

# MNT Provider

*Your source for practice management news*

## Participation continues to rise in Medicare PQRS program

On April 23, 2015, the Centers for Medicare & Medicaid Services (CMS) released the 2013 Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program Experience Report, which provides data and trends analysis on participation, incentive eligibility, incentive payments and payment adjustments since the beginning of the two programs. The report showed an increase of participation in both PQRS and the eRx Incentive Program since 2007. Participation from eligible professionals in reporting clinical quality information for PQRS grew 47% between 2012 and 2013 alone. This report reflects an increase in tracking and reporting quality data, indicating progress in CMS's efforts to get providers to report quality measures and focus on quality of care.

The rate of participation in PQRS for all providers in 2013 was 51.2%, with 32% of registered dietitian nutritionist (RDN) eligible providers participating. While the numbers for RDN participation are relatively low, they are steadily on the rise. Not only did the number of RDN

providers eligible to participate in PQRS increase between 2010 and 2013, but the overall rate of participation by RDNs also grew during this time period. Of those RDN providers participating, 85% were eligible to receive an incentive payment, with the mean incentive payment being \$24. For RDNs, the most common method for participating in PQRS was claims reporting of individual measures.

Accuracy of RDN reporting also rose slightly. Listing the Quality Data Code (QDC) without the appropriate procedure code was the most common error among reporting RDNs.

Eligible RDN providers should continue to participate in PQRS to avoid future negative payment adjustments and pay particular attention to pairing the QDC with the appropriate procedure code so as to avoid reporting errors. RDNs who report PQRS quality measures data can request to receive National Provider Identifier (NPI)-level Physician Quality Reporting Feedback Reports. Reports include information on reporting rates, clinical performance, and incentives earned

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by participating individual professionals, with summary information on reporting success and incentives earned at the practice level. Feedback reports can be accessed through the Quality Net web portal in the fall of the year following the reporting period (e.g., 2013 feedback reports were available in the fall of 2014, and 2014 feedback reports will be available in the fall of 2015).

For more information about PQRS, including how to report to avoid the negative payment adjustment that

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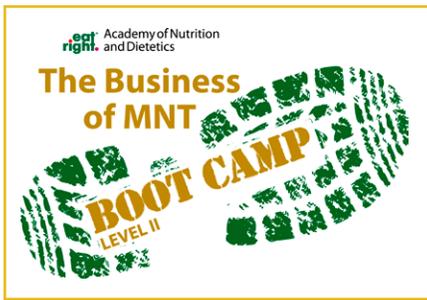
## Academy member elected to leadership position on AMA payment committee

Jane V. White, PhD, RD, LDN, FADA, member of the Academy Nutrition Services Payment Committee, was recently elected to serve as Co-chair for the American Medical Association RUC (Relative Value Scale Update Committee) HCPAC (Healthcare Professional Advisory

Committee) after serving as Alternate Co-chair for the past four years. Dr. White has represented Academy members on the RUC HCPAC Committee for eleven years and has been instrumental in developing new codes and coding policies for registered dietitian nutritionists

(RDNs) in outpatient and private practice settings. Serving in this role, Dr. White networks and interacts with officials from the Centers for Medicare & Medicaid Services and other health care professionals from national associations and holds a voting seat on the RUC.

# Academy trains leaders in Business of MNT Boot Camp Level II



In April, a select group of MNT Business Leaders gathered in Chicago for the second of a two-part workshop series entitled *Business of MNT Boot Camp Level II*. The intensive, two-day train-the-trainer program focused on the business aspects of providing medical nutrition therapy (MNT) services under changing health care delivery and payment models.

Since 2013, health care delivery and payment, MNT practice, legislation and regulations have been altered, resulting in changes in the needs of Academy of Nutrition and Dietetics members and the profession. Practitioners in a wide range of practice areas and settings must focus on the issue of nutrition services delivery and payment, particularly because of shifts in where and

how health and wellness services are provided. "The Business of MNT Business Boot Camp Level II takes the Academy deeper into establishing a recognized role for registered dietitian nutritionists (RDNs) in the future of health care," said Academy President Sonja L. Connor, MS, RDN, LDN, FAND.

Topics covered during this year's Boot Camp included articulating the value proposition of RDNs and MNT services in alternate health care payment models, collecting outcomes data and enhancing skills for reimbursement. Participants rated the speakers, content and overall quality of the event as excellent to very good, as noted in the program evaluations and comments such as "Great information, especially on hospital tactics." An appreciation for the activities and networking time built into the program was also expressed by many attendees. "The networking and sharing of stories from across the U.S. and different areas of practice were very helpful."

As a result of the original Boot Camp workshop, MNT Business Leaders have been working hard

over the last two years to share resources and lessons learned with other RDNs. "RDNs need to demonstrate, not only to insurance companies but also to health care systems and primary care practices, the value we bring to patient care based on clinical outcomes, patient satisfaction and cost savings," said Connor. Participants of Boot Camp Level II have committed to continue their field education and actively support the work of the Academy to promote the integration of RDNs into new models of health care delivery and payment. For more information on integrating the RDN into emerging models of health care delivery and payment, for a copy of the toolkit, Integrating the RD into Primary Care, or to read how RDNs bring value to 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](http://www.eatrightpro.org/resource/practice/getting-paid-in-the-future/expanding-payment-and-coverage/integrating-rdns-into-emerging-health-care-delivery-and-payment-models). See Question Corner on page 3 for a sample of topics addressed at Boot Camp Level II.

