**EHR short cuts: Better think twice**

Think twice about taking short cuts when inputting information into electronic health records (EHRs). Poor copy-and-paste habits, carrying forward practices or cloning notes, can cause more than documentation errors. According to a recent report issued by the Department of Health and Human Services Office of the Inspector General (OIG), “...inappropriate copy-pasting could facilitate attempts to inflate claims and duplicate or create fraudulent claims.” When used sloppily, even the most innocent mistake can result in misrepresented services, creating false records. When clinicians copy-paste or pull forward information, but fail to update it or ensure its accuracy, inaccurate information may enter the medical record and inappropriate charges may be billed to patients and third party payers. Providers unfamiliar with EHR systems are also more prone to making mistakes, resulting in a greater number of billing errors. A well-structured EHR template prompts providers to ask specific questions during each patient assessment process to improve the consistency of care and minimizes opportunities for fraudulent claim reporting.

Services that do not appear to be unique to a patient, repeated typographical or spacing errors, and record inconsistencies, all of which are associated with cutting and pasting text, are also red flags for auditors and can be used to deny claims on the ground that the information is not a true reflection of services provided. The Office of Inspector General’s 2012 Work Plan included a focus on fraud vulnerabilities presented by EHRs, naming EHRs a target for review. While no clearly defined policies against EHR note cloning have been established under Medicare, some individual local Medicare Administrative Contractors

**Free July 25 Webinar: Helping RDNs Understand Medicare’s New Quality Payment Program**

Join experts from the Academy’s Nutrition Services Payment Committee and the Centers for Medicare & Medicaid Services as they review the Quality Payment Program (QPP) and explain what it means for registered dietitian nutritionists (RDNs) in a free 1.5 hour webinar, scheduled for July 25, from 12:00 PM to 1:30 PM Central Time. Speakers, Natalie Stephens RDN, LD, FAND and Oluyemisi Aderomilehin, MPH, CPH, CHES, will provide an overview of the two tracks of Medicare’s QPP, the Merit-based Incentive Payment System, (MIPS) and the Advanced Alternative

Payment Models (APMs) and explain how RDNs can participate in the program now to prepare for the future. To register for the webinar and earn 1.5 hours of free continuing education credit visit: [http://bit.ly/2thTewa](http://bit.ly/2thTewa).
Stay on the cutting edge of dietetics by being a part of the Academy’s 2017 Food & Nutrition Conference & Expo (FNCE®), October 21–24, at McCormick Place West, Chicago, IL. Register for FNCE® to celebrate the Academy’s Centennial, gain access to new trends and attend these important sessions sponsored by the Academy’s Nutrition Services Payment Committee:

The Data Payment Connection: Leveraging Data to Impact RDN Value and Revenue
Sunday, October 22nd, 8:00 AM-9:30 AM

Speakers: Whitney Franz, MPH, RD, Quality Improvement Program Manager, L.A. Care Health Plan and Lesley R. Kadlec, MA, RHIA, CHDA, Director of HIM Practice Excellence, American Health Information Management Association

Session Description: This session will explain how to unlock the power of healthcare data to increase RDN visibility and value. Speakers will explain how critical decision making using data driven interventions can drive RDN service delivery, positively impact professional identity and influence revenue. Speakers will address the use of data in predictive analytics to identify at risk populations and drive RDN referrals; explain how to pull and present data in a way that is meaningful to the audience; and discuss how to use claims and cost data to attribute increased revenue and cost savings to RDN services. Speakers will explain how to apportion bundled payment to measure RDN participation in new models of care using data. Types of data to utilize, key partners for collaboration and case study examples of RDNs successfully utilizing data will be highlighted. Sample data-driven activities that boost operational efficiency, expand RDN business, improve the quality of care will also be reviewed.

