

## Reimbursement: *New Game, New Rules*



*Marsha Schofield, MS, RD, LD, FAND  
Senior Director, Governance  
Nutrition Services Coverage*

3/31/2018

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## Disclosures



I have no commercial relationships to disclose relevant to the topic being presented.

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## Objectives

- What's happening in health care delivery and payment?
- What are the new opportunities and how might I seize them?
- What resources does the Academy provide?



***Bottom line: Help you to win the game!***

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# WHAT'S IN IT FOR ME

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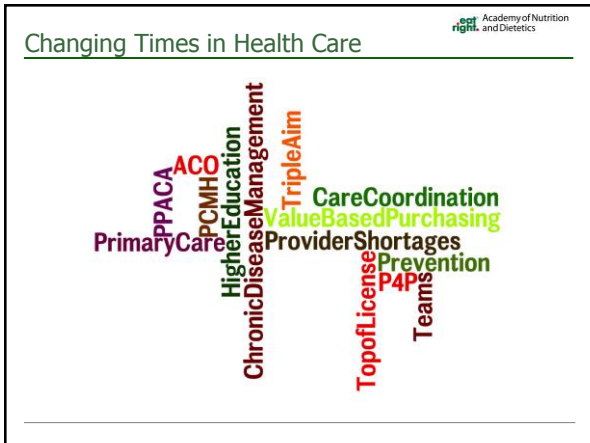
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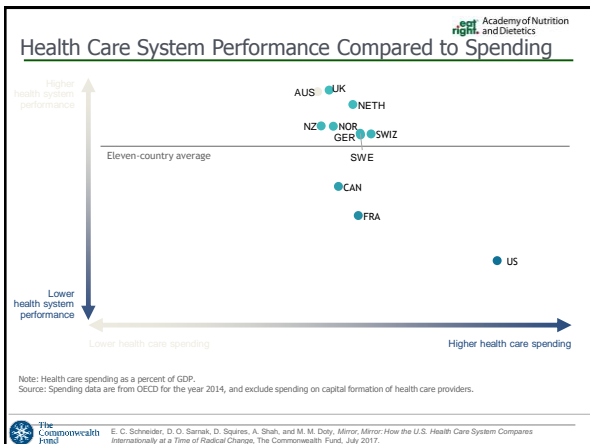
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**IHI Triple Aim Initiative** eat right Academy of Nutrition and Dietetics



- Improve the health of the population served
- Improve the experience of the individual
- Affordability as measured by the total cost of care

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**BETTER care  
SMARTER spending  
HEALTHIER people**

Via a focus on **3 areas**



**Incentives**      **Care Delivery**      **Information Sharing**

Source: CMS.gov

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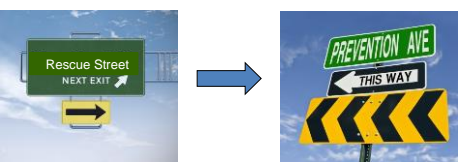
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**The Good News...** eat right Academy of Nutrition and Dietetics

**Focus on Prevention and Primary Care**



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### Shifting Delivery and Payment Models

**Parlez-vous health care delivery and payment???**

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### Patient-Centered Medical Home

"A PCMH is not a house, hospital or other building and should not be confused with home-health or home-care. The PCMH is a model for care provided by physician practices that seeks to strengthen the physician-patient relationship by replacing episodic care based on illnesses and patient complaints with coordinated care and a long-term healing relationship. Each patient has an ongoing relationship with a personal physician who leads a team that takes collective responsibility for patient care. The physician-led care team is responsible for providing all the patient's health care needs and, when needed, arranges for appropriate care with other qualified physicians."

National Committee for Quality Assurance

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### Patient-Centered Medical Neighborhood

