



NAVIGATING THE PRIVATE INSURANCE WORLD TO GET PAID



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NAVIGATING THE PRIVATE INSURANCE WORLD

- o Why submit claims to payers?
- o Considerations for becoming a provider with a private payer
 - payer presence in your geographic area
 - consumer access to RD services
 - referral sources
 - administrative work
 - rates



PRIVATE PAYERS – GET STARTED

- o Network provider vs out-of network status
- o Letter of inquiry
- o Payers may not understand local networks
- o Credentialing application
<http://www.cagh.org/ucd.php>
- o Provider Agreements – read the fine print, consider all codes and services you wish to provide, negotiate



UNDERSTAND BENEFITS FOR NUTRITION COUNSELING (MNT)

- Insurance
 - Products
 - Plan Types
 - Benefits “devil is in the details”
- Language & codes really important
- Call provider services: “Does Ms. Jones have a *benefit* for nutrition counseling *with a registered dietitian* for (ICD9 code or condition)”
- What is the benefit? (# of visits, etc...)
- Specify out-of-network if applicable
- Document calls (reference #, date and time)



ANOTHER POSSIBILITY: PREVENTIVE CARE (NOT MNT)

- Under Section 2713 of the ACA, private health plans must provide coverage for preventive screenings and counseling with USPSTF grade A or B recommendation.
- Excludes plans with “grandfathered” status.
- In 2014 26% of health plans had this status



GRADE A & B RECOMMENDATIONS FOR ADULTS INCLUDES

- **Healthy diet and physical activity counseling to prevent cardiovascular disease in adults with cardiovascular risk factors:** Offer or refer 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 August 2014)
- **Obesity screening and counseling for all adults:** Screen all adults for obesity. Clinicians should offer or refer patients with a body mass index of 30 kg/m² or higher to intensive, multicomponent behavioral interventions (Grade B June 2012)
- <https://www.healthcare.gov/preventive-care-benefits/>
- <http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations>



GRADE A & B RECOMMENDATIONS FOR CHILDREN INCLUDES

- **Obesity screening and counseling children:**
Clinicians screen children age 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status. (Grade B January 2010)
- <http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>



ACA – PREVENTIVE SERVICES BASED ON USPSTF RECOMMENDATIONS

- Ask provider services representative if the plan is subject to the ACA
- Clarify whether an RD can provide the service
- Note: provider must be in network
- Confirm how to submit claims (likely to be different codes than MNT, e.g. V codes for BMI)
- May not impose cost-sharing (such as copayments, deductibles, or co-insurance)



MAKING THE CASE FOR MEDICAL NECESSITY (NO BENEFIT FOR MNT FOR CONDITION AND/OR NO PREVENTIVE SERVICES)

- Make a request for medical necessity for nutrition counseling using the payer's prior authorization process
- Language is not standard among payers
- Create a template
- Submit supporting documentation



United HealthCare / Precertification Request
Fax: (866) 756-9733
Telephone: (877) 842-3210
Requesting Provider: Michelle Kuppich, Registered Dietitian
Mailing address:
Telephone:
Fax:

Member Name:

DOB:

Member ID:

Group number:

Member's Address:

Request is twofold:

Nutrition Counseling with a registered dietitian (CPT Codes: 97802 and 97803) for patient's conditions (ICD9 code) is **medically necessary** and should be a covered service. (provide medical documentation and/or supporting research article). Patient referred by (PCP/Specialist) for nutritional management of condition.

Explanation:

Network Gap Exception (Access network benefit with an out-of-network Registered Dietitian (Michelle Kuppich, RD)

Reason: Network Inadequacy / Per California Access Laws effective 2011 Registered Dietitians available in network do not meet patient need. Available providers work with patients post-bariatric surgery only (Suzie Q, RD), pediatrics (Roberta J, RD) and maternal and fetal health (names of RDs or facility)

Referring Provider:

PCP Telephone:

Diagnoses Codes:

CPT Codes: 97802

CPT Codes: 97803 (__ units)=(X # of 30-minute follow-up sessions)

Description of Service: Medical Nutrition Therapy

Date of service :

