Bariatric Program FAQ’s

How do I enroll to have bariatric surgery?
1. Go to https://my.arbenefits.org and log into your account.
2. Click on the Forms tab on the far-right hand side.
3. Fill out the form on the page and click submit.
4. Once you click on submit, the form is sent to our Nurse at ARBenefits to review to ensure you meet eligibility criteria.

ANYONE PLANNING TO HAVE THE BARIATRIC SURGERY MUST ENROLL IN THE PROGRAM.

What are the eligibility requirements for enrolling in the bariatric program?
1. Primary insured only, no dependents
2. Age 25-65
3. Must have been on our plan for 1 year
4. BMI of 35 or greater

How long do I have to participate prior to having surgery?
You must participate for a minimum of 3 months. Surgery must be scheduled within 1 year of enrolling. (See Requirements below)

What are the requirements of the bariatric program?
1. Three months of a physician-supervised nutrition and exercise program. You MUST show of weight loss or no net weight gain from the initial time of enrollment into the Bariatric Program to the time surgery is scheduled. Member’s weight must be documented at each physician visit.
2. Three months of nurse coaching (by a Health Advantage nurse). Telephone contact with the nurse coach must be documented monthly, no less than 20 days nor more than 40 days between contacts. (Responsibility for maintaining contact with the coach is the Employee’s.)

Which physician should I use for the surgery?
You may use any bariatric surgeon that is in-network for your plan choice (Premium/Classic/Basic). Verify with Health Advantage at HealthAdvantage-HMO.com.

Does the program end upon completion of my surgery?
NO. The program requires a one-year physician supervised treatment plan along with monthly phone contact with a Health Advantage case-manager. Claims will not be paid if the member does not comply with these post-surgery requirements.

I had a previous bariatric surgery that has failed. Will I be approved for a second bariatric surgery?
NO. The plan will not cover repeat surgeries.

Is my spouse eligible for this benefit?
NO. No spouses or dependents will have this benefit.

How do I obtain pre-certification for the surgery?
Pre-certification is obtained by the bariatric surgeon performing the surgery prior to the surgery date. The surgeon’s office will obtain all the necessary records to submit for pre-certification.
How much will the plan pay for bariatric surgery?
Payment will be made according to the surgery payment schedule of the plan in which you are enrolled. (Premium/Classic/Basic). The surgeon can give you an estimate of your out of pocket costs.

If a member had bariatric surgery, will the plan cover any complications resulting from the surgery?
The plan will cover certain complications from bariatric surgery. Certain post-operative procedures are considered cosmetic and not a complication of bariatric surgery. Surgical procedures including but not limited to Panniculectomy are subject to review for pre-certification. Nutritional supplements (food and/or vitamin) are not covered by the plan. Refer to surgical complications of bariatric surgery policy.

What if my BMI is below 35?
Your BMI must be at least 35 in order to qualify

Complete bariatric pilot program requirements are available online at:
Resources & Links - Arkansas Department of Transformation and Shared Services

ALL CRITERIA MUST BE MET BEFORE BARIATRIC SURGERY WILL BE APPROVED THROUGH THE PRE-CERTIFICATION PROCESS.