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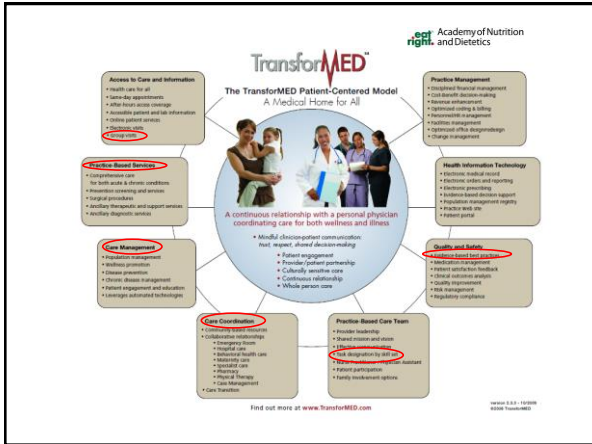
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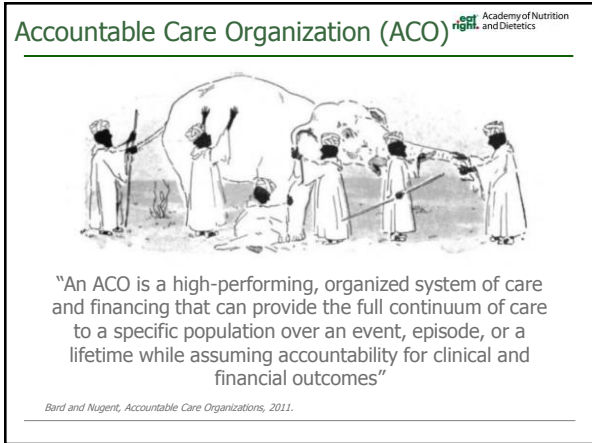
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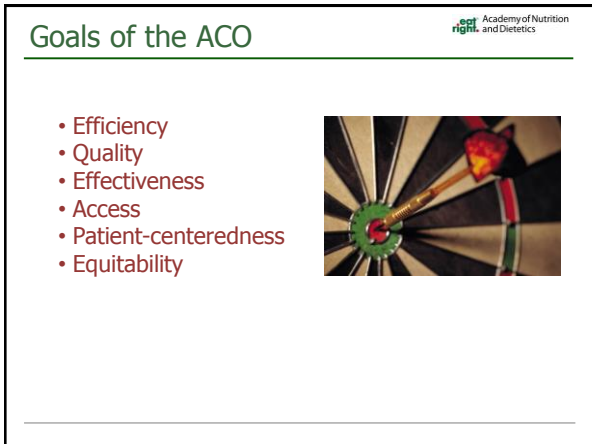
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### Why is this Important for the RDN?



The RDN is not listed by profession for ACOs...however:

- Institutions and providers have monetary incentives to prevent readmissions
- Including the RDN as part of the healthcare team can be seen as an investment to prevent readmission and improve the health and wellbeing of the patient




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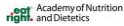
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### Payment Models




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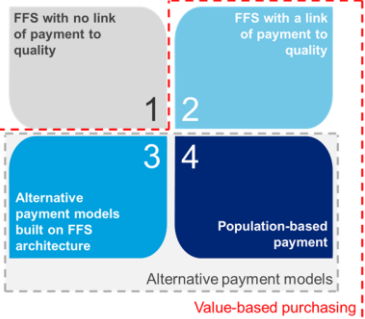
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### Payment Reform



#### HHS payment taxonomy framework




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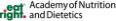
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### Payment Innovation Models

Payment model	Description <sup>25</sup>
Enhanced Fee-for-Service (FFS)	Increased FFS payments to practices that are recognized and/or functioning as PCMHs
FFS with PCMH specific billing codes	Practices can bill for new PCMH-related activities (i.e. care coordination)
Pay-for-Performance	Practices are paid more for meeting process measures (HEDIS), utilization targets (ED use, generic prescribing), and/or improving patient experience
Per-Member-Per-Month (PMPM) Payments	Practices are paid a capitated monthly fee in addition to typical FFS billing, often adjusted for PCMH recognition level, or degree of care coordination expected
Shared Savings	Practices are rewarded with a portion of savings if the total cost of care for their patient panel increases more slowly than a preset target and quality thresholds are met
Comprehensive or Population-based Payment	Partial or complete risk for total cost of care (risk adjusted), to include new models of "direct primary care"

<https://www.pcpcc.org>

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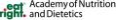
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### Medicare's Quality Payment Program (QPP)

Two Tracks to Choose From:



**MIPS**



**Advanced APMs**

**The Merit-based Incentive Payment System (MIPS) -OR- Advanced Alternative Payment Models (APMs)**

*If you decide to participate in traditional Medicare, you may earn a performance based payment adjustment through MIPS*

*If you decide to participate in an Advanced APM, you may earn a Medicare incentive payment for participating in an innovative payment model*