Place of Service:

Facility Name: outpatient office (Michelle Kuppich, RD LLC)

Provider Name: Michelle Kuppich, RD

NPI:

Tax ID:

Return Fax #:

PATIENT ACCESS REGULATIONS – IF OUT-OF-NETWORK

- o If consumer has the "benefit" for MNT, but network options do not meet consumer need
- o Possible to make a request for individual to access in-network benefit with an out-of-network provider
- o California Department of Insurance, California Department of Managed HealthCare , and California Department of Health Services
- o Types of access (wait time, specialty type, and geography)

PATIENT & PROVIDER APPEALS

- Patient and provider rights
- Patient Appeals Process is standardized in California (e.g. CA DMHC, DOI) – up to 3 levels of review
- Member can file or you may be able to file on behalf of the member
- Health plans can change decision, DMHC (HMO plans) can over rule health plan decisions
- Overturns can lead to a changes in medical policy
- Provider Dispute Resolution- the last resort
- Is it worth it?

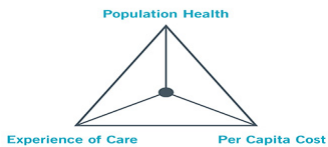


FEE FOR SERVICE TO VALUE-BASED PAYMENTS

- What are value-based payments?
- Why?
- Incentivize the “right” kind of care
- Multi-payer, multi-stakeholder efforts to improve health outcomes and decrease health care costs
- ACOs and Patient Centered Medical Homes
- Common practice right now – still mostly fee-for-service with various fee-for-value overlays



The IHI Triple Aim



- The term “Triple Aim” refers to the simultaneous pursuit of improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care. Note that the Triple Aim is a single aim with three dimensions.
- The IHI Triple Aim framework was developed by the Institute for Healthcare Improvement in Cambridge, Massachusetts (www.ihio.org)



Progression of Payment to Clinicians and Organizations in Payment R

Category 1: Fee for Service – No Link to Quality	Category 2: Fee for Service – Link to Quality	Category 3: Alternative Payment Models on Fee-for-Service Architecture	Category 4: Population-Based Payment
Payments are based on volume of services and not on quality or efficiency	At least a portion of payments vary based on the quality or efficiency of health care delivery	<ul style="list-style-type: none"> Some payment is linked to the effective management of a population or an episode of care Payments still triggered by delivery of services, but, opportunities for shared savings or 2-sided risk 	<ul style="list-style-type: none"> Payment is not directly triggered by service so volume is not the payment Clinicians and organizations are paid and responsible for the care of a beneficiary over a long period (eg, >1 year)
Limited in Medicare fee-for-service. Majority of Medicare payments now are linked to quality	<ul style="list-style-type: none"> Hospital value-based purchasing Physician Value-Based Modifier Readmissions/Hospital Acquired Condition Reduction Program 	<ul style="list-style-type: none"> Accountable Care Organizations Medical Homes Bundled Payments 	<ul style="list-style-type: none"> Eligible Pioneer accountable care organizations – 5 Some Medicare Advantage plan payments to providers and organizations Some Medicare-Medicaid (duals) plan payments to clinicians and organizations

OPPORTUNITIES FOR RDS

- Demonstrate and communicate value
 - Return on investment, improvement in health outcomes, communication skills, patient management, self-support, manage populations and & focus on prevention
- 1st step: Understand *how* you are paid (now)
- Academy white paper “Registered Dietitian Nutritionists Bring Value to Emerging Health Care Delivery Models.” Bonnie Jortberg, RD PhD and Michael Fleming, MD.
- [http://www.andjrn.org/article/S2212-2672\(14\)01358-6/abstract](http://www.andjrn.org/article/S2212-2672(14)01358-6/abstract)

SUMMARY

- Multiple avenues to expand consumer access to nutrition counseling services by RDNs
- Push the envelope. Don’t take “no” for an answer
- Use prior authorization process, appeals process, patient access regulations and opportunities via the Affordable Care Act to improve patient access and increase your bottom line
- Fee for Value Based payments are an opportunity for RDNs.
- Be a team player. See your work more globally. Demonstrate your value.
