MARY ANN HODOROWICZ CONSULTING, LLC

Nutrition, Diabetes Care-Education, Health Promotion and Insurance Reimbursement for Professionals for the Healthcare and Food Industry

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SIGNATURE TALKS, WEBINARS, SEMINARS and WORKSHOPS

My presentation and webinars are not lectures at all! They are "conversations" with the audience and very, very interactive. My role is the "guide on the side, not the sage on the stage." ***I love to "edu-tain"!***

At live programs, when the topic lends itself, I request that my guests are seated at round tables, as we do problem solving, role playing ("hands-on" practice), case studies, self-assessments related to the topic, table conversations, group conversations, fun games, brain-storming sessions, and questions and answers at any time.

I focus on translating theory into easy, practical tools that can be used immediately the next morning. I also include patient and provider forms/handouts/worksheets to supplement adult learning and help the guests incorporate what they've learned in their practice settings.

PowerPoint® slides are used, but only as a back drop to keep me on track, and so guests keep organized, have something to take home and not have to furiously take notes.

In addition to my signature topics listed below, I can also talk on any aspect of diabetes care and self-management education, and on medical nutrition therapy in most disease states.

Target Audiences:

Vary with presentation, but primarily are healthcare professionals in: diabetes medical care and self-management education Certified Diabetes Care and Education Specilists (CDCES), RDNs, Dietetic Technicians, Registered, RNs, Pharmacists, Nurse Practitioners, Clinical Nurse Specialists, Psychologists, Physician Assistants, Physicians, Medical Assistants, Social Workers, Exercise Physiologists, Medical Billers and Claims Coders.

Format of Talks:

- Presentation and webinars are **NOT** lectures!
  - Are "conversations" with audience and very interactive.
  - Guests seated at round tables to do:
    - Problem solving, role playing ("hands-on" practice), case studies, self-assessments related to the topic, table conversations, group conversations, fun games, brain-storming sessions, and Q&A at any time.
- Focus on translating theory into easy, practical tools that can be used immediately the next morning.
- Include patient and provider forms/handouts/worksheets to supplement adult learning and help the guests incorporate what they've learned in their practice setting

Vary with presentation, but primarily are healthcare professionals in: diabetes medical care and self-management education (RDs. Dietetic Technicians. Registered. RNs. Pharmacists. Nurse Practitioners. Clinical Nurse

Money Matters!
Increase Your Reimbursement Dollars for MNT and DSME NOW!

OBJECTIVES:

1. Describe the beneficiary eligibility criteria for Medicare DSMES
2. List 3 of the coverage guidelines for Medicare MNT telehealth services
3. Name the 3 MNT CPT procedure codes
4. List at least 5 of the items on the MASTER CHECKLIST OF WAYS TO SUSTAIN DSME AND MNT PROGRAMS

OUTLINE for MNT REIMBURSEMENT

1. Coordination of MNT and Diabetes Self-Management Education and Support (DSMES) benefits
2. RDN's options with regard to Medicare MNT benefit
3. National Provider Identification Number

   MEDICARE:
   - Enrollment of RDN in Medicare as provider
   - Provider eligibility criteria and approved practice settings
   - Providers' MNT quality standards requirement
   - Beneficiary entitlement
   - Beneficiary eligibility
   - Utilization limits in 1st year and structure of initial benefit
   - Utilization limits in f/up yrs and structure of benefit
   - Claim forms and recipients of (bonus: New CMS 1500 and UB04 paper claim forms)
   - ICD-9 diagnosis codes
   - MNT CPT codes and modifiers
   - Revenue codes for MNT
   - Medicare's 9-digit zip code requirement
   - MNT payment regulations (assignment) and fee setting
   - Medicare reimbursement rates for MNT
   - Medicare MNT telehealth
   - Medicare Advantage insurance supplemental plans
   - Physician's Quality Reporting Initiative (PQRI)
   - Medicare's Kidney Disease Education Program and RDNs
   - Medicare's new rehabilitation programs and RDNs

4. Business models for retaining RDN in different practice settings
5. Other CPT codes applicable to RDN's OP nutrition services

OUTLINE for DSMES REIMBURSEMENT:

1. Who is Currently Getting Paid for DSMES?
2. Medicare Billing Options for Employers
3. CMS' National Provider Identification (NPI) Number
4. Furnishing DSMES in Off-Site Locations and Adding Locations to DSMES Programs
5. Coordination of Medicare MNT and DSMES benefits
6. DSMES Provider Eligibility Per National Standards of DSMES
7. Medicare Provider Billing Eligibility
8. Medicare Part B Billing of DSMES to Beneficiaries Accessing Part B Benefits in Home Health or Nursing Home
9. DSMES Program Quality Standards and Medicare Requirements
10. Beneficiary Entitlement: Part B Insurance
11. Beneficiary Eligibility
12. DSMES Referral
13. DSMES Codes; Utilization Limits, 1st Yr; Structure of Benefit
14. Hours covered in 1st/initial and f/up episodes of care
15. Utilization Limits in F/Up Years and Structure of Benefit
16. Claim Forms
17. New CMS1500 & UB04 Paper Claim Forms)
18. Claims Coding: ICD-9 Dx, Procedure and Revenue Codes
19. Other CPT Codes for DSMES Not Covered by Medicare
20. Medicare's DSMES Reimbursement Rates, 2010
21. Group DSMES Financial Breakeven Point
22. DSMES Payment Regulations and Fee Setting
23. Medicare's new 9-digit zip code requirement
24. Coverage of DSMES by Many Private, Commercial and Medicaid Payers

DESCRIPTION:

This jammed-packed and dynamic presentation is exactly what RDNs and diabetes educators have been looking for, and what they need to pocket those elusive Medicare and private payer Medical Nutrition Therapy (MNT) and Diabetes Self- Management Education and Support (DSMES) dollars! Medicare's hot-off-the-press latest coverage guidelines will be outlined, including those specifically related to MNT-DSMES referrals, MNT telehealth, CPT, ICD-9 and revenue codes for accurate claims processing, billing guidelines, the new "tiered" payment rates and fee setting. Specifics related to private payer reimbursement, pre-diabetes billing and appropriate documentation to meet CMS' and other regulatory agencies' requirements are also thoroughly outlined. Mary Ann also provides you with a MASTER CHECKLIST OF WAYS TO SUSTAIN DSMES AND MNT PROGRAMS…reimbursement is only ***one*** of several ways to do this! Bonus: an overview of Medicare's new PQRI program is provided so you can increase your Medicare dollars now!