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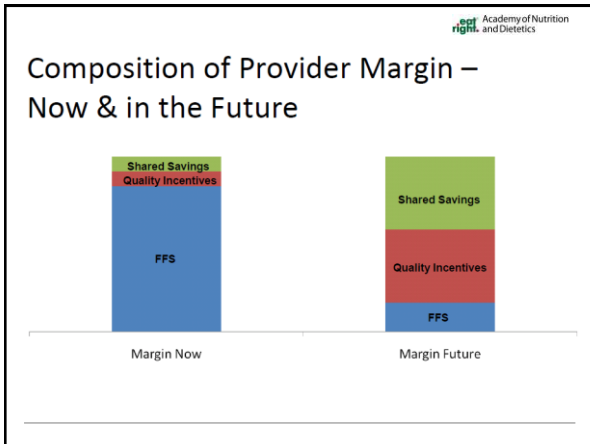
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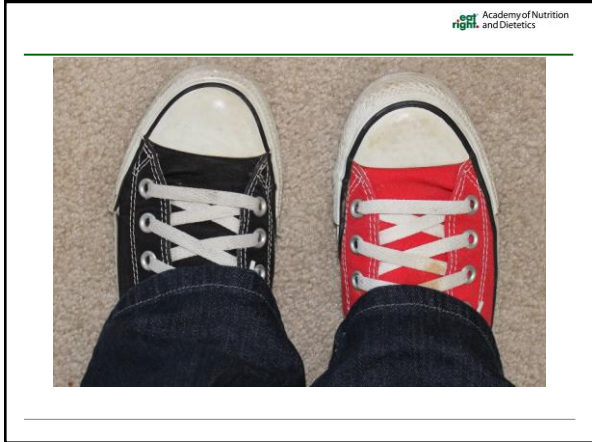
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### Current Opportunities: Fee-for-Service

**Medicare:**

- MNT and DSMT
- Annual Wellness Visit\*
- Intensive Behavioral Therapy for Obesity\*
- Chronic Care Management\*
- Medicare Diabetes Prevention Program
- Waived co-pays and deductibles
  - ❖ Includes Medical Nutrition Therapy
- Telehealth

*\*Billed by the physician ("incident-to")*

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### Medicare Beneficiaries Need You!

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## Current Opportunities: Fee-for-Service

### Private Market

- Preventive services
- Waived co-pays and deductibles for preventive services
- Healthier Generation Benefit
- "My Healthy Weight" Initiative



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### Healthy diet and physical activity counseling to prevent cardiovascular disease: adults with cardiovascular risk factors

The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.

Grade B

### Obesity screening and counseling: adults

The USPSTF recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m<sup>2</sup> or higher to intensive, multicomponent behavioral interventions.

Grade B

### Obesity screening: children and adolescents

The USPSTF recommends that clinicians screen for obesity in children 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.

Grade B

### Diabetes screening

The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.

Grade B

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## It's complicated...

Private insurance is not "one size fits all"




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**Private insurance**

• **Verifying Coverage is vital to ensuring reimbursement**

• **Prior to visit:**

- Call the 800 number with patient's insurance ID # and date of birth




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**Essential Health Benefits**

Required Coverage Categories Under the ACA and Examples of Coverage

- 1 Maternity Care**  
Includes care before and after a baby is born
- 2 Rehabilitative and Habilitative Services**  
Includes services and devices that help gain or regain mental or physical skills
- 3 Pediatric Services**  
Includes oral and vision services for patients under the age of 19
- 4 Mental and Behavioral Health Treatment**  
Includes services like counseling and psychotherapy
- 5 Preventive and Wellness Services**  
Includes services that maintain health, like immunization vaccines
- 6 Hospitalization**  
Includes services like surgery
- 7 Laboratory Services**  
Includes routine blood tests
- 8 Prescription Drugs**  
Includes medicine prescribed by a doctor
- 9 Ambulatory Patient Services**  
Includes outpatient care without being admitted to a hospital
- 10 Emergency Services**  
Includes response services to medical emergencies

*Does not define provider*

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**EHB Benchmark Plan**

State Essential Health Benefit Benchmark Plans



Anthem BCBS - Blue 6.0 Blue Access PPO Option 14

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## Health Plans and EHBs

Beginning January 1, 2014		Must Provide Essential Health Benefits	Must Limit Cost Sharing and Deductibles
<b>Health Plans in Exchange</b>	Small Group	Yes	Yes
	Non-Group	Yes	Yes
<b>Other Health Plans</b>	New Plans	Self-insured	No
		Large Group	No
		Small Group	Yes
		Individual	Yes
	Grandfathered Plans	Self-insured	No
		Large Group	No
		Small Group	No
		Individual	No

