Become a Medicare Provider!

Why it’s good for consumers, RDNs, and your pocketbook!

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Academy of Nutrition and Dietetics

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Owner and CEO
Encompass Meds LLC,
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Objectives

1. Describe potential of RDN collective impact on health outcomes and health care costs in the Medicare population.

2. Learn how to “crunch the numbers”
   *Does becoming a Medicare provider make sense?*

3. Identify at least two benefits to becoming a Medicare provider.

4. Learn key steps to becoming a Medicare provider.
What is Medicare?

Federal health insurance managed by CMS

➢ Age 65 and older

➢ Any age with permanent kidney failure

➢ Certain populations with disabilities < age 65
Medicare Benefits

Part A: Hospital, SNF, home health, hospice

Part B: Outpatient services

Part C: Medicare Advantage Plans

Part D: Prescription Drug Benefit
Medicare Population

28% have diabetes

15% have CKD

27% have obesity

2/3 have ≥ 2 chronic conditions
Medicare Landscape in Iowa

➢ 571,956 Medicare beneficiaries in Iowa
  • ↑ > 10,000/year for the past 5 years

➢ 15% in Medicare Advantage plans in 2015

➢ >18% (3.1M) in Iowa have Medicare coverage

Large market = opportunity!
Need for RDNs in Iowa

An estimated 160,000 Iowans with Medicare have diabetes = estimated $1.8 billion in costs

- $11,800/case of DM/year
- Hospital inpatient care (43% of medical cost)
- Prescription medications (18% of medical costs)

Estimated 85,793 Iowans with Medicare have CKD

Estimated 31.1% of ≥ 65 years with obesity
- > 177,800 Iowans who might benefit from IBT
MNT for CKD

➢ Preserves kidney function prior to dialysis

➢ Independent association between RDN care & ↓ mortality during the 1st year of dialysis when initiated > 12 months before dialysis

➢ Only 12% of CKD patients see RDN prior to initiating dialysis

Slinin, Y “Prehemodialysis Care by Dietitians and First-Year Mortality After Initiation of Hemodialysis.” Am J Kidney Dis. 2011; 58(4) 583-590
Glucose at All Stages of DM

➢ 0.3-2.0% reduction in A1C 1st 6 months (UKPDS)

➢ 2% reduction in newly diagnosed when A1C > 9% (Coppell/LOADD study)

➢ Type 2 DM x 9 years, sub-optimally controlled, MNT reduced A1C by 0.5%; More cost-effective than adding a third medication (Coppell/LOADD study)

➢ 9.5% reduction in hospital utilization (Lewin)
Impact of Reduced A1C

➢ Lower A1C levels are associated with “reduced onset or progression of microvascular complications.”

➢ 1% ↓ mean A1C levels associated with risk reductions:
  - 21% for death related to diabetes
  - 14% for myocardial infarction
  - 37% for microvascular complications

➢ = ↓ avoidable spending (saves $)
Suboptimal glycemic control, abnormal kidney function and proteinuria = key drivers of health care costs

Diabetes was primary cause in 44% of all new cases of kidney failure in the US in 2011

MNT = Opportunity for Medicare Beneficiaries to Live Well

MNT ↓ Avoidable Costs
CMS Paid Claims for MNT 2015

97802 Initial MNT
   218,581 units of service
   ≈ 54,645 patients (82% for DM; 12% for CKD)

97803 Follow-up MNT
   187,689 units of service
   • unique patients unknown
   • 88.5% of MNT follow up visit for DM
   • 5.5% of MNT follow up visits for CKD

9.1% of Medicare beneficiaries with diabetes had 1 nutrition visit within a 9-year period
Factors Impacting Access to Nutrition Care

- Referral requirement
- Referring provider type requirements
- Referral pattern (or lack of referrals)
- RDN lack of knowledge about Medicare payment rates
- RDN “visibility” and “accessibility”
- Access based on geography
- RDN understanding of Medicare benefits, coverage determination, policies
- Patients may not know about MNT benefits
Iowans Need You!
Supply vs. Demand

65 Iowa RDN Medicare Providers

245,800 Iowans on Medicare with diabetes and CKD
Untapped & Future Opportunities

➢ Significant Medicare growth opportunities for RDNs and health care organizations
➢ Consumers want to optimize health
➢ Anticipated ↑ Diabetes Prevention Programs
Minimum Revenue Per Patient

Standard Medicare benefit for MNT
2016 CMS fee schedule Iowa rate/unit:

3 hours of individual MNT (1\textsuperscript{st} year):
97802 x 4 units @ 28.15 = $112.60
97803 x 8 units @ 24.36 = $194.88
= $307.48

2 hours of individual (subsequent years)
97803 x 8 units @ 24.36 = $194.88

$502.36 per client for 1\textsuperscript{st} two years
Become a Medicare Provider

➢ Give more Medicare beneficiaries the opportunity to optimize health and prevent or delay complications through MNT

➢ Untapped business opportunity

➢ Demonstrate demand for MNT to CMS, and

➢ Pave the way to expand Medicare coverage (other conditions) for MNT

➢ Why turn away business?
More Reasons....