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODE:

7170 = Reimbursement, Coverage

How to Establish an ADCES Accredited DSMES Program

OBJECTIVES:

1. Explain the six goals of a pharmacy Diabetes Self-Management Education and Support (DSMES) Program
2. List the 11 key components of a DSMES Program Business Plan customized for a pharmacy
3. Name Medicare's certified DSMT provider eligibility requirements for pharmacies (6 key steps)
4. List the Medicare coverage guidelines for DSMES reimbursement, including the HCPCS and ICD-9 codes to use

DESCRIPTION:

Pharmacists can now be instructors in a DSMES program, per the National Standards of Diabetes Self-Management Education and Support (DSMES). With their knowledge and expertise in diabetes medical management, they are in a perfect position to now deliver DSMES to their patrons. This will boost medication revenue and retail sales in the pharmacy, and also expand their patron base via physician referrals for DSMES. This talk presents attendees with a turn-key, detailed business plan for establishing an ADCES-accredited DSMES program in a pharmacy setting. The key components of the business plan are customized for a pharmacy program, from the marketing plan to the financial plan to the competition analysis. The specific steps required to successfully complete ADCES's application for DSMES program accreditation will be reviewed, along with the steps a pharmacy must take to become a certified Medicare provider of DSMES. This allows you, the pharmacist, to have a huge jump start on your own plan Monday morning!

OUTLINE:

1. Who is Currently Getting Paid for DSMES?
2. CMS' National Provider Identification (NPI) Number
3. Special Issues Regarding Furnishing DSMES in Pharmacy Setting and Adding Off-Site Program Locations
4. DSMES Provider Eligibility Per National Standards of DSMES: What the Pharmacy Must Do
5. Medicare Provider Billing Eligibility: What the Pharmacy Must Do
6. DSMES Program Quality Standards and Medicare Requirements
7. Beneficiary Entitlement: Part B Insurance and Beneficiary Eligibility
8. DSMES Referral
9. DSMES Codes; Utilization Limits, 1st Year; Structure of Benefit
10. Hours covered in 1st/initial and Follow-Up episodes of care
11. Utilization Limits in Follow-Up Years and Structure of Benefit
12. Claim Forms
13. New CMS1500 and UB04 Paper Claim Forms)
14. Claims Coding: ICD-9 Dx, Procedure and Revenue Codes
15. Other CPT Codes for DSMES Not Covered by Medicare
16. Medicare's DSMES Reimbursement Rates, 2011
17. Group DSMES Financial Breakeven Point
18. DSMES Payment Regulations and Fee Setting
19. Medicare's new 9-digit zip code requirement
20. Coverage of DSMES by Many Private, Commercial and Medicaid Payers
21. Overview of State Insurance Mandates for DSMT Reimbursement

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Medical Nutrition Therapy:

Nutrition Practice Guidelines for Diabetes, HTN and Lipid Disorders

OBJECTIVES:

1. Compare the latest nutrition interventions to optimize A1c levels
2. Evaluate the 5 key dietary approaches of the DASH eating plan to control HTN
3. Analyze the 'Therapeutic Lifestyle Changes' proven to help normalize blood lipids
4. Explain effective tools that nutrition professionals can use to actively engage pts and increase behavior change
5. Assess the 4 parts of a MNT outcomes management system
6. Describe the 5 types of MNT outcomes that can be monitored for success

NOTE:

For this talk, I developed ***MNT Conversation C.A.R.D.***, ***MNT Intervention Checklists*** and ***B.R.I.D.G.E to Diabetes MNT: Linking Key, Core Messages to Behavior Goals.***

OUTLINE:

1. Diabetes Pathophysiology
2. Anti-Diabetes Medications

3. Diagnosing Diabetes and Pre-Diabetes
4. Blood Glucose and A1C Goals
5. NPGs Formatted Per Nutrition Care Process
6. Diabetes MNT Goals
7. Evidence-Based Rating System
8. NPGs' Clinical Effectiveness
9. Quick Guide: Patient Empowerment and Motivational Interviewing for Behavior Change
10. Nutrition Assessment Matrix
11. Meal Planning Systems
12. Nutrition Prescription
13. Diabetes MNT Intervention Recommendations for:
    a. Carbohydrate, Protein and Fat
    b. Glycemic Index and Glycemic Load
    c. Diabetes and Weight Management
    d. Vitamins and Minerals
    e. Acute Illness
    f. Meal Replacements
    g. Bariatric Surgery
    h. Very Low Calorie Diets
    i. Weight Loss Medications
    j. Resistant Starch
    k. Sugar
    l. Non-nutritive Sweeteners
    m. Alcohol
    n. Fiber
    o. Hypoglycemia
    p. Exercise
14. Hyperlipidemia MNT Intervention Recommendations (including Review of Medications)
15. HTN MNT Intervention Recommendations (including Review of Medications)
16. Nutrition Monitoring and Evaluation of Outcomes

DESCRIPTION:
The current statistics on diabetes morbidity and mortality speak volumes on the need for good metabolic control:

- Each 1% decrease in A1c translates into a 35% - 40% decrease in the frequency of microvascular complications.
- 33% - 50% decrease in coronary & peripheral artery (macrovascular) disease is the result of blood pressure control.
- 20% to 50% reduction in cardiovascular complications can be achieved by normalizing blood lipids (more than 65% of deaths in patients with diabetes are attributed to CVD).

