

MNT Provider

Your source for practice management news

Obama signs bill averting Medicare pay cut and transforming payment

In a historic act, on April 14, 2015, Congress passed the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), repealing the Sustainable Growth Rate (SGR) formula and eliminating the 21% negative update for the Medicare Physician Fee Schedule that was scheduled to take effect on April 1, 2015. President Obama signed the legislation into law on April 16, and the Centers for Medicare & Medicaid Services (CMS) began to implement MACRA's provisions immediately.

Under MACRA, reimbursement, including payments for Medicare Part B medical nutrition therapy (MNT) and diabetes

self-management training (DSMT) services, will continue to be paid at the pre-April 2015 rates until June 30, 2015. On July 1, payment rates will increase by 0.5%. Rates will continue to increase 0.5% annually from 2016 through 2019. Additionally, for the current time, the Physician Quality Reporting System (PQRS) remains unchanged.

While the immediate changes to how Medicare pays providers are not drastic, MACRA significantly changes the way Medicare will pay providers in the future, transitioning Medicare compensation from fee-for-service to a new pay-for-performance system focusing "on quality, value and

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accountability." By 2019, existing payment incentive programs will be

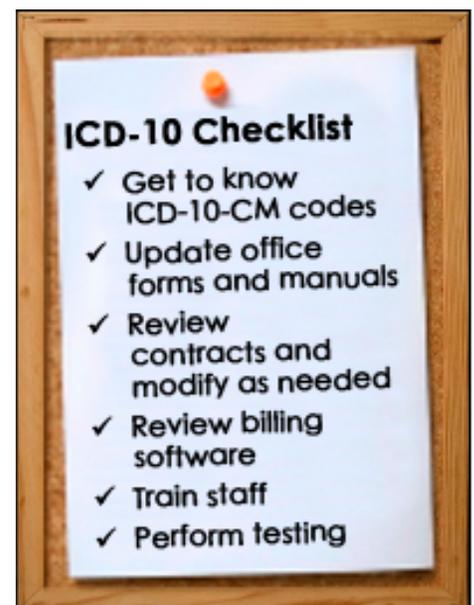
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ICD-10 is still coming!

Despite the attempt by freshman Representative Gary Palmer (R-MS-04) to introduce an amendment to the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 that would delay the transition to the ICD-10 code set to 2016, such language was not included in the final bill passed. A group of Congress members supported a delayed implementation of ICD-10 until October 2017 or, alternatively, to completely eliminate the transition until ICD-11 comes around. The absence of such language in the final bill is a major hurdle overcome by ICD-10 proponents, who in 2014 saw a last-minute ICD-10 delay slipped into SGR legislation that postponed implementation of the new code for an additional year.

The Oct. 1, 2015, ICD-10 transition deadline remains steadfast. Registered dietitian nutritionists (RDNs) can determine how prepared they are for the transition and gauge where they should be in the implementation process with resources made available to Academy of Nutrition and Dietetics members on the Academy's website. For a list of RDN action items to prepare for ICD-10-CM, visit: www.eatrightpro.org/resource/practice/getting-paid/nuts-and-bolts-of-getting-paid/rd-action-items-to-prepare-for-icd-10-cm. To read the American Medical Association's June 2012 white paper "What You Need to Know for the Upcoming Transition to ICD-10," visit: www.eatrightpro.org/resource/practice/getting-paid/

[nuts-and-bolts-of-getting-paid/preparing-for-icd-10-cm](#).



CMS announces test of new Next Generation ACO model

Six weeks after the U.S. Department of Health and Human Services (HHS) stated its intention to push a significantly larger share of Medicare payments through alternative payment models, such as Accountable Care Organizations (ACOs), HHS announced the launch of an exploratory venture, the Next Generation ACO model. This new model is designed to test whether strong financial incentives, coupled with tools to help facilitate better patient engagement and care management, can improve health outcomes and reduce expenditures for Medicare fee-for-service (FFS) beneficiaries by offering financial arrangements with greater levels of risk and reward than the Medicare Shared Savings Program (MSSP) or the Pioneer ACO Model. In addition to normal FFS payments, the Next Generation ACO Model will test whether alternative payment mechanisms enable investments in infrastructure and care coordination.

Notably, the Centers for Medicare & Medicaid Services (CMS) requires

each Next Generation ACO to have at least 10,000 beneficiaries, of which 7,500 must come from rural areas, where the other ACO programs have not been as successful. CMS expects only 15 to 20 ACOs to participate. Therefore, the new model should be viewed as a limited test that will evaluate and refine innovations for possible future roll-out to the broader ACO community.