➢ Demonstrate viable workforce to stakeholders
➢ Integration of RDNs into new delivery models
➢ Telehealth

www.eatrightpro.org/telehealth

➢ It’s easier than you think!
Revenue if RDN provides IBT for Obesity “incident to”

2016 CMS fee schedule Iowa rate/uni:

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<td>22 sessions</td>
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<td>$275.66/pt. (per 12 months)</td>
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Other Services RDNs can Provide

Medicare Preventive Services

➢ Annual Wellness Visit
➢ Intensive Behavioral Counseling for Cardiovascular Disease


Diabetes Self Management and Training (DSMT) must be an accredited/recognized program
We want RDNs!
The Timing is Right For RDNs

Better Care

Smarter Spending

Healthier People: Improving Our Health Care Delivery System

Alternative Payment Models

FIGURE 1: Value in Healthcare

VALUE = QUALITY\[\checkmark\] \(\frac{\text{COST}}{\$}\) = Outcomes + Patient Experience

Direct Costs + Indirect Costs
Value Proposition of RDN
A Different Way to “Get Paid”

➢ Change in financial incentives
➢ Provider flexibility
➢ Opportunity to talk about value

• Help physician practices improve care & health outcomes to earn shared savings or realize profits from population based payments
• Help payers understand how MNT improves outcomes that ↓ the total cost of care
• RDN competencies that help practices achieve goals of CMS Innovation Models
CMS Innovation in Iowa

https://innovation.cms.gov/

➢ ACO Investment Model
➢ Bundled Payments for Care Improvement initiative (BPCI)
➢ Medicare Advantage Value-Based Insurance Design Model
➢ Medicare Care Choices Model
➢ FQHC Advanced Primary Care Practice Demonstration Model
➢ Million Hearts®: Cardiovascular Disease Risk Reduction Model
➢ State Innovation Models Initiative
➢ Transforming Clinical Practice Initiative
➢ Health Care Innovation Awards (Projects)
Nuts & Bolts of Enrollment for RDNs
3 Key Steps to Enrollment

• National Provider Identifier (NPI)
• Employer Identification Number (EIN)
• Complete Correct CMS Enrollment Application
Providers “accept assignment”

- Agree to receive direct payment from the Medicare program
- Accept the Medicare approved amount as payment (RDNs, Part B) - CMS Fee Schedule

Can RDNs be paid by Medicare if not enrolled as a Medicare Provider?

- No, and
- RDN *cannot* provide the beneficiary with a superbill to submit to Medicare for reimbursement.
Information You Will Need

- National Provider Identifier (NPI)
- Employer Identification Number (EIN/FEIN)
- Identify practice setting (individual or group)
- Appropriate Medicare application form
- Worksite address and contact information
- Contact person
- Email address
- Electronic Fund Transfer Form
- Complete CMS 1500 claim form to get paid
National Provider Identifier (NPI)

What is it?
Unique provider number issued by CMS to health care providers in the US

• Good for life
• Informs workforce availability for payers and other stakeholders
• Can be used to look at RDN “activity” and potentially to measure “outcomes”
Do I have an NPI Already?

Search NPI Records

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**for individuals**

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**for organizations**

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[https://npiregistry.cms.hhs.gov/](https://npiregistry.cms.hhs.gov/)
How do I get an NPI?

Online

https://nppes.cms.hhs.gov/NPPES/Welcome.do

➢ Follow the instructions for individual provider
➢ Set up a user name & password
➢ Used with Medicare application PECOS website
  https://pecos.cms.hhs.gov/pecos/login.do#headingLv1
➢ Mail NPI Application found here:
Tax Identification Number

Employer Identification Number (EIN/FEIN) = corporate equivalent of social security number

➢ Individuals apply through IRS website

➢ Obtain existing group EIN# if employed or joining a group or organization
Choosing the Right Provider

Application

- Select application based on work setting (private practice, group practice)
  - CMS 855B  Clinics, Group Practices
  - CMS 855I  Physicians and Non-Physician Practitioners (RDNs)
  - CMS 855R  Reassignment of Medicare Benefits

- Complete **Electronic Funds Transfer (EFT)** authorization form
Medicare Provider Enrollment

Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)

PECOS supports the Medicare Provider and Supplier enrollment process by allowing registered users to securely and electronically submit and manage Medicare enrollment information.

New to PECOS? View our videos at the bottom of this page.

**USER LOGIN**

You may use your NPPES or PECOS username and password to login.

* User ID

* Password

[LOG IN]

Forgot Password?

**BECOME A REGISTERED USER**

You may register for a user account if you are: an Individual Practitioner, Authorized or Delegated Official for a Provider or Supplier Organization, or an individual who works on behalf of Providers or Suppliers.

Register for a user account

Questions? Learn more about registering for an account

Note: If you are a Medical Provider or Supplier, you must register for an NPI before enrolling with Medicare.

**Helpful Links**

[Some helpful links]
Submit CMS 1500 to Get Paid
Resources for RDNs

www.eatrightpro.org/resources/practice/getting-paid
Medicare Resources for RDNs

New and improved Medicare website content

Reimbursement Online Community
https://adareimbursement.webauthor.com

Visit: www.eatrightstore.org and type “Medicare”

E-mail us: reimburse@eatright.org
Summary

1. There is a need for RDNs in Iowa for the Medicare population.
2. There are $$ for reimbursement for RDN services in addition to MNT.
3. Getting credentialed with Medicare is a 3 step process. Much easier than you realize.
4. Plenty of resources available from the Academy.