Thus, by managing the 'ABCs' of diabetes . . . A1c, blood pressure and serum cholesterol . . . people with diabetes can significantly reduce their risk of heart disease, stroke, kidney failure and even blindness. Individualized medical nutrition therapy (MNT) provided by a professional is a critical component of managing these ABCs. Numerous studies have proven that MNT can prevent, slow the onset of and/or decrease the progression of these devastating complications. Although there are numerous strategies that can be used to achieve these goals, best practice dictates the use of the American Dietetic Association's MNT Evidence Based Nutrition Practice Guidelines (NPGs) and the MNT protocols. The Center for Medicare and Medicaid Services (CMS) also recommends the use of these NPGs in its statutory language of the Medicare diabetes MNT benefit. In this one of a kind workshop, you will increase working knowledge regarding the use of the NPGs for diabetes, hypertension and disorders of lipid metabolism, including how to use the Nutrition Care Process and Model. Mary Ann will condense and simplify the voluminous content of these NPGs into a ready reference take home guide so that even new practitioners can feel comfortable using them in practice. Mary Ann focuses on serving her audiences practical application without the extraneous theoretical or historical details.

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODES:
5000: Medical Nutrition Therapy 5460: Self-Care Management

Changing Patient Behavior with Motivational Interviewing and Patient Empowerment Strategies

OBJECTIVES:
1. Name 3 key differences between empowerment and compliance counseling

2. List 7 empowerment steps to use during a patient visit to change behavior ('A.D.O.P.T.E.E.')
3. State 5 principles of motivational interviewing (G.R.A.C.E.) and its primary tools (O.A.R.S.).

DETAILED DESCRIPTION:
The successful management of many common chronic medical conditions is almost entirely related to modifiable health behaviors. The million dollar question asked by healthcare professionals everywhere: "How can I get my patients to change their behavior?" The solid-gold answer: by incorporating patient empowerment (PE) and motivational interviewing (MI) tools. PE and MI are new alternatives to the outdated, and ineffective 'compliance' approach to patient care, and foster a collaborative relationship between clinicians and clients. PE and MI are 'can-do' and 'no-blame' evidence-based counseling methods that help the busy clinician regain satisfaction in their patient relationships and become much more effective in facilitating positive behavior change. Mary Ann Hodorowicz, RDN, MBA, CDCES, CEC, will guide you through a comprehensive overview of the goals, principles, strategies and spirit of PE and MI. She will provide new, practical PE and MI tools you can use with your patients the very next day, and use a variety of learning tools, including group discussion, role-playing, case studies and structured practice. This is not your ordinary "sit and listen seminar" . . . it's a conversational style "do, share and practice" interactive group workshop.

MARKETING DESCRIPTION:
Patient empowerment and motivational interviewing are *patient-centered*, evidence-based counseling strategies that are in direct contrast to the ineffective *clinician-centered* 'compliance' approach to patient counseling. PE and MI allow busy healthcare professionals to regain satisfaction in their patient relationships, and become much more effective in facilitating positive behavior change. Mary Ann Hodorowicz, RDN, MBA, CDCES, CEC, will guide attendees through a comprehensive overview of the principles, strategies and spirit of PE and MI, and just as important, provide four new, practical tools HCPs can use the every next day to begin their transformation toward PE and MI.

VALUE-ADDED PROPOSTION FOR ATTENDEES:
Each attendee receives the following PE/MI tools that I developed for individual and/or group pt counseling:

- *MNT Conversation C.A.R.D.*
- *MNT Intervention Checklists*
  - Separate checklists for each type of MNT (diabetes, weight management, HTN, hyperlipidemia, etc.)
  - Help RDNs easily employ key MI and PE tools
  - Itemize the key evidence-based nutrition practice guidelines from ADA's online Nutrition Care Manual for the specific disease state, so that the pt can select what topic she/he wants to discuss at each visit
- *B.R.I.D.G.E to MNT: Linking Key, Core Messages to Behavior Goals*
- *6 Question Patient Tool to Access Readiness to Change*
- *4 Question Patient Tool to Access Readiness to Change*
- *Worksheet to Identify Percent Empowerment and Compliance "Mix" Currently Used*
- *If Patients Could Write Poetry, This is What They'd Say (Key PE/MI Strategies for Behavior Change)*

OUTLINE:
A. Key Characteristics of Traditional Clinician-Centered *Compliance* Counseling Model
B. Key Characteristics of Pt-Centered *Empowerment* Model for Pt Behavior Change
C. How Adults Learn and Retain Information
D. How Pt *Empowerment* Model Incorporates Adult Learning/Retention Principles
E. 9 Psycho-Social Factors that are Key to Successful Pt Behavior Change (F.L.A.M.I.N.G.O.S)
F. 12 Empowerment Tools for Increasing Patient Behavior Change
   1. Need for HCP to Have S.T.R.O.N.G.E.S.T. Relationship with Pt
   2. Design Educational Interventions and Teaching Aids to be Sync with Principles of Adult Learning and Retention of Information ("F.A.P. 535" Rule)
   3. Identify Pt's "IV's": Issues and Life Variables that Influence Everything
   4. Use Motivational Interviewing Strategies: O.A.R.S. and G.R.A.C.E
   5. Ask Permission to "Tell" a Pt Anything
   6. Use Transtheoretical Model for Change in order to "Match" Interventions to Pt's Stage of Readiness
   7. Use Stimulus Control of Behavior
   8. Use Readiness to Change Ruler: Importance x Confidence = Readiness to Change
   9. Help Pt Set Own S.M.A.R.T. Goals
   10. Help Pt Identify Barriers to Behavior Change and Seek Ways to Reduce/Eliminate (Incl. Health Belief Model)
   11. Use "PE-MI Quick Guide" During Patient Visit…Lucky 7 Steps to Empowering Pts: Make Your Pt Your A.D.O.P.T.E.E.
   12. Provide Ongoing Pt S.U.P.P.O.R.T.
G. Applying Empowerment Tools in One-on-One and Group Pt Visits
H. Overcoming Clinician Challenges to Using Empowerment Tools