## New video on PQRS and the Value-Based Payment Modifier

The Centers for Medicare & Medicaid Services (CMS) has recently released the MLN Connects® video, "The Physician Quality Reporting System & the Value-based Payment Modifier: What Medicare Eligible Professionals Need to Know in 2015." This 45-minute video presentation provides an overview of the Physician Quality Reporting

System (PQRS) and explains how provider participation in 2015 will determine how the Value-Based Payment Modifier will be applied to reimbursement in 2017. To access the video, visit: [www.youtube.com/watch?v=Ww0oH-FhaYM&feature=youtu.be](http://www.youtube.com/watch?v=Ww0oH-FhaYM&feature=youtu.be) To learn how to get started with PQRS, visit: [www.eatrightpro.org/resource/](http://www.eatrightpro.org/resource/)

[practice/getting-paid/nuts-and-bolts-of-getting-paid/getting-started-with-pqrs](http://www.eatrightpro.org/resource/practice/getting-paid/nuts-and-bolts-of-getting-paid/getting-started-with-pqrs). For 2015 PQRS Measures applicable to registered dietitian nutritionists, visit: [www.eatrightpro.org/resource/practice/getting-paid/nuts-and-bolts-of-getting-paid/2015-pqrs-measures-applicable-to-rdns](http://www.eatrightpro.org/resource/practice/getting-paid/nuts-and-bolts-of-getting-paid/2015-pqrs-measures-applicable-to-rdns).

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started in 2015, visit: [www.eatrightpro.org/resource/practice/getting-paid/nuts-and-bolts-of-getting-paid/getting-started-with-pqrs](http://www.eatrightpro.org/resource/practice/getting-paid/nuts-and-bolts-of-getting-paid/getting-started-with-pqrs). For tips on making PQRS reporting easy for RDN eligible providers, read the January 2015 issue of the *MNT Provider*,

available at: [www.eatrightpro.org/resources/news-center/in-practice/mnt-provider](http://www.eatrightpro.org/resources/news-center/in-practice/mnt-provider). To read a copy of the 2013 Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program Experience Report, visit: [www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2013\\_PQRS\\_eRx\\_Experience\\_Report\\_zip.zip](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2013_PQRS_eRx_Experience_Report_zip.zip). To access the Quality Net web portal, visit: [www.qualitynet.org/portal/server.pt/community/pqri\\_home/212](http://www.qualitynet.org/portal/server.pt/community/pqri_home/212).

## QUESTION CORNER

**Q:** I am a registered dietitian nutritionist (RDN). Can I develop a relationship where physicians exclusively refer their patients to me/my practice?

**A:** Yes. If no remuneration is paid for the referrals, RDNs may consider entering into contracts with physicians to govern the provision of services. The contract or services agreement between health care providers could address issues such as ensuring that specific quality standards or timelines are met. However, under the federal Anti-Kickback Statute, providers cannot pay remuneration in exchange for referrals of services reimbursable by federal health care programs, such as Medicare and Medicaid. The Department of Health and Human Services has implemented a number of safe harbor regulations detailing practices and arrangements that are not subject to enforcement under the Anti-Kickback Statute because they are not deemed problematic or at risk of resulting in fraud and abuse. For instance, under the employment safe harbor, “remuneration” as used by the Anti-Kickback Statute does not include amounts paid by employers to bona fide employees for services and items reimbursed under federal health care programs.

RDNs should consult legal counsel prior to entering into contracts with other health care providers to review terms of the contract and to ensure compliance with the Anti-Kickback Statute and its safe harbors, along with the other federal

fraud and abuse laws, such as the Stark law.

For a list of items to consider when establishing an RDN-MD partnership, visit: [www.eatrightpro.org/resources/practice/getting-paid/smart-business-practice-and-management](http://www.eatrightpro.org/resources/practice/getting-paid/smart-business-practice-and-management). Additional information on safe harbor regulations can be found at: <https://oig.hhs.gov/compliance/safe-harbor-regulations>. For more information about referral requirements for coverage for nutrition services, visit: [www.eatrightpro.org/resource/practice/getting-paid/who-pays-for-nutrition-services/referral-requirements](http://www.eatrightpro.org/resource/practice/getting-paid/who-pays-for-nutrition-services/referral-requirements).

