

Summary of the NEW Medicare Health Support Program, and Three Forms RDs Can Use With Physicians and Patients

Medicare's New Medicare Health Support Program and Impact on MNT

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In late 2005, Medicare began offering **Medicare Health Support** (formerly Chronic Care Improvement Program) a new three year pilot program for about 20,000 pre-selected beneficiaries with *diabetes* or *congestive heart failure*. The individuals will have had previous hospitalizations or physician office visits related to these diseases. The program is designed to help them better manage these chronic conditions and improve their quality of life. The overall goal of the program is to reduce preventable hospital and emergency room visits and to help Medicare beneficiaries avoid costly and debilitating complications.

Chronic diseases are a leading cause of illness, disability, and death among Medicare beneficiaries and account for a greater share of health care spending. About 14% of beneficiaries have congestive heart failure, but account for 43% of Medicare spending; 18% have diabetes, accounting for 32% of spending.

The **Medicare Health Support** program, through nine CMS-contracted healthcare organizations and participating MHS physician, offers beneficiaries who choose to participate self-care education and guidance to help them:

- 1) Manage their health
- 2) Adhere to their physicians' plans of care
- 3) Obtain the medical care and Medicare-covered benefits that they need to reduce their health risks

Participants have the ability to ask questions and get guidance in coping with their health problems in their daily lives between medical visits. This service will typically include help tracking health status and preventive care needs, health education materials responsive to individual needs, and telephone follow-up calls. Treating physicians of MHS beneficiaries receive patient status reports and "alerts" when the program indicates a patient needs medical attention. Pre-selected beneficiaries in the program can participate as much as they want or elect to stop receiving the support services at any time.

This is a free Medicare support service meant to help improve coordination of care. It does NOT change the beneficiaries' current Medicare coverage or their healthcare providers, nor does it expand coverage for MNT in other diseases besides diabetes (Type 1, Type 2 and gestational) and pre-dialysis renal disease.

As of the close of 2005, CMS has awarded contracts to nine healthcare organizations to provide Medicare Health Support, through their disease management protocols:

- 1) Aetna Health Management in Chicago
- 2) American Healthways Inc. in the District of Columbia and Maryland
- 3) CIGNA HealthCare in Georgia
- 4) Health Dialog Services Corporation in Pennsylvania
- 5) Humana, Inc. in Central Florida
- 6) LifeMasters Supported SelfCare, Inc. in Oklahoma

- 7) McKesson Health Solutions in Mississippi
- 8) Visiting Nurse Service of New York in partnership with United HealthCare Services, Inc - Evercare in Queens and Brooklyn in New York City
- 9) XLHealth in Tennessee

By adhering to disease management protocols, these MHS companies are intended to:

- Increase patient adherence to evidence-based care and behavior change models
- Reduce unnecessary hospital stays and emergency room visits
- Help participants avoid costly and debilitating complications
- Help participants in managing their health holistically, including all co-morbidities, relevant health care services and pharmaceutical needs
- Utilize *local* community medical resources for services required and *local* provider networks

Role of MNT and the RD in MHS Program

When Congress approved the MHS pilot program, it included **medical nutrition therapy** as one of the education components that *can be* included in the *disease management protocols* established by these MHS entities. When MNT is included, it can give dietetics professionals new and exciting opportunities for career growth, and help ensure the growth of our profession. As part of the MHS requirements, CMS expects all providers, including RDs, to comply with evidence-based practice, to document and evaluate outcomes, and to apply this practice-based evidence to improve the quality and delivery of care.

The American Dietetic Association and several affiliate dietetic association groups have made a concerted effort to ensure that MNT, provided by registered dietitians (RDs), is offered as a component in the disease management protocols written by these companies. Most MHS companies have indicated, however, that they will not directly recommend medical and/or ancillary services as they coordinate the beneficiary's care. They will defer to the patient's own physician, who is also participating in the MHS program, to refer qualifying beneficiaries to RD Medicare providers for MNT services.

MNT and MHS Promotional Materials and Referral Form RDs Can Use

If you interact with physicians and patients in the provision of MNT, you are encouraged to use select documents (produced by the ADA and MHS Task Force members...yours truly is a member). The MHS companies have agreed to review and possibly use these promotional materials:

- ***Referring Your Patient for Medicare Medical Nutrition Therapy Services...As Easy as 1, 2, 3***
- ***Medicare Medical Nutrition Therapy Services*** (Is for physicians & Medicare beneficiaries. Explains that the Medicare MNT benefit for diabetes and renal disease can be received as part of MHS)

These materials will assist physicians participating in the MHS programs to easily explain MNT to their participating Medicare patients. To make it easy for physicians to make a referral for MNT to a local Medicare provider RDs, there is also available for your use a:

- ***MNT Referral Form*** (if you have your own customized MNT referral form, you can use as well)

If electronic or pdf copies of these forms are not attached, please contact me at: hodorowicz@comcast.net

MHS Companies Looking for Medicare RD Providers in Their Areas

Many companies have also asked if a list of Medicare RD providers is available to share with their staff, physicians and/or the beneficiaries who may seek out MNT services.

The MHS has great potential for stimulating increased interest, and referrals, for MNT services, especially in the geographic areas listed above. Both CMS and the ADA is emphasizing community involvement by providers of services, including providers of MNT, with the participating physicians and MHS companies.

Here's how you, the RD can do this:

- 1) Understand the MHS program
- 2) Explain and promote Medicare MNT to MHS physicians and participating beneficiaries in your area
- 3) Put your name on the comprehensive list which ADA is creating of Medicare RD providers within the geographical areas above; the nine MHS companies will focus their efforts in these areas. If you provide MNT, you want to be on this list!!

You can send your name and contact information to me at: hodorowicz@comcast.net

Once the Medicare RD provider lists are available, ADA will help bridge communication and sharing of the list among ADA members and the MHS organizations.

Importance of MNT Outcome Data

MNT outcome data is greatly needed to support the medical necessity and value of MNT, so that decision makers include RD-provided MNT in cost-effective disease management interventions. CMS will be evaluating beneficiary outcomes in this pilot study to determine if the MHS services, including MNT, will be extended into Phase II (beyond 2009).

Our profession has worked for nearly 35 years to be recognized within Medicare. If MNT outcome data in Phase I is lacking, our future as Medicare providers of expanded MNT can be jeopardized, as can our position within private health care plans. Dietetics professionals have much more to lose than MHS administrators if the MNT component of the disease management protocol is not extended into Phase II. Critical activities needed to demonstrate positive MNT outcomes within Medicare and the disease management protocols include:

- Collect outcomes data for each beneficiary who receives MNT services
- Follow ADA's Nutrition Care Process when providing MNT
- Use proven tools such as the ADA's MNT Evidence-Based Guide for Practice

I hope you share in mine and ADA's optimism about the impact of CMS' MHS programs on the lives of seniors and the potential expansion of these programs to more beneficiaries in the future. RDs may be on the threshold of a new and very large MNT referral base, and expansion of Medicare-reimbursed MNT. Please help...it's our business and our future!