I. Applying Empowerment Tools in One-on-One and Group Pt Visits
J. Overcoming Clinician Challenges to Using Empowerment Tools
K. Pt Perspective: Empowerment is About the 3 R's
L. Clinician Perspective: Empowerment is About the 4 A's

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODES:

3010: Assessment Methodology
3020: Assessment of Target Groups, Populations
5000: Medical Nutrition Therapy
5460: Self-Care Management
6000: Education, Training, Counseling
6010: Behavior Change Theories, Techniques
6020: Counseling, Therapy and Facilitation Skills
6030: Education Theories and Techniques for Adults

Shared Medical Appointments: Maximizing Outcomes, Revenue and Empowerment of Patients with Diabetes

DESCRIPTON:
A shared medical appointment, also known as a group visit, is when multiple patients are seen as a group for follow-up or routine care. These visits are voluntary for patients and provide a secure but interactive setting in which patients have improved access to their physicians, the benefit of counseling with additional members of a health care team (for example, a behaviorist, nutritionist, or health educator), and can share experiences and advice with one another. Shared medical appointments can be satisfying to both the physician and the patient. They can offer an increase in the productivity and efficiency of the health care team and can enhance the patient's visit by offering a holistic and therapeutic approach.

Why do SMAs work? Many factors that can contribute to the success of group visits. Shared medical appointments:

1. Instill hope in patients by allowing them to see examples of success in managing a health issue.
2. Add universality by disconfirming the uniqueness felt by patients regarding their conditions and/or health issues.
3. Impart information and allay patient anxiety.
4. Encourage an unselfish regard for the welfare of others.
5. Promote imitative behavior and allow for positive role modeling among patient peers.
6. Offer interpersonal and cognitive learning within the group setting.
7. Provide group cohesiveness where peers can offer support among themselves.

With appropriate data and documentation, group visits are reimbursable services, even by Medicare. Group visits increase compliance, improve patient satisfaction, reduce health care expenses and significantly help physicians and mid-level practitioners financially sustain their practices. A typical scenario reveals that a MD/DO/NPP can be reimbursed on average $1000 in 1 hour of time. via billing of 10 individual patient follow-up visits in a SMA using the appropriate evaluation and management CPT code.

OBJECTIVES:
1. Name the CPT codes that physicians and mid-levels can use to bill for a shared medical appointment.
2. Name the 2 reimbursable diabetes services that educators can also provide in a SMA.
3. Name 2 of the many benefits patients realize from attending SMAs.
4. Name 2 of the many benefits physicians/mid-levels realize from providing SMAs.
5. List 3 of potential barriers of highly effective SMAs.

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODE:

7170 = Reimbursement, Coverage

Using the Chronic Care Model to Enhance the Quality of MNT and DSME and Improve Patient Outcomes

OBJECTIVES:
1. List the 3 major deficiencies in current treatments for the chronically ill.
2. Name the 6 essential components of the Chronic Care Model.
3. For each component, describe at least 3 steps to implementation.

DESCRIPTION:
Here is a shocking statistic: Less than 50% of people with chronic illness receive accepted treatments. The problem is *not* noncompliant patients, nor is it uninformed doctors. The problem lies in the fact that there are many system deficiencies in the current management of diseases such as diabetes and heart disease. These deficiencies include: rushed practitioners not following established practice guidelines; lack of care coordination; lack of active follow-up to ensure the best outcomes; and patients inadequately trained to manage their illnesses. To overcome these deficiencies experts universally recommend the use of the evidence-based Chronic Care Model (CCM). The model is a synthesis of 6 evidence-based components that have been shown to improve the quality of care and patient outcomes. Within each component are specific interventions that interact to: 1) make patients more informed and activated and 2) provide the practice team with tools for obtaining patient information, decision support and the people, equipment and time required to deliver evidence-based care and self-management support. Using diabetes care as an example, this interactive session shows how the RDN and the healthcare team can incorporate these six elements into the programs used to treat their patients (MNT, DSMES, etc.). Mary Ann will also show how and why the RDN can take the lead in incorporating these same elements into her/his larger healthcare system in order to improve quality of care and patient outcomes.

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODE:
7160 Quality Management

Newest Medicare Provisions Impacting MNT and DSME Coverage and Utilization

OBJECTIVES:
1. State the new difference between the fees for initial and follow-up MNT
2. State 2 coverage guidelines for Medicare MNT telehealth reimbursement and Medicare's newest lab criteria for diabetes MNT
3. State the newest practice settings in which MNT and DSMES are now reimbursable by Medicare

DESCRIPTION:
The task of keeping up-to-date on all the newest Medicare MNT and DSMES regulations and related beneficiary provisions is the biggest key in maximizing "R&R": referrals and reimbursement! In this session you will learn these key MNT and DSMES updates, including Medicare's new diagnostic lab criteria for the benefits, the three new CPT codes that can use with private payers, the newly approved practice settings for MNT and DSMES and much more!

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODE:
7170 Reimbursement, Coverage

Healthcare Reform Matters
Why Jump on the Medicare Bandwagon and Provide MNT and DSME?

