the Staff and HCPF
- 2.Goals and Expectations
- 3.Background of How We Got Here
- 4.Current Related Legislation
- 5.Review of January 23 Meeting
- 6.Rule Revision 2.0 Presentation and Discussion
- 7.Additional Questions, Discussion, and Next Steps

# Introductions

- **Stakeholder Engagement Team**
  - Patrick Potyondy, Stakeholder Section Manager
  - Ryan Lazo, Stakeholder Engagement Coordinator
- **Benefit Management Team**
  - Chris Lane, Specialty Care and Facilities Unit Manager
  - Raine Henry, Hospital and Specialty Care Section Manager



# Our Mission:

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



# What We Do

The Department of Health Care Policy and Financing administers Health First Colorado (Colorado's Medicaid program), Child Health Plan *Plus* (CHP+) and other health care programs for Coloradans who qualify.

# Our Goals

- **Shared overall goal:** improving the Bariatric Surgery Rule and effectively serving all of our members and providers while meeting federal obligations.
- **Shared specific goal:** collaborating over two or more meetings to revise the Bariatric Surgery Rule to arrive at revised language that everyone can agree to.
- HCPF staff will consider all feedback.
- Staff are also constrained by **federal and state law** as well as **budgetary considerations**.



# Expectations and Process

- This is meeting 2 of 2 planned so far. We may plan and hold additional meetings.
- **HCPF staff** will share materials before and after each meeting.
- **Attendees:** Ask questions throughout. HCPF staff will pause to allow multiple chances for feedback.
- Attendees will also try to review materials and prepare before each meeting.



# Expectations and Process

- All feedback will continue to inform the work being done.
- A Google Form will also be shared after the presentation to collect feedback.
- **Meeting norms:** respect and staying on topic.
- Chat and Q&A box.

# Meeting Etiquette



## The chat is open

You may use the chat to provide comments. While chats are saved, staff may not be able to review everything during the meeting. We encourage you to raise your hand and unmute when called upon to share your questions and comments.



## The Q&A is open

Feel free to submit questions in the Q&A and we will do our best to answer them either in the Q&A or aloud. Questions will help staff consider the topics and issues.



## Do not share PHI or PII.

Please refrain from sharing Protected Health Information (PHI) or Personal Identifiable Information (PII). Meeting recordings must have all PHI and PII removed prior to sharing the recording.

# Background

# Why are we revising the rule?

- HCPF staff identified elements of [the current rule](#) that were outdated and were creating barriers to accessing care.
- Two stakeholder meetings were held in September 2024 to determine preferences for: removing the rule, or revising the rule, or leaving the rule in place without any changes.
- HCPF staff preferred to remove the rule entirely.

# Why are we revising the rule?

- The feedback from the September meetings helped inform the January 23, 2025, stakeholder meeting.
- Feedback from the January 2025 meeting informed the changes being discussed today.
- The goal will be to revise the rule so that providers and members are more effectively served.

# Stages of the Revision

- **Step 1:** Propose revised rule language and collect additional feedback.
- **Step 2:** Between meetings, staff will analyze all the feedback and determine which further revisions can be made. Staff must also consider federal and state obligations.
- ➔ • **Step 3:** Share re-revised rule language with stakeholders and restart at Step 1 at next meeting.
- **The process concludes when** staff and stakeholders have arrived at revised rule language that the majority agree is an improvement. Additional meetings may be required.

# What happens next?

- Upon buy-in from stakeholders that the final revised rule language is acceptable and an improvement, the new rule language may be submitted to the [Medical Services Board \(MSB\)](#).
- MSB is the official entity that considers new rule language and either rejects, alters, or accepts new rule language to make it official.
- [Stakeholders can remain engaged throughout.](#)



# Review of January 23 Meeting 1



# Quick Review of Meeting 1

- Same expectations, goals, and process
- Reviewed current rule
- Presented a small number of possible changes and asked questions of attendees
- Collected feedback in the meeting and afterward
- Recording and slides are available on the [HCPF website](#)

# Rule Revision 2.0

# Overview

- Aiming to align with current standards of care
- Balance clear criteria and flexibility
- Slide Format
  - Proposed policy
  - Questions

# Proposed Policy-Part 1

## (8.300.3.C.1.)

- Eligible Members:
  - All currently enrolled members age 13 and older
  - Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) ([10 CCR 2505-10 8.230](#))

# Proposed Policy-Part 2

## (8.300.3.C.2.)

- Eligible Providers:
  - Eligible Providers
    - Enrolled in Colorado Medicaid
    - Surgeons must be trained and credentialed in bariatric surgery procedures
    - Preoperative evaluations can be provided by a primary care provider, nurse practitioner, physician assistant, registered dietitian, or behavioral health provider

# Proposed Policy-Part 3

## (8.300.3.C.3.)

- Eligible places of service:
  - All surgeries shall be performed at a Hospital, as defined at [8.300.1](#).
    - Facilities must have safety protocols in place specific to the care and treatment of bariatric members.
    - Pre- and Post- operative care may be performed at a physician's office, clinic, or other medically appropriate setting.