**Q:** What are the statutes of limitations for repayment requests from private insurers?

**A:** For private insurers (not federal health care programs), the statutes of limitations for repayment requests vary by state. Some states do not have any statute of limitations for the amount of time that private insurers can seek refunds from health care providers while other states set time limits that vary from six months to two years. RDNs should review the state’s insurance statute and regulations for possible statutes of limitations, as well as their contract with the insurer. The contract with the insurer may include a length of time that the insurer can seek repayments. If your state does not mandate a time frame, and your contract does not outline the time frame for refund requests, you may want to consider renegotiating your contract

to include an amendment setting a time limit the insurer has to request a refund. In addition, contracts should be reviewed for mention of “offset” provisions allowing insurers to deduct from future reimbursement. If such a clause exists, it may be wise to have it eliminated during your contract negotiations. For more information on the basics of codes, coverage, claims processing, read the Billing Guide for Registered Dietitians, available at: [www.eatrightpro.org/resource/practice/getting-paid/nuts-and-bolts-of-getting-paid/billing-guide-for-registered-dietitians](http://www.eatrightpro.org/resource/practice/getting-paid/nuts-and-bolts-of-getting-paid/billing-guide-for-registered-dietitians).

**Q:** Does the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule permit health care providers to use e-mail to discuss health issues and treatment with their patients?

**A:** Yes. The Privacy Rule allows covered health care providers, including registered dietitian nutritionists (RDNs), to communicate electronically with their patients, provided they apply reasonable safeguards. Certain precautions may need to be taken when using e-mail to avoid unintentional disclosures, such as checking the e-mail address for accuracy before sending, or sending an e-mail alert to the patient for address confirmation prior to sending the message. While the Privacy Rule does not prohibit the use of unencrypted e-mail for treatment-related communications between health care providers and patients,

See **Question Corner**, page 4



Do you have a question for the Question Corner?

E-mail your question to [reimburse@eatright.org](mailto:reimburse@eatright.org) to have it answered in an upcoming issue of the *MNT Provider*.

safeguards should be applied to reasonably protect privacy, such as limiting the amount or type of information disclosed through the unencrypted e-mail, and advising the patient of the risks of unencrypted e-mails. If the RDN establishes a communications system that includes e-mails to patients, then the RDN should ensure that the e-mails to patients are encrypted. Additionally, RDNs should be certain any transmission of electronic protected health information (ePHI) is in compliance with the HIPAA Security Rule requirements.

Patients have the right under the Privacy Rule to request and have a covered health care provider communicate with him or her by alternative means or at alternative locations, if reasonable. For example, RDNs should accommodate a patient's request to receive appointment reminders via e-mail, rather than postcard, if e-mail is a reasonable alternative means for the RDN to communicate with the patient. By the same token, if the use of unencrypted e-mail is unacceptable to a patient who requests confidential communications, other means of communicating with the patient, such as by mail or telephone, should be offered and accommodated.

If a patient e-mails an RDN, the RDN is permitted to send the patient an unencrypted e-mail if the RDN has advised the patient of the risks of unencrypted e-mails, and the patient still prefers unencrypted e-mails. RDNs are not expected to

educate patients about encryption technology and information security, but they should notify the patient that there is some level of risk that the information could be read by a third party. If the patient is notified of the risk and still prefers the unencrypted e-mail, the patient has the right to receive protected health information in that way.

For more information about the HIPAA Privacy Rule, read the September/October 2013 issue of the *MNT Provider* at: [www.eatrightpro.org/resource/news-center/on-the-pulse-of-public-policy/mnt-provider/2013-mnt-provider-archives](http://www.eatrightpro.org/resource/news-center/on-the-pulse-of-public-policy/mnt-provider/2013-mnt-provider-archives). A summary of the HIPAA Security Rule can be found at: [www.hhs.gov/ocr/privacy/hipaa/understanding/srsummary.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/srsummary.html). Additional details surrounding HIPAA requirements are available at: [www.eatrightpro.org/resources/practice/getting-paid/smart-business-practice-and-management](http://www.eatrightpro.org/resources/practice/getting-paid/smart-business-practice-and-management).

**Q:** What are the documentation requirements for billing medical nutrition therapy (MNT) to Medicare beneficiaries?

**A:** Not only is reimbursement dependent on documentation, but the government, private insurance companies and health care accrediting agencies mandate that the medical record be complete, accurate and retained for a number of years as stipulated by Medicare or state laws.

The Academy of Nutrition and Dietetics Evidence-Based Nutrition

Practice Guidelines provide resources to prepare registered dietitian nutritionists (RDNs) to meet documentation essentials. Additionally, a list highlighting many of the important documenting essentials and tips to help improve charting can be found at: [www.eatright.org/Members/content.aspx?id=7306](http://www.eatright.org/Members/content.aspx?id=7306). This information provided is for reference use only and does not constitute the rendering of legal, financial or other professional advice of the Academy of Nutrition and Dietetics. RDNs should refer to government or other third-party payer regulations for complete and accurate interpretation of any documentation requirements.

## CMS offers free educational opportunities

Did you know that Centers for Medicare & Medicaid Services (CMS) offers a variety of free educational opportunities ranging from articles to audio recordings? Many options focus on service delivery and payment and may also offer free continuing professional education units (CPEs) for registered dietitian nutritionists. For a list of CMS educational offerings, visit: [www.cms.gov/Outreach-and-Education/Outreach-and-Education.html](http://www.cms.gov/Outreach-and-Education/Outreach-and-Education.html).



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