OBJECTIVES:
1. List 4 reasons for RDN to be Medicare MNT/DSMES provider
2. List 4 reasons for RDN to bill Medicare for MNT and DSMES
3. List the 8 steps to jump start your MNT/DSMES Program reimbursement journey
4. Name 4 ways to promote MNT and DSMES programs to physicians and patients

DESCRIPTION:
Healthcare reform is a daunting prospect and RDNs will surely be affected. Components in the bills from both the U.S. Senate and House include provisions for RDNs in disease prevention programs, obesity initiatives and nutrition therapy. Don't be left behind! This presentation will highlight the numerous benefits both patients and RDNs can receive when RDNs provide Medicare MNT and DSMES, and bill for these services. What you don't provide can hurt you…especially in the new healthcare reform arena…so let's jump start this journey together!

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODES:

7170 = Reimbursement, Coverage

The Nutrition Care Process and Model: The Key to Improving Quality Care and Patient Outcomes

OBJECTIVES:
1. Identify how the steps and criteria of the Nutrition Care Process (NCP) and Model promote quality care
2. List the 4 steps in the Nutrition Care Process
3. Name 3 types of MNT outcomes

DESCRIPTION:
Prior to the adoption of this standardized Nutrition Care Process (NCP), a variety of nutrition care processes were utilized by practitioners and taught by dietetics educators. The establishment and implementation of a standardized, evidence-based Nutrition Care Process (NCP) and Model were identified as priority actions for the profession for meeting goals of the ADA Strategic Plan to "Increase demand and utilization of services provided by members" and "Empower members to compete successfully in a rapidly changing environment". Thus, a top priority for today's RDNs is to increase their depth of knowledge and expertise in using the NCP. Mary Ann knows first-hand just how steep the 'NCP learning curve' is! She draws on this experience to help attendees bulldoze their fears and quickly jump start their skill in applying the NCP quickly and easily. Just as maps are reissued when new roads are built and rivers change course, this Nutrition Care Process and Model reflects recent changes in the nutrition and health care environment. It provides dietetics professionals with the updated "road map" to follow the best path for high-quality patient/client/group-centered nutrition care.

PRIORITY CDR CPE LEARNING NEED CODES:
5390 Care Planning, Documentation, and Evaluation (Nutritional Care), 5020 Ambulatory (Care Sites)

Dynamic Business Plan for Building and Growing Your Hospital's Outpatient MNT and DSME Programs

OBJECTIVES:
1. Explain how the six goals of an outpatient facility-based medical nutrition therapy (MNT) and/or Diabetes Self-Management Education and Support (DSMES) Program perfectly support and promote the six strategic goals of any hospital or healthcare system.
2. List 8 key components of a business plan customized for a hospital-based MNT and/or DSMES Program.
3. List the key strategies for ensuring successful MNT/DSMES Medicare and private-payer reimbursement.

DESCRIPTION:
This dynamic break-out or general session talk is exactly what you need to keep up on the latest food service department trend of establishing a successful outpatient **Medical Nutrition Therapy (MNT) and/or Diabetes Self-Management Education and Support (DSMES) Programs** for your hospital. If YOUR department doesn't do it, another will, sooner rather than later. And this means that your food service budget loses thousands of reimbursement dollars from Medicare and private payers. Now is the time to make your department stand out in the market by being competitive and innovative! Don't wait any longer to service the nutrition therapy and diabetes education needs of your local community, of staff physicians' office patients, and of the patients in other hospital departments. This talk presents attendees with a turn-key, detailed business plan for establishing a successful, for-profit facility-based MNT/DSMES Program. The old saying "failing to plan is planning to fail" couldn't be more true! It is NOT a waste of time…instead, it prevents the waste of time, AND money! The key components of the business plan are customized for hospital-based programs, from the marketing plan to the financial plan to the competition analysis. This allows you to have a huge jump start on your own plan Monday morning! This business plan will not only guarantee your success, but also provide you with the recognition and profit margin you deserve and seek.

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODE:

7010 Business Plan Development

Turn Key Business Plan for Building, Maintaining and Growing a RD's Private Practice

OBJECTIVES:
1. Explain the five business models for a private practice RDN to furnish physician-referred MNT
2. List 3 reasons why a business plan is a must for a RDN's private practice.
3. List the eight key components of a business plan customized for a RDN's private practice.

DESCRIPTION:
This dynamic break-out or general session talk is exactly what you need to build your private practice from scratch or grow it to new heights! This talk presents attendees with a turn-key, detailed business plan for not only for establishing a successful, for-profit private practice, but also for being competitive and innovative. The old saying "failing to plan is planning to fail" couldn't be more true! Creating a business plan is NOT a waste of time…instead, it PREVENTS the waste of time, AND money! The key components of the business plan are customized for RDN services, from the marketing plan to the financial plan to the competition analysis. Learning the five business models for a private practice RDN to provide physician-referred MNT is a 'must' for any RDN thinking about taking the plunge. Mary Ann will also review how to write formal proposals to successfully land a wide variety of contracts in order to differentiate your products and services. This workshop will allow you to have a huge jump start on your planning Monday morning! This business plan will guarantee your success, and provide you with the recognition and profit margin you seek.

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODE:
7010 Business Plan Development

How to Develop a Successful Marketing Plan for RDs' Programs and Practices

OBJECTIVES:
1. Identify the nine key components of a successful marketing plan for RDNs' programs and/or practices
2. Identify 3 key advertising activities with high ROI
3. Identify key target markets and how to strategically influence them

DESCRIPTION:
A common myth among healthcare professionals is that if we are great at we do, those coveted referrals will come! But if our referral sources do not know who we are, or what you do, we'll lose market share steadily. Knowing how to market your nutrition program or practice is one of the keys to increasing both physician and self-referrals, and sustaining organic growth year after year. But for the majority of RDNs, their marketing budget is limited. This presentation will reveal one of the biggest secrets of successful marketing: creating a well-rounded plan that combines sales activities **with** your marketing tactics. In this lively presentation, Mary Ann will provide attendees with their own roadmap to marketing success! This is one presentation you won't want to miss!