# Part 3 Questions

- Are there publicly available data on outcomes by facility?
- Would it be beneficial to add a requirement that protocols are specific to the population being treated (age, comorbidities)?
  - Facilities must have safety protocols in place specific to the care and treatment of bariatric members. Protocols must be specific to the population being treated.

# Proposed Policy-Part 4

## (8.300.3.C.4.b.)

### Original Wording:

b. Covered primary procedures Include:

- i) Roux-en-Y Gastric Bypass;
- ii) Adjustable Gastric Banding;
- iii) Biliopancreatic Diversion with or without Duodenal Switch;
- iv) Vertical-Banded Gastroplasty;
- v) Vertical Sleeve Gastroplasty.

### Proposed Changes:

~~b. Covered primary procedures Include:~~

b. Covered primary procedures are indicated by the [Health First Colorado Fee Schedule](#).

- ~~i) Roux-en-Y Gastric Bypass;~~
- ~~ii) Adjustable Gastric Banding;~~
- ~~iii) Biliopancreatic Diversion with or without Duodenal Switch;~~
- ~~iv) Vertical-Banded Gastroplasty;~~
- ~~v) Vertical Sleeve Gastroplasty.~~

# Proposed Policy-Part 5.1

## (8.300.3.C.4.c.i.)

- Maintain existing requirements for adults
  - Class 3 obesity; or
  - Class 2 obesity with one of the listed comorbidities
- For adolescents
  - Class 3 obesity (defined as BMI >140% of the 95th percentile); or
  - Class 2 obesity (defined as BMI >120% of the 95th percentile)
- Any future changes dependent on budget authority

# Proposed Policy-Part 5.2

## (8.300.3.C.4.c.ii.-iv.)

- Remove requirement for qualifying BMI to be of two years duration
- Contraindications must be ruled out through the pre-surgical evaluation in accordance with nationally recognized standards of care

# Proposed Policy-Part 5.3

## (8.300.3.C.4.c.iii.)

- Pre-surgical preparation:
  - Member has tried and failed to achieve and maintain sufficient weight loss with nonsurgical treatment.
  - Member has received nutritional counseling comprised of at least 3 visits with a qualified nutrition provider (registered dietitian, nurse practitioner, or other clinician specializing in obesity-related issues) and including education that, at a minimum:
    - Is individualized and customized for the member's health related social needs.

# Proposed Policy-Part 5.3

## (8.300.3.C.4.c.iii.)

- Pre-surgical preparation continued:
  - Identifies any maladaptive eating behaviors and patterns and gives recommendations
  - Covers nutritional and dietary needs for postoperative success
  - Covers managing the member's modifiable risk factors and correcting any micronutrient deficiencies
    - The counseling may be provided in person or via telemedicine

# Proposed Policy-Part 5.4

## (8.300.3.C.4.c.iv.)

- Pre-surgical evaluation:
  - Medical and psychiatric contraindications must be ruled out through
    - A complete history and physical conducted by or in consultation with the requesting surgeon; and
    - A psychiatric or psychological assessment, conducted by a licensed behavioral health professional, no more than **twelve** months prior to the requested authorization.
      - The assessment must address both potential psychiatric contraindications and member's ability to comply with the long-term postoperative care



# Proposed Policy-Part 5.4

## (8.300.3.C.4.c.iv.)

- Pre-surgical evaluation continued:
  - The multidisciplinary team must document that the member understands, in detail, and is willing to comply with a long-term postoperative care plan created by the team.
    - For adolescents, this must be developmentally appropriate and tailored to the member's needs.

# Proposed Policy-Part 6

## (8.300.3.C.4.d.)

- Surgical Revision:
  - Covered if the revision surgery is used to correct complications such as slippage of an adjustable gastric band, intestinal obstruction, or stricture, following a primary procedure, or is otherwise medically necessary.

# Proposed Policy-Part 6

## (8.300.3.C.4.d.)

- Surgical Revision continued:
  - Planned multi-stage procedures are not considered a revision and will be evaluated under the primary procedure criteria.
  - Unplanned multi-stage procedures are covered when the second stage is medically necessary.

# Proposed Policy-Part 7

## (8.300.3.C.4.e.)

- Non-Covered Services:
  - Repeat/revision surgeries that are not medically necessary
  - Procedures performed for solely cosmetic purposes

# Is the current rule missing a section or topic?

1. Based on discussion during the previous meeting and in the feedback given, did we miss the mark somewhere?
1. Is there something else new we've missed discussing or something that is not mentioned in the rule at all that anyone would like to bring up and discuss or highlight?

# Further Questions and Feedback on Rule Revision 2.0 ?

# More Questions and Feedback?

- [Google Form](#) is preferred.
- You may also email us at:  
[HCPF\\_Stakeholders@state.co.us](mailto:HCPF_Stakeholders@state.co.us).



# Next Steps

- Submit all feedback by **March 21, 2025**.
- Next, HCPF staff will analyze all questions and feedback received to determine if further revisions are needed.
- Stay tuned for more communications from us!
- Updates, including any revisions, will be shared with stakeholders before any next meeting.

# Contact

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# Thank you!