The Future of Healthcare Payment: MACRA’s Impact on RDN Practice
Monday, October 23rd, 8:00 AM-9:30 AM

Speakers: Adele Allison, Director, Provider Innovation Strategies, DST Health Solutions and Amy Davis, RDN, LRD, Director of Nutritional Services

Session Description: Healthcare reform efforts moving us from volume to value based payment, including the Medicare Access and CHIP Reauthorization Act (MACRA), are changing the business of healthcare. Mandated by MACRA, Medicare’s new Quality Payment Program replaces previous payment programs with a pay-for-performance program focused on quality, value, and accountability. The Quality Payment Program (QPP) started indirectly impacting some RDNs in 2017 and is expected to directly impact RDNs as early as 2019. This session will summarize key provisions of the QPP, including the Merit-Based Incentive Payment System (MIPS) and alternative payment models (APMs); discuss their impact on RDN payment and delivery now and in the future; review essential terminology and implementation timelines; and explain how RDNs can prepare for change.

Nutrition Services Payment: The Intersection of Law and Ethics
Monday, October 23rd, 1:30 PM-3:00 PM

Speakers: Laura Seng, JD, Chair, National Healthcare Department, Barnes’s & Thornburg, LLP’s and Karen Smith, MS, MBA, RD, LD, FADA

Session Description: Changes in health care delivery and payment have created new challenges for dietetic practitioners as they are faced with new situations involving legal and ethical issues. Technology has expanded healthcare access, but has increased patient privacy concerns and regulations. New healthcare models require providers to do more with less, but limits are set by scope of practice and ethics. Speakers will address the intersection of ethical and legal practices impacting nutrition service delivery and payment. Topics include major laws affecting healthcare practice, such as Anti-Kickback, Stark Law and False Claims Act; HIPAA laws and the relationship to coaching, counseling and MNT; policy and procedures that affect nutrition service delivery, billing and collections; and the legal and ethical issues of the RDN’s expanded role in new models of healthcare. Practice scenarios and resources for identifying ethical boundaries and determining scope of practice will be shared.

For more information or to register for FNCE® 2017, visit: http://www.eatrightfnce.org/FNCE/.
Q: Can other health care professionals, beyond registered dietitian nutritionists (RDNs), provide and receive reimbursement for medical nutrition therapy (MNT) services by third party payers?

A: The answer depends on the payer, the health care professional’s scope of practice, and the state in which the service is being provided. When it comes to providing health care services and billing third party payers, providers must consider the policies of the payer. Each payer will set policies about who they recognize to provide specific types of services, who they will pay to provide such services, and what current procedural terminology (CPT) codes they recognize for each service. Payers in general will consider the qualifications of the health care professional, including education, training, credentialing, scope of practice, and state licensure (where applicable).

For example, the Centers for Medicare & Medicaid Services (CMS) only recognizes registered dietitians or “nutrition professionals” as providers and billers of the Medicare Part B MNT benefit. To qualify as a registered dietitian or nutrition professional the individual must:

- hold a bachelor’s degree or higher granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics, as accredited by an appropriate national accreditation organization recognized for this purpose;
- have completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional (documentation of the supervised dietetics practice may be in the form of a signed document by the professional/facility that supervised the individual); and
- be licensed or certified as a dietitian or nutrition professional by the state in which the services are performed (in a state that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a registered dietitian by the Commission on Dietetic Registration or its successor organization or meets the requirements stated above).

Some private insurance policies may allow health care professionals other than RDNs to bill for services using the MNT CPT codes if it is within their legal scope of practice; however, that depends on the payer, their policies, and state regulations. Similar to private insurance, Medicaid coverage for MNT varies by state depending on the state’s regulations and policies of each Medicaid program. For more information about who pays for nutrition services, visit: www.eatrightpro.org/resources/practice/getting-paid/who-pays-for-nutrition-services.

Q: What is a Medicare Beneficiary Identifier (MBI)?