2011 © Community Catalyst & Georgetown University Health Policy Institute

*Exceptions create new mysteries in coverage*

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## Transformation in Indiana

- Public Payer Programs
  - Columbus Regional Medical Neighborhood Demonstration (CMS Health Care Innovation Award)
- Private Payer Programs
  - Anthem BlueCross BlueShield ACO
  - Cigna Accountable Payment Program
  - Enhanced Personal Health Care Program (Anthem)

[www.pcpcc.org/initiatives/Indiana](http://www.pcpcc.org/initiatives/Indiana)




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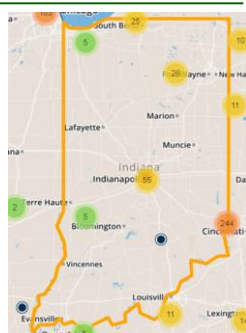
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## Transformation in Indiana

- TransforMED IN
- Health Care Innovations Awards
- Transforming Clinical Practices Initiative
- Accountable Health Communities Model
- BPCI Initiative Models 2 and 3
- Community-based Care Transitions Program
- Comprehensive ESRD Care Model
- FQHC Advanced Primary Care Practice Demonstration



<http://innovation.cms.gov/initiatives/map/index.html>

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### Transformation in Indiana

- Initiative to Reduce Avoidable Hospitalizations Among Nursing Home Residents
- Medicare Advantage Value-Based Insurance Design Model
- Medicare Care Choices Model
- Million Hearts: CVD Risk Reduction Model
- Next Generation ACO Model
- Oncology Care Model



Movers & Shakers

<http://innovation.cms.gov/initiatives/map/index.html>

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### Implications for RDNs

- Find out what demonstration projects are happening in your area.
- Market yourself to demonstration projects.
- Collect and report outcomes data.
- Develop and/or participate in hospital readmission prevention efforts.
- Market MNT services as a strategy for reducing hospital readmissions for heart failure patients.

***Be a part of the experiment and prove that MNT works!***

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### Future Delivery and Payment Models

Based on demonstrated value to individuals and their health-care team, RDNs are essential in person-centered health care delivery models, meeting the individual's health care needs throughout their life cycle.



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## Positioning for Success

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### Rethink the Value Proposition

- Free up PCP time
- Lower cost provider
- Help the system/PCP earn bonus payments
  - Produce the best outcomes to become the provider/system of choice
  - Reduce readmissions
  - Enhance patient/customer satisfaction




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## Rethink your role

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- Individual and group MNT, DSMT
- Telehealth
- Interdisciplinary care teams
- Care coordinator/case manager
- Transitions of care
- Population health management/panel manager
- Quality improvement teams (leader)
- PCMH performance measures reports
- Self-Management Program Leader
- Group medical appointments
- Tobacco Cessation Specialist




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## Rethink your role

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- Patient support groups
- Wellness programs
- Health coach
- Grocery store tours
- Cooking and food demonstrations
- Home visits
- Community outreach/education
- Nutrition policy and program development




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### Develop your toolbox

- Learn today's language of healthcare
- New assessment skills (BP, BS, AWW)
- Informatics/data management
- Outcomes data collection
- Motivational interviewing
- Team work/collaboration
- Business
- Marketing/communications
- Grant writing




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### Develop your toolbox

- Chronic disease self-management training
- Certified health coach, tobacco cessation specialist
- Comfort in non-traditional work environment
- Leadership
- Persistence
- Flexibility
- Creativity
- Time management




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### Positioning for Success

#### Rethink Your Message

- Think beyond FFS
- Focus on high cost populations
- Offer pilot projects
- Focus on quality measures
- PCMH – use protocols to drive RDN referrals
- Target case managers with insurance companies
- Enhanced access
- Coordinated care
- Increased safety
- Reduced readmissions
- Increased efficiency
- Self care management
- Patient satisfaction




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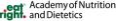
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**Academy Resources** 




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**Payment Resources for RDNs** 



Visit the Academy's Web Pages:  
[www.eatrightpro.org/payment](http://www.eatrightpro.org/payment)

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**Academy Resources** 



E-mail us:  
[reimburse@eatright.org](mailto:reimburse@eatright.org)

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“Neither a wise man nor a brave man lies down on the tracks of history to wait for the train of the future to run over him.”

Dwight D. Eisenhower



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