

## DEPARTMENT OF DEFENSE WEIGHT MANAGEMENT DEMONSTRATION

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### 1.0. PURPOSE

*This demonstration will allow the Department of Defense (DoD) to determine the efficacy and acceptability of pharmacotherapy and distance behavioral interventions in producing and maintaining clinically significant weight loss in an at-risk overweight or obese individual. The Weight Management Demonstration (hereby referred to as the Demonstration) will also provide information that will enable DoD to determine whether to seek a change in statute to authorize, as part of the TRICARE benefit, behavior modification either alone or with pharmacotherapy for the treatment of patients that are overweight or obese.*

### 2.0. BACKGROUND

*2.1. Obesity is the seventh leading cause of preventable death in the United States contributing to more than 112,000 deaths annually. All segments of the DoD population demonstrate upward weight trends with approximately 13 percent of active duty, 34 percent of non-active duty, and 19 percent of dependent DoD adolescents classified as obese according the National Institutes of Health. Many high volume, high cost medical conditions, including diabetes, heart disease, back and joint pain, asthma, some cancers, and sleep apnea are related to obesity.*

*2.2. According to the Centers of Disease Control and Prevention, in the four demonstration states, there are 315,000 eligibles in total. Out of the 315,000 eligibles, approximately 71,000 Prime enrollees are age 18 and older, and approximately 45,000 Prime enrollees meet the definition for overweight or obese.*

*2.3. Under TRICARE, the treatment of obesity, as a sole medical condition, is excluded by law [10 U.S.C. 1079(a)(11)]. As a result, TRICARE policy is limited to proven surgical interventions for individuals with associated medical conditions (i.e., hypertension, cholecystitis, narcolepsy, diabetes mellitus, pickwickian syndrome (and other severe respiratory diseases), hypothalamic disorders, and severe arthritis of the weight-bearing joints). TRICARE does not cover non-surgical treatment of obesity or morbid obesity for dietary control or weight reduction (i.e., nutritional or behavioral counseling or weight loss medication).*

*2.4. One of the priorities of the Assistant Secretary of Defense for Health Affairs (ASD(HA)) is to establish a uniform weight management program for TRICARE Prime enrollees in the Military Health System (MHS). Therefore, on July 6, 2005 (Vol 70, No 38888), the Federal Register announced a demonstration project in which the DoD will provide TRICARE reimbursement for Prime enrollees (excluding active duty members and those enrolled in special programs) residing in Indiana, Illinois, Michigan and Ohio to receive weight management intervention for the treatment of obesity.*

*2.5. The Weight Management Demonstration project is planned for three years and is currently funded for one year. Evaluation for additional funding will be prepared as needed. The Demonstration*

*will continue based on outcome measures related to utilization rates, weight loss rates, and success of pharmacotherapy.*

### **3.0. POLICY AND ELIGIBILITY**

**3.1.** *Effective October 1, 2005, the Demonstration is authorized for overweight (Body Mass Index (BMI > 25)) non-active duty TRICARE Prime enrollees, who are age 18 to 64, residing in Ohio, Michigan, Indiana, or Illinois.*

**3.2.** *The Demonstration does not apply to active duty members or those TRICARE-eligible beneficiaries enrolled in special programs (i.e., ECHO) available through TRICARE.*

### **4.0. MANAGED CARE SUPPORT CONTRACTOR (MCSC) RESPONSIBILITY**

**4.1.** *The MCSC shall enroll eligible beneficiaries into the Demonstration through the Defense Online Enrollment System (DOES) based on applications received from the Demonstration Contractor. The MCSC is not required to verify or validate enrollment information. Rather, the MCSC is simply the data entry portal for reporting the enrollment to the Defense Enrollment Eligibility Reporting System (DEERS). The MCSC shall accomplish the required data entry within 5 calendar days of receiving an approved enrollment application from the Demonstration Contractor. Enrollments that cannot be effected because of ineligibility on DEERS or because of invalid or incomplete information shall be returned to the Demonstration Contractor with an explanation of the problem within 5 calendar days of receipt of the application.*

**4.2.** *The MCSC shall disenroll beneficiaries and make changes as necessary. The MCSC shall notify the Demonstration Contractor of any changes in status from DEERS.*

**4.3.** *The MCSC shall provide Pharmacy Data Transaction Service (PDTs) with a weekly list of all enrollments completed during the week. The list will include: beneficiary's name, beneficiary's social security number (SSN), sponsor's name, sponsor's SSN, beneficiary's address and date of enrollment into the Demonstration. The weekly list shall be e-mailed to LTC Don DeGroff at [donald.degroff@amedd.army.mil](mailto:donald.degroff@amedd.army.mil) or his designee.*

**4.4.** *DoD will cost-share all medical care required as a result of participation in the weight management demonstration. This includes physician visits for medical management and prescription pharmacotherapy through the TRICARE Mail Order Pharmacy (TMOP).*

**4.5.** *The MCSC shall process claims and allow TRICARE benefits for otherwise covered health care services (i.e., physician visit, medication management visit, etc.) related to the treatment of obesity. Normal TRICARE Prime cost-sharing applies.*

### **5.0. APPLICABILITY**

*The provisions of this demonstration are limited to those TRICARE-eligible beneficiaries as stated above in [paragraph 3.1](#).*

**6.0. ASD(HA) RESPONSIBILITIES**

*ASD(HA) is the designated Executive Agent for the Demonstration project. They shall designate a project officer in the Office of the DASD (Clinical Services) for the Demonstration. The project officer shall provide clinical oversight and ongoing program management of the Demonstration.*

**7.0. EFFECTIVE DATE**

*This demonstration is effective for claims for services provided on or after October 1, 2005.*

