Entering Private Practice or Primary Care in West Virginia: A Guide For Registered Dietitian Nutritionists

CO-AUTHORS: MEREDITH CHAPMAN & LACY DAVIDSON
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Objectives

1. Supplement the AND’s Toolkit: “RDNs in the New Primary Care”
2. Serve as a checklist for RDNs looking to enter private practice or primary care in WV
3. Increase knowledge of payment systems
Introduction

Current models of healthcare reform:
- Federal Patient Protection and Affordable Care Act
- Institute for Healthcare Improvement “Triple Aim”

Goals of today’s healthcare reform:
1. Improve the patient experience
2. Better the overall health of the nation
3. Decrease per capita healthcare costs

Increased focus on Primary Care
Emerging Healthcare Delivery Models

Transition from **fee-for-service** payment to **value-based** payment.

Emphasis on the use of **evidence-based practice**.

Emerging Healthcare Delivery Models in WV:

1. **Patient-Centered Medical Homes**
   - WVU Medicine Clark K. Sleeth Family Medicine Center
   - WV Tri-State Children’s Health Improvement Consortium
   - PEIA Medical Home Program
   - Highmark Blue Cross Blue Shield WV
   - CAMC Medical Neighborhood Demonstration
   - HIMG Humana Medical Home Program

2. **Accountable Care Organizations**
   - Aledade West Virginia Health Center
The Value of RDNs to Emerging Healthcare Delivery Models

- Enhanced access
- Preventative care for chronic conditions
- Shared medical appointments / Group visits
- Patient engagement and proactive patient planning
- Coordination of care
- Care management
Steps to Entering Private Practice or Primary Care

1. Ensure licensure through the WV Board of Licensed Dietitians (WVBOLD)
2. File as an LLC or S-Corp with the State of WV
3. Obtain an Employer Identification Number (EIN)
4. Acquire Professional Liability Insurance
5. Obtain a National Provider Identification (NPI) Number
6. Register with the Council for Affordable Quality Healthcare (CAQH)
Getting Paid

3 Primary Payment Models:

1. Self-Pay
2. Third Party Payers
3. Complimentary and Alternative Medicine (CAM) Networks / Discount Programs
1. Self-Pay

- Patient pays out-of-pocket at the time of the appointment.
- Patient may be provided with a “superbill” that itemizes the services provided using CPT codes.
- The patient is responsible for submitting the superbill to their insurance for reimbursement.

**CPT Codes for MNT**

97802: Initial assessment and intervention, individual, 15 min.
97803: Reassessment and intervention, individual, 15 min.
97804: Group, 30 min.
2. Third Party Payers

- Payment is not due at time of appointment.
- RDN submits a claim to the patient’s insurance on behalf of the patient in order to receive reimbursement.

3 types of Third Party Payers:

1. Medicare
2. Medicaid
3. Private Insurance: Aetna, Cigna, Highmark Blue Cross Blue Shield, PEIA, United Healthcare, etc.
Things to Keep in Mind with Third Party Payers

Reimbursement for services varies by payer, coverage plan, and medical diagnosis.

Each payer has their own procedure and specifications for reimbursement:

- Provider enrollment
- Preauthorization / Physician referral
- Types and frequency of services

Accepting third party payers requires diligence on behalf of the RDN.

Always verify patient coverage before providing services!
3. Complimentary and Alternative Medicine (CAM) Networks / Discount Programs

- A network of a variety of different practitioners (chiropractors, RDNs, etc.) who agree to provide services at a discounted rate to members of a particular group.
  - These programs contract with insurance companies or employer groups to supplement existing plans.

- Patient pays out of pocket at the time of the appointment.

Popular CAMs:
- Healthways Whole Health Network
- OptumCare Network
Stay Up-to-Date

**AND**
- WVAND Reimbursement Representative
- AND eMentoring Program
- AND Public Policy webpage
- AND “Getting Paid” webpage
- AND Nutrition Entrepreneurs Dietary Practice Group

**Payers**
- Centers for Medicare and Medicaid Services (CMS)
- Private third party payer web pages
Meredith Chapman  
meredith.chapman@hsc.wvu.edu

References


