

Medicare, Medicaid, and the GLP-1s: Demystifying the Bridge and BALANCE Models

Applications from the [GSA KAER Toolkit on the Management of Obesity in Older Adults](#)

Momentum Discussions Podcast from the Gerontological Society of America

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Welcome to the Gerontological Society of America's Momentum Discussions, where we explore groundbreaking topics in the field of aging.

Jen Pettis:

Welcome to this GSA Momentum Discussions podcast episode titled *Medicare, Medicaid, and the GLP-1s: Demystifying the [Bridge](#) and [BALANCE](#) Models*. GSA appreciates Lilly, Novo Nordisk, and Haleon for their support of [The GSA KAER Toolkit for the Management of Obesity in Older Adults](#). My name is Jen Pettis, and I'm the Director of Strategic Alliances at GSA.

I'm pleased to serve as the host of today's Momentum Discussion podcast episode. Today's conversation focuses on the evolving Medicare and Medicaid coverage for anti-obesity medications, particularly GLP-1 therapies, and how the [Centers for Medicare & Medicaid Innovation](#) (CMMI) and new Bridge and BALANCE models are shaping access for older adults. We aim to help healthcare providers understand both the policy and practical implications for prescribing these medications alongside structural lifestyle support. I'm delighted to be joined by Cristy Gallagher, coordinator of the [Obesity Care Advocacy Network](#) (OCAN), who brings us expertise in patient access policy navigation and obesity care advocacy—Welcome Cristy, and thanks so much for joining me today.

Cristy Gallagher:

Thank you so much for having me.

Jen Pettis:

Cristy, to set the stage, can you walk us through the core differences between the Medicare GLP-1 Bridge model and the BALANCE model?

Cristy Gallagher:

Sure. Originally, the administration introduced what they called the [BALANCE model](#), which is actually a CMMI model that would cover obesity medications, specifically GLP-1s, for those on Medicare, as well as an option for states to cover GLP-1s under their state Medicaid programs. That model was supposed to start in January of 2027. However, it needed 80% of the lives covered under Part D plans to be signed up for that model for it to move forward. They weren't able to get all of the large Part D plans to sign up for it at this time because they felt that they didn't have enough information. They decided to delay the start for the Medicare version and instead extend what they were calling a Bridge model. The [Bridge model](#) was originally from July 1, 2026, to the end of 2026, but it has been extended to the end of 2027.

They'll have a good almost 18 months of data that they'll be able to use to help make the decisions for how they want to move forward and hopefully to convince the Part D plans to sign up for this benefit, and the BALANCE model in 2028 would be when that would start. The Bridge model really is a CMS model. It's done under the 402 authority that CMS has. It will be a program that overlays the beneficiary's existing Part D plan. If you sign up for a Part D program under Medicare, you will continue all of your drug prescriptions and everything like that will continue under your Part D plan. If you can obtain a GLP-1 prescription and prior authorization to have the medication sent to you, it'll be a completely different program. You will go to the pharmacy, pick up your prescription, and pay your \$50 copay.

Jen Pettis:

Historically, Medicare Part D has been statutorily excluded from coverage of weight-loss medications. How do these new models bypass or shift that exclusion for older people?

Cristy Gallagher:

That's a really great question. One of the ways they're able to do this is because these are demonstration models. We have the CMMI demonstration authority and the 402 demonstration authority. By saying that these are not going to go to sort of everyone, and that they are also considered obesity medications rather than what was determined when Part D was originally passed in the early 2000s where it said that weight gain or weight loss medications were not allowed to be covered because they were seen as cosmetic medications. They basically are now saying that these are obesity medications and therefore they're able to cover them under these models.

Jen Pettis:

Because the BALANCE model is a year and a half from implementation, let's really focus the rest of our discussion today on getting providers ready to participate in Bridge. Cristy, what clinical attestation requirements must a patient meet before the provider can prescribe a GLP-1 under the Bridge model?

Cristy Gallagher:

We understand this model will work if a provider submits a prior authorization to Humana, the payer running this model for CMS. The provider will need to state that the patient has a BMI of 35 or above or 30 or above at the time of initiating the therapy, they have either heart failure, uncontrolled hypertension, or chronic kidney disease, stage 3A or above. The other category is if you have a BMI of 27 and above, and you have pre-diabetes or a previous myocardial infarction and a previous stroke or symptomatic peripheral artery disease. Those are the categories. You also need to be 18 or older. But obviously for Medicare, that is usually the case for people. Once the prior authorization is approved, the patient will receive their prescription from the pharmacy. That is about the extent of the details we've gotten so far from CMS. We expect additional details to come out later in June, which should make it easier for providers to work through this process.

Jen Pettis:

Great. How about structural lifestyle support with the Bridge model? What qualifies as an approved lifestyle program, and how can primary care, who is busy and has lots to do in a short visit, realistically track and document patient engagement with that lifestyle support?

Cristy Gallagher:

Under the conditions and clinical criteria, the patient should have current, ongoing lifestyle modifications, including nutrition and physical activity, consistent with the FDA approval. One way we've discussed this is that providers need time to counsel their patients. This counseling, also known as Intensive Behavioral Therapy (IBT), is a Medicare-covered benefit when provided by a primary care physician or in a primary care setting. It's really important for those providers, when they're talking with their patients, to discuss these lifestyle indicators and their benefits for the patient, including nutrition, regular exercise, and maintaining muscle strength.