Escalating health care costs coupled with an increased focus on quality and value have driven both the public and private market to explore new models of health care delivery and payment systems, including ACOs and Patient-Centered Medical Homes (PCMHs). Many PCMH demonstration projects have focused on improving the care and outcomes for their patients with multiple morbidities, particularly for patients with type 2 diabetes and cardiovascular disease risk. Primary care physicians, as well as several other population health demonstration projects, have reported the benefits of registered dietitian

nutritionists (RDNs) as part of the integrated primary care team. A recent report from the PCMH/ACO Workgroup of the Academy of Nutrition and Dietetics recommends that RDNs take advantage of the opportunities that are presented by PCMHs, ACOs and other population health management models of care. RDNs should find out whether any hospitals or physician groups in their community will be applying to become a Next Generation ACO. Resources from the Academy can then be used to craft both the marketing messages and business plans needed to become proactive participants in this and other new models of care.

The transition from FFS to alternative payment models won't happen overnight, but the movement is not going away. CMS continues to test innovative payment and service delivery models to reduce expenditures in Medicare, Medicaid and CHIP while, at the same time, preserving or enhancing quality of care,

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Academy urges inclusion of nutrition services in advanced primary care

In its continued efforts to integrate registered dietitian nutritionists and nutrition services into new models of health care delivery and payment, the Academy of Nutrition and Dietetics responded to a recent request for information (RFI) from the Centers for Medicare & Medicaid Services (CMS) regarding the design of advanced primary care models. The Academy's comments stress the cost-effectiveness of medical nutrition therapy (MNT) services for chronic conditions and the need for patients to be able to access such services beyond primary care practices. The Academy also called for recognition of telehealth and mobile technologies and support for health information

technology (HIT) standards related to the exchange of critical nutrition data for patients, professionals and health care providers.

The Academy recognizes the importance of responding to these sorts of RFIs to help proactively shape models of care and payment being developed by the CMS Innovation Center. Additionally, the Academy has formed an Accountable Payment Models for Nutrition Services Task Force consisting of individuals with expertise in evolving health care delivery and payment models, quality measures, and evidence-based practice. The task force is charged with creating guiding principles for the Academy's work on accountable payment

models for MNT services and developing proposals for condition- and/or procedure-based accountable payment models for MNT services for use with the CMS Innovation Center and others. The Academy will continue to monitor for additional opportunities to provide input to the CMS Innovation Center. To learn more about the CMS Innovation Center, visit: <http://innovation.cms.gov>. To read the Academy's response to the RIF on the design of advanced primary care models, visit: www.eatrightpro.org/resource/news-center/in-practice/quality-and-coverage/academy-urges-inclusion-of-nutrition-services-in-advanced-primary-care.

QUESTION CORNER

Q: I am a registered dietitian/nutritionist (RDN) who is a Medicare provider and participates in the Physician Quality Reporting System (PQRS). With passage of the Medicare Access and CHIP Reauthorization Act (MACRA), do I still need to report under PQRS?

A: Yes. Through the end of 2018, RDNs and other eligible providers must continue to participate in PQRS to avoid downward adjustments in their Medicare payments. Beginning in 2019, MACRA will create a new Merit-Based Incentive Payment System (MIPS), which will combine several current incentive programs, including PQRS, into a single adjustment to provider payments. (Note: Aside from PQRS, RDNs are not eligible to participate in the current incentive programs that will be incorporated into MIPS.) Details of MIPS still need to be further defined by the Centers for Medicare & Medicaid Services (CMS). Watch for an announcement and more detailed information about the final CMS rules in a future issue of the *MNT Provider*.

Q: Will I have to be concerned with ICD-10 codes if I do not accept insurance and require payment in full at the time service is rendered?

A: Yes, even if your practice is a total self-pay operation, some patients will want to submit their bill to their health insurance

Do you have a question for the Question Corner?

E-mail your question to reimburse@eatright.org to have it answered in an upcoming issue of the *MNT Provider*.

Did you know?

The letters I and O are not used in ICD-10 procedure codes so as to avoid confusion with the numbers 1 and 0, respectively.

for reimbursement or to be counted toward their deductible. Insurance companies require specific information be included in any bill submitted by a patient in order to consider reimbursing the charges or applying them toward a deductible. A standard form containing all the necessary information for claims submission, referred to as a "superbill," is used by many RDNs for such billing. Much more than just a receipt or standard invoice, a superbill includes a place to identify ICD code(s) and CPT code(s) that reflect rendered services on the claim. Such information is required for insurance claims to be processed. For a sample copy of a superbill and to learn how to complete a superbill, visit: www.eatrightpro.org/resource/career/professional-development/presentations/practice-management-presentations. For a copy of the *Billing Guide for Registered Dietitians*, visit: www.eatrightpro.org/resource/practice/getting-paid/nuts-and-bolts-of-getting-paid/billing-guide-for-registered-dietitians.

Q: How can I possibly learn all the new ICD-10 codes by the Oct. 1, 2015, transition deadline?