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODE: 7120 Marketing

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Developing an Outcomes Management System: It's Easier and More Essential Than You Think!

OBJECTIVES:
1. State the four main ways MNT outcomes are classified
2. List at least six reasons why MNT outcomes are **essential** for patients, providers and payers
3. List the four major components of an effective MNT Outcomes System

DESCRIPTION:
An effective **MNT Outcomes System** is an essential component of the MNT process, but one that is often overlooked by practicing RDNs and/or their affiliated organizations. Patients and payers expect and demand a variety of positive outcomes to ensure that quality of care is maximized in a culture of limited health-care resources. Dietitians can maintain a solid position on the health-care team, attain provider status within insurance companies, and negotiate successful third-party MNT reimbursement by measuring, monitoring, managing, reporting and marketing MNT

outcomes…it's essential, and easier than you think! Mary Ann will provide you with an easy roadmap and simplified outcome tracking forms to use in any practice setting!

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODE:
7160 Quality Management

Finally! A Super Easy, Step-By-Step Guide for Making a Nutrition Diagnosis

OBJECTIVES:
1. State what is meant by "PES" in the PES Statement and the words that link the P to the E and the E to the S.
2. List the 3 domains of the Nutrition Diagnosis.
3. List the 5 classes within the intake domain (most used domain) and the 5 sub-classes.
4. State the key questions to determine if the Etiology is appropriate and if the signs/symptoms chosen are appropriate.

DESCRIPTION:
Even though many dietetics professionals currently provide nutrition care, many are not using the standardized, evidence-based Nutrition Care Process. The NCP requires the development of additional skills especially related to **Nutrition Diagnostics**. The nutrition diagnosis (ND) is the second step of the Nutrition Care Process. Mary Ann knows first-hand just how steep the ND learning curve' is from having taught it RDNs and interns across the country. She draws on this experience to help attendees bulldoze their fears and quickly jump start their skill in making the best ND quickly and easily. How? By: 1) literally dissecting the 3 component parts of the ND, or **PES Statement**…Problem, Etiology and Signs and Symptoms; 2) explaining the correct use of the standardized language in the 3 ND 'domains' and their classes and sub-classes; 3) revealing the very effective key questions to ask to write the best PES Statement, each time and every time; and 4) having the attendees practice writing the PES Statement for several patient case studies during the workshop.

NOTE:
For this talk, I developed a ***Nutrition Diagnosis Worksheet*** which simplifies the process of making a nutrition diagnosis via the patient answering a series of guided questions.

PRIORITY CDR CPE LEARNING NEED CODES:
5390 Care Planning, Documentation, and Evaluation (Nutritional Care), 5020 Ambulatory (Care Sites)

How to Implement an Advanced Quality Management Plan for a 'Best Practice' Nutrition Department

OBJECTIVES:
1. List the 3 most important benefits of an Advanced Quality Management Plan for a Clinical Nutrition Dept.
2. List the 4 categories that subdivide the components of Advanced QMP.
3. List the 4 components of the Advanced QMP in the ADA-specific category.
4. List the 2 strategies for converting clinical nutrition dreams (shelved programs and projects) into realities.

DESCRITPTION:

"Excellence is the unlimited ability to improve the quality of what you have to offer." Rick Pitino

The changing healthcare environment continues to impact how we deliver quality nutrition care. National healthcare initiatives, regulatory and professional standards, healthcare reform and the highly technological health care environment continue to drive our strategic plans and budget priorities. Thus, clinical nutrition leaders must be proactive in implementing state-of-the-art programs that ensure overall quality via system-wide improvements in their organizations. An **Advanced Quality Management Plan (QMP)** does just that. It absolutely guarantees a 'best practice' clinical nutrition department! Your policies and procedures WILL be efficient, cost-effective and results-producing on a consistent basis, allowing you to maximize key business result areas and competitiveness. To a RDN, an advanced QMP is what a saw sharpener is to a tree trimmer! Mary Ann's "**Advanced Quality Management Plan"**, which is comprised of 37 individual components in 4 categories, is consistent with ADA's scope of practice for nutrition professionals and can be customized for the RDN's practice setting. In this interactive presentation, attendees will complete their own "**Advanced QMP Checklist"** which also includes little-known and underutilized strategies for moving the shelved programs and projects out of the dream state and into the reality state! Managing quality while at

the same time increasing quantity of work IS feasible with this Advanced Quality Management Plan; it is not simply "fluff"…it is THE "stuff" that ensures a best practice!

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODE:
7160 Quality Management

T.A.P. Your Way to Extraordinary Success: 15 Traits, Attitudes and Practices of Accomplished Professionals

OBJECTIVES:

1. Knowing that success is about getting what you NEED, and not about getting EVERYTHING, state what you need into to be successful in your professional life and personal life.
2. List 4 **T**RAITS of highly successful people that you want to now develop in your own life.
3. List 4 **A**TTITUDES of highly successful people that you want to now embrace.
4. List 4 **P**RACTICES of highly successful people that you now know will help YOU achieve success.

DESCRIPTION:
People can be put into 1 of 3 categories: those who make things happen, those who wait for things to happen, and those who wonder what happened. Sadly, the research reveals that the vast majority, some 85%, fall into the last two categories. Ask yourself: "Do I feel trapped in an "ordinary" career or personal relationship, when I know in my heart I'm capable of much, much more"? If the answer is yes, accept Mary Ann's invitation to a total make-over of your **T**raits, **A**ttitudes and **P**ractices so that they are in line with the **T.A.P.'s** of highly successful people. This make-over comes complete with your own "**T.A.P. into Success Checklist**" guaranteed to super-charge your career, goal achievement, leadership skills and your relationships. This is a "show and tell and apply" presentation: real objects are used to drive home the **T.A.P.'s** of highly successful people, along with true life examples. People who enjoy real success are NOT the most educated, the most dedicated, the hardest workers, nor are they slaves to personal relationships. They simply discovered and embrace the **T**raits, **A**ttitudes and **P**ractices that naturally lead to success!