A: The MBI is a combination of numbers and uppercase letters, unique to each Medicare beneficiary, which is designed to replace the Social Security-based Health Insurance Claim Number (HICN) currently used on the Medicare card. The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015, requires Social Security Numbers (SSNs) to be removed from all Medicare cards by April 2019. Medicare is transitioning to the MBI to protect Medicare beneficiaries from fraudulent use of Social Security numbers which can lead to identity theft and illegal use of Medicare benefits. Registered dietitian nutritionists should review their practice management systems and business processes to determine what changes will be needed to use the new MBI. For more information about the MBI and the transition, visit: https://www.cms.gov/Medicare/SSNRI/Index.html.

Medicare basics overview video

Are you a new provider under Medicare? If so, you may be interested in this short video, Medicare Basics: Parts A and B Claims Overview, offering a high level summary of the Medicare fee for service claims process. This 3 minute video addresses the basics of Medicare such as what you need to know before filing a Medicare claim, how to submit a claim and when not to file a claim. To access the video, visit: www.youtube.com/watch?v=Kv4k9MqMuag&feature=youtu.be. For information about providing nutrition services under Medicare, specific to registered dietitian nutritionists, visit: www.eatrightpro.org/resource/practice/getting-paid/getting-started-with-payment/medicare-basics.
Your MIPS scores matter

If you’ve started voluntarily reporting under the Merit Based Incentive Program (MIPS), now is a great time to review your performance data for the first half of the year and bridge any gaps in performance. If you haven’t begun voluntary reporting and want to learn how, visit: https://qpp.cms.gov/.

Easily track and improve patient outcomes with eNCPT

Use the power of electronic Nutrition Care Process Terminology the (eNCPT) to demonstrate your value. The eNCPT is an online publication containing a comprehensive explanation of the Nutrition Care Process and standardized terminology, which allows for a consistent approach to practice, making tracking patient outcomes easier. Subscribers have access to the most up-to-date terminology; web platform with easy access from the office, clinic or bedside; translations in six languages with more coming soon; and free access to the Electronic Health Records Toolkit. To learn more, visit: www.eatrightstore.org/product/D49E4C49-728F-4B16-9793-67564ABB04C7.

Quality Payment Program Technical Assistance Resource Guide

The Centers for Medicare and Medicaid Services (CMS) is now offering technical assistance to small, underserved, and rural practices for participating in the Quality Payment Program, in either the Merit-based Incentive Payment System (MIPS) or the Advanced Alternative Payment Model (APM) track. The Technical Assistance Resource Guide, available from CMS, concisely highlights all of the support available to clinicians participating in the Quality Payment Program. It contains brief summaries on each branch of technical assistance, contact information, and maps to illustrate coverage areas. The guide also provides links to additional QPP resources. To access the guide, visit: https://qpp.cms.gov/docs/QPP_Technical_Assistance_Resource_Guide.pdf.

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(MACs), such as First Coast Service Options processing Medicare claims in Florida, Puerto Rico and the U.S. Virgin Islands, have enacted broad policies prohibiting carry forward documentation.

Beyond billing, key test results or important details can be buried in text and missed by supporting providers. Improving patient care continues to take center stage in the healthcare industry, as demonstrated by an increased emphasis on health information technology and the EHR. Improper use of cloning can compromise patient care, care coordination and quality reporting, and can also inappropriately influence research and potentially result in fraud and abuse. Best practice suggest maintaining documentation integrity and accuracy of the complete health record by avoiding cut-and-paste short cuts.

Academy leaders are working together to create a Best Practices Guide to be used by EHR vendors, RDN and clinicians that will provide optimal information and strategies to assure consistent documentation of nutrition care using the Nutrition Care Process, standards and terminologies that support nutrition care in the U.S. For more information about nutrition informatics and EHRs, visit: www.eatrightpro.org/resource/advocacy/quality-health-care/research-and-monitoring/nutrition-informatics-and-electronic-health-records. To learn more about the Nutrition Care Process, visit: www.eatrightpro.org/resources/practice/nutrition-care-process/ncp-101. For information about electronic billing under Medicare and electronic data interchange (EDI), visit: www.eatrightpro.org/resource/practice/getting-paid/nuts-and-bolts-of-getting-paid/billing-resources.