A: You don't have to become familiar with all 68,000 ICD-10 codes. Your practice will use a very small subset of the new codes, so master the codes that matter. Focus on learning the codes relevant to your area of practice. Make a short list of the codes you use most frequently and know where to locate additional codes if needed. A list of ICD-10 codes

most commonly used by RDNs can be found at: www.eatrightpro.org/resource/practice/getting-paid/getting-started-with-payment/icd10-conversions. For additional ICD-10-CM codes, visit: www.cms.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html.

Q: How can I assess whether my practice is ready for the transition to the ICD-10 code set?

A: A simple approach to assessment of your practice's readiness is to follow a patient through the office from the time they make an appointment until the visit is billed. Document the activities that use diagnosis codes; the specific processes used to complete that activity; any computer systems, software programs or forms that are used; and the staff who complete the work. This record will become your inventory of everything that will need to be updated for ICD-10. After completing the assessment, you will have a better idea of the readiness of your office and the remainder of the work needed to implement the ICD-10 code set in your practice. For more information on preparing for ICD-10-CM, visit: www.eatrightpro.org/resource/practice/getting-paid/nuts-and-bolts-of-getting-paid/preparing-for-icd-10-cm. A list of RDN action items to prepare for ICD-10-CM can be found at: www.eatrightpro.org/resource/practice/getting-paid/nuts-and-bolts-of-getting-paid/rd-action-items-to-prepare-for-icd-10-cm.

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combined into a new Merit-Based Incentive Payment System (MIPS), and other alternative payment models will also be created.

More good news

Beyond reconfiguring Medicare payments for the next decade-plus, the bill also includes two years of funding for the Children's Health Insurance Program (CHIP). CHIP provides low-cost health coverage to children and teens in families that earn too much money to qualify for Medicaid. As with Medicaid, CHIP benefits and coverage details vary from state to state; therefore, registered dietitian nutritionists (RDNs) should visit their state CHIP websites to determine coverage in their state. An additional \$7.2 billion has also been allocated for community health centers over the next two years.

What does MACRA mean to RDN Medicare providers?

In an effort to minimize financial

effects on providers, CMS had been holding claims for 10 business days before processing all affected claims with dates of service on or after April 1, 2015. While Medicare Administrative Contractors (MACs) have been instructed to implement the rates in the legislation, a small volume of claims will have been processed at the negative update amount before MACs can adjust their claims payment systems. These claims will likely be for dates of service early in April. RDNs do not have to do anything if they have already submitted claims that fall on the affected dates. MACs will automatically reprocess claims paid at the reduced rate with the new payment rate.

The Academy of Nutrition and Dietetics thanks members who supported the passage of MACRA by responding to the Academy's Action Alert. Passage of this historic legislation brings an end to an era of uncertainty for RDN Medicare providers by facilitating the implementation of innovative care models

designed to improve care quality and lower costs. Watch for a more detailed analysis of MACRA and its impact on RDNs working in a wide variety of practice settings in a future issue of the *MNT Provider*. The physician fee schedule can be found at: www.eatrightpro.org/~media/eatrightpro%20files/practice/patient%20care/medical%20nutrition%20therapy/mnt/news%20and%20events/medicare-fee-schedule.ashx. For more information on providing the service and billing under Medicare, visit: www.eatrightpro.org/resource/practice/getting-paid/nuts-and-bolts-of-getting-paid/providing-the-service-and-billing-under-medicare. For more information about PQRS, visit: www.eatrightpro.org/resource/practice/getting-paid/nuts-and-bolts-of-getting-paid/getting-started-with-pqrs.

ACO model, from page 2

and private payers are engaged in similar efforts. The Next Generation ACO model is yet another example of how the health care industry is moving toward the development of health care delivery and payment models that reward quality, get better value for beneficiaries and promote savings.

For more information about emerging health care delivery and payment models, visit:

www.eatrightpro.org/resources/practice/getting-paid-in-the-future/emerging-health-care-delivery-and-payment. For resources and information on integrating RDNs into emerging health care delivery and payment models, visit: www.eatrightpro.org/resource/practice/getting-paid-in-the-future/expanding-payment-and-coverage/integrating-rdns-into-emerging-health-care-delivery-and-payment-models.

For a copy of the Academy's PCMH/ACO Workgroup report, visit: www.eatrightpro.org/~media/eatrightpro%20files/practice/patient%20care/pcmhaco_workgroup_report_final.ashx. For more information about the Next Generation ACO model, visit: <http://innovation.cms.gov/initiatives/Next-Generation-ACO-Model>.



MNT Provider (ISSN: 1540-370X) is published monthly by the Academy of Nutrition and Dietetics; 120 South Riverside Plaza; Chicago, IL 60606-6995. Telephone: 312/899-0040

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Nutrition Services Coverage

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