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODE:
1070 Leadership, Critical and Strategic Thinking

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6 Super Star Metrics for MNT and DSME Programs: How Revenue is Only 1/6 of the Programs' True Value!

OBJECTIVES:

1. List the "Six Super Star Metrics" for evaluating the performance and value of medical nutrition therapy (MNT) and diabetes self-management education and support (DSMES) Programs
2. List the 7 main goals of MNT and DSMES Programs
3. List the 7 main strategic goals of hospitals/clinics
4. List at least one customized metric (Financial, Quality, Process/Operations, Customers/Marketing, Clinical, Professional Development) for each Program goal that is used to evaluate Program performance

DESCRIPTION:
FINALLY, the time has come to stop worrying about whether administration will cut your Medical Nutrition Therapy (MNT) and/or Diabetes Self-Management Education and Support (DSMES) Programs for lack of revenue! Money doesn't buy happiness, nor should revenue be the ONLY factor that makes or breaks your MNT and DSMES Programs' success!
The "**Six Super Star Metrics"** are a collection of balanced measures (metrics) to evaluate the viability and sustainability of your clinical programs: **Financial, Quality, Process (Operations), Customers + Marketing, Clinical and Professional Development…**note that only one is financial! Mary Ann will give you a great matrix that demonstrates the value of your Programs by showing how the 7 main **Program goals** significantly help your hospital/clinic to meet its 7 main **strategic goals**. Then, she will show you how to customize the **objectives** for each of the Programs' 7 main goals into one or more "super star metrics". These metrics are used by dietitians to easily evaluate Program performance…that is, whether the Programs' goals have been met. This very balanced, comprehensive approach to Program evaluation is used by gurus in 'best practices' in several types of industries. Now, it can be successfully used by RDNs, thanks to Mary Ann's tweaking of this evaluation system!

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODE:
7160, Quality Management

Implementing Diabetes Standards of Care in Nursing Facilities: Dual Training and Education Approach for Staff and Residents

OBJECTIVES:
1. Name 5 of the 8 recommendations on diabetes mellitus (DM) care of older adults, per American Diabetes/ Association's Standards of Medical Care for Diabetes, 2008 (SMCD)
2. State target pre- and post-meal BG goals for all adults with DM, and A1C
3. List 10 major body parts at risk for serious complications when BG not WNL
4. Name top 10 meal planning tips to help control BG, BP and cholesterol
5. Explain why residents with DM to have routine BG monitoring in nursing homes
6. List the 6 major goals of residents with DM on tube feeding enteral nutrition

DESCRIPTION:
Diabetes mellitus (DM) is epidemic among older Americans. Approximately one-half of people with DM are 65 years old or older, with many being residents in nursing facilities What we know for sure is that DM is often unrecognized and under-treated in this population. Older adults with diabetes are simply NOT receiving adequate care to control ABC's of diabetes: A1C, blood pressure and cholesterol, while at the same time research has shown that diabetes complication prevention and control IS possible in the nursing home facilities. This presentation reviews the standards of care for older people with DM, and introduces a unique approach to meeting the standards called "It Takes Two": dual training of staff and residents on diabetes care that correlates with the new nursing home culture and meets the special and individualized needs of the residents.

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODES:

3010: Assessment Methodology
3020: Assessment of Target Groups, Populations
5000: Medical Nutrition Therapy
5460: Self-Care Management
6000: Education, Training, Counseling
6010: Behavior Change Theories, Techniques
6020: Counseling, Therapy and Facilitation Skills
6030: Education Theories and Techniques for Adults

"Critical Connections" to Advance the RD's Career & Profession: Performace, Advocacy, Competency and Expertise Sharing

OBJECTIVES:
1. List 4 required "ingredients" for leadership, nutrition practice advancement and active pursuit of ADA public policies, all of which will positively shaping future of dietetics practice (hint: summarized in acronym P.A.C.E.)
2. Explain what grassroots advocacy is
3. Name 3 tools RDN can use to be grassroots advocate for dietetics profession from ADA, affiliate dietetic associations and DPGs
4. Name 3 public policy initiatives the ADA is working on now

DESCRIPTION:
In the field of nutrition, what exactly "does it take" for RDNs to advance their job, their career and their profession? How can RDNs be leaders in nutrition and healthcare, skillfully advance state-of-the-art nutrition practices and also advance ADA's public policy issues?" This presentation will outline "what it takes", which is four elements: **Performance, Advocacy, Competency and Expertise Sharing, or "P.A.C.E."** This talk will also provide a detailed overview of ADA's advocacy goals and how the ADA strategically and proactively targets several key public policy areas which have the greatest potential for improving the health status of Americans and for offering the greatest opportunities for the members of our profession. The speaker will show how and why it is critical for RDNs to become grassroots advocates for nutrition-related legislation at both the state and federal level. And last, the audience will be presented with a list of advocacy tools readily available by the ADA, its state affiliates and DPGs, and also shown examples of how use of these tools have led to the passage of federal laws that have strengthened nutrition, such as Medicare MNT. It's a jungle out there…and it's time to **"Embrace P.A.C.E."**.

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODES:

OBJECTIVES:

1. Explain the five business models for a private practice RDN to furnish physician-referred MNT
2. List 3 reasons why a business plan is a must for a RDN's private practice.
3. List the eight key components of a business plan customized for a RDN's private practice.