When you take these medications, there is a risk of having some muscle loss along with the fat loss. They encourage weightlifting that's appropriate for the patient, that kind of thing. Also, it's really important to have an appropriate protein intake when you're taking these medications. If it's the patient's first time taking these medications, it's really important to discuss the side effects that might accompany them. We don't want to see providers who are writing prescriptions and then waiting six months or so to see a patient because the side effects can be intense, but they can also be short. The patient needs to know that I may not feel good for 48 hours after the first injection, for a couple of weeks. Then my body gets used to that. What are the things that I need to do to make myself feel better during that time? Eating crackers first thing in the morning or the other things that you would do to take care of your body when you're taking a new medication that has these side effects.

Jen Pettis:

How does the \$50 copay mechanism work, including documentation, billing codes, and other prior authorization steps providers need to be aware of to ensure those medications are approved rather than denied?

Cristy Gallagher:

This is one of the areas we're concerned about for some patients. The \$50 copay actually sounds great on paper. Patients will be able to get these medications for \$50, which is much less than if they were buying them directly from the company or the pharmacy and paying the \$1,000 that we've seen advertised. However, because this is a program run by CMS and is not part of their Part D benefit, it is a \$50 copay that will not be applied toward their deductible for the year. It is also excluded from some programs that help lower-income older Americans with co-payments. That is one of our concerns and one thing we would like to see improved under the BALANCE model. The BALANCE model will help with that, because it will provide these medications through their Part D plans, and any copay will go toward their deductible for the year.

Jen Pettis:

Great. Thinking about older adults, what practical steps do they need to take to access GLP-1 medications under the Bridge model?

Cristy Gallagher:

The first step is to consider whether this medication will help you, as an older adult, reach some of your healthcare goals later in life. Then have that conversation with your provider. These are difficult conversations sometimes to have, because you're talking about weight and you're talking about living with obesity. Sometimes patients don't feel really comfortable. Please make sure you have a provider you trust and feel comfortable having these conversations with. Please bring it up with your provider and ask whether you are a good candidate for these medications. Let them know what you know about the Bridge model in case they don't know it's actually available. Let them know that you know it's covered and will be for quite a while, and that this is something you'd like to start and try.

There are several different medications available and covered under this model. It's not just one; Wegovy® will be covered. The new Wegovy® pill will be covered. Zepbound® is also covered, as is the new pill that Lilly came out with, called Foundayo™. Those are all great options, each with different benefits, side effects, and other considerations. Please have that conversation with your provider. I recommend talking with your family members about this. If this is something you've been thinking about and want to try, let them know so they can support you in this effort. Then make sure you follow up with your provider after you've tried the medication. Don't wait too long. If you're considering quitting, I recommend scheduling an appointment with your provider to discuss it. It might be that you aren't right for the product that you've started, but you might be right for a different product.

Jen Pettis:

Great. Well, looking ahead a year and a half to that BALANCE model, what changes might providers and patients anticipate?

Cristy Gallagher:

This will be one of the ways in which we really will need to ensure providers are informed about the BALANCE model. Because they will need to, if they have been signed up under the Bridge model and are taking a GLP-1, they'll want to make sure that when they sign up for their Part D plan starting in 2028, they are signing up for a plan that offers these medications. You may need to switch plans. That's one thing to pay attention to in the future, and we'll have lots more information about that when the time comes. The other thing that will change, as I mentioned, is that the copay and how it's applied to their healthcare spending for 2028 may also change. Those are things to look out for.

For the providers, I believe that, rather than going through Humana as the payer to handle prior authorizations, they may need to send a new prior authorization form to the patient's Part D plan at that time. There will be some changes. I expect they will run much more smoothly than they would have if we had tried to rush this Bridge program through in 2026 and then switched to the BALANCE model in early 2027. This gives us a lot more time to plan.

Jen Pettis:

Great. We're coming to the end of our time together here. I have one final question: What haven't I asked that's important for primary care clinicians to understand about GLP-1 therapy access and the CMMI models?

Cristy Gallagher:

Providers need to stay up to date on science around the GLP ones. There is a lot of information out there. In fact, I usually spend most of my morning going through news clips about GLP ones from the last day or the last morning. There is a flood of information out there. Stay in touch with the national association that you affiliate with the most, stay up to date with information from the Obesity Medicine Association and the Obesity Society, and sign up for the Obesity Action Coalition.

They are a wonderful patient advocacy organization that has a ton of information about obesity and about obesity treatments. I stay up with science because there's a lot out there, and not all of it is scientifically based or true.

I think that's really important. Be open to your patients as they come to you. As I mentioned earlier, this can be a scary conversation for a patient to have with their provider. Sometimes, providers also feel uncomfortable bringing it up with their patients. If you have a patient you've talked around this topic with before, maybe this is the right time to actually open the conversation and say, "Is this a good time for us to talk about your weight?" I have some tools available, and I would love to talk to you about this. If this isn't the right time, please schedule an appointment and come back to see me so we can discuss it further. This really opens the door even more for providers and patients, whether they are older adults or folks who receive care through Medicaid. This is a really wonderful opportunity for more people to have care options and those conversations.

Jen Pettis:

Great. Thank you. As we wrap up, I want to mention [The GSA KAER Toolkit for the Management of Obesity in Older Adults](#). Cristy, you alluded to some important aspects of protein, with nutrition and fiber being so important. Talking about exercise and all of this really speaks to the need for interdisciplinary care for older adults. We certainly highlight that in that free online toolkit. Thanks so much, Cristy, for joining me today and for sharing your expertise and such practical information. You've provided clarity on how clinicians can navigate these new models and expand access to comprehensive care for older people. It's really an exciting time. To our listeners, thanks so much for joining this episode of the GSA Momentum Discussions podcast. Thanks so much, Cristy.

Cristy Gallagher:

Thank you so much for having me.

Announcer:

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