DESCRIPTION:

This dynamic break-out or general session talk is exactly what you need to build your private practice from scratch or grow it to new heights! This talk presents attendees with a turn-key, detailed business plan for not only for establishing a successful, for-profit private practice, but also for being competitive and innovative. The old saying "failing to plan is planning to fail" couldn't be more true! Creating a business plan is NOT a waste of time…instead, it PREVENTS the waste of time, AND money! The key components of the business plan are customized for RDN services, from the marketing plan to the financial plan to the competition analysis. Learning the five business models for a private practice RDN to provide physician-referred MNT is a 'must' for any RDN thinking about taking the plunge. Mary Ann will also review how to write formal proposals to successfully land a wide variety of contracts in order to differentiate your products and services. This workshop will allow you to have a huge jump start on your planning Monday morning! This business plan will guarantee your success, and provide you with the recognition and profit margin you seek.

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODE:

7010 Business Plan Development

Business Plan for Implementing a MNT Program or RD's Private Practice

OBJECTIVES:

1. Explain the five business models for a private practice RDN to furnish physician-referred MNT
2. List 3 reasons why a business plan is a must for a RDN's private practice.
3. List the eight key components of a business plan customized for a RDN's private practice.

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PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODE:

7010 Business Plan Development

Make Patients Your A.D.O.P.T.E.E.S.: Ready-to-Go Empowerment and Motivational Interviewing and Adult Learning Tools

Benefits of Using Empowerment and Motivational Interviewing Spell F.L.A.M.I.N.G.O.S.

F = Fast tracks fun factor for HCP and pt
L = Lessens work for HCP
A = Appropriately shifts the work and responsibility for change to pt, where it *belongs*
M = Maximizes outcomes: pt, physician, payer, HCP
I = Increases physician and self-referrals
N = Negotiating skills enhanced for HCP
G = Garnishes more pt visits, less no shows, etc.
O = Optimizes revenue: payer and pt out-of-pocket payment
S = Strengthens pt relationship….and job security

OBJECTIVES:

1. Name 3 key differences between effective patient empowerment counseling and ineffective compliance counseling.
2. List 8 of the 24 patient empowerment/motivational interviewing tools healthcare professionals can use to change patients' behavior (A.D.O.P.T.E.E.S.)
3. Name the one MOST important empowerment tool for changing patients' behavior.

DETAILED DESCRIPTION:
The successful management of many common chronic medical conditions is almost entirely related to modifiable health behaviors. The million dollar question asked by healthcare professionals everywhere: "How can I get my patients to change their behavior?" The solid-gold answer: by incorporating patient empowerment (PE) and motivational interviewing (MI) tools. PE and MI are new alternatives to the outdated, and ineffective 'compliance' approach to patient care, and foster a collaborative relationship between clinicians and clients. PE and MI are 'can-do' and 'no-blame' evidence-based counseling methods that help the busy clinician regain satisfaction in their patient relationships and become much more effective in facilitating positive behavior change. Mary Ann Hodorowicz, RDN, MBA, CDCES, CEC, will guide you through a comprehensive overview of the goals, principles, strategies and spirit of PE and MI. She will provide new, practical PE and MI tools you can use with your patients the very next day, and use a variety of learning tools, including group discussion, role-playing, case studies and structured practice. This is not your ordinary "sit and listen seminar" . . . it's a conversational style "do, share and practice" interactive group workshop.

MARKETING DESCRIPTION:
The successful management of chronic conditions is almost entirely related to modifiable health behaviors. The big question is "How can I get my patients to change their behavior?" The answer: by incorporating patient empowerment and motivational interviewing tools. PE and MI are patient-centered, evidence-based counseling methods that are alternatives to the ineffective 'compliance' approach and foster strong collaborative relationships between clinicians and clients. Over twenty practical PE-MI tools are reviewed that can used the next day. With interactive group discussion, role-playing and case studies, attendees will not "sit and listen, but "do, share and practice" in this hands-on workshop.

OUTLINE:
A. Comparing Traditional Ineffective "Clinician-Centered" Compliance Model and Very Effective "Patient-Centered" Empowerment Model for Behavior Change
B. Measuring What Percent of Your Counseling is Empowerment and What Percent is Compliance
    1. Worksheet to Identify Your Percent "Mix" of Empowerment and Compliance Currently Used
C. Why it is a Challenge to Change from Compliance to Empowerment Counseling
D. How Adults Learn and Retain Information
    1. What "Patient-Centered" Counseling Means
    2. Patient-Centered Counseling in Chronic Care Model
    3. Patients Learn and Retain 90% of What They "Say" and "Do" (Not "Hear" and "See")
    4. Importance of "3-Dimensionalizing" Your Counseling (Using Fun, Homemade 3-D Teaching Aids that Patients Can Touch, Hold and/or Smell)
    5. Demonstration of Mary Ann's Actual 3-D Aids
    6. Importance of Using Fun Teaching Acronyms and Memory Aids
    7. Demonstration of Mary Ann's Teaching Acronyms and Memory Aids
E. Total of 24 Ready-to-Go, easy Motivational Interviewing/Empowerment (MI/PE) Tools for Increasing Patient Behavior Change using Acronym "A.D.O.P.T.E.E.S."
F. Applying MI/PE Tools in One-on-One and Group Patient Visits
G. VALUE-ADDED PROPOSTION FOR ATTENDEES:
    1. MNT-DSMES Conversation C.A.R.D.
    2. MNT-DSMES Intervention Checklists
    3. B.R.I.D.G.E to MNT: Linking Key, Core Messages to Behavior Goals
    4. Six Question Patient Tool to Access Readiness to Change for ADCES7 Self-Care Behaviors
    5. To Summarize: If Patients Could Write Poetry, This is What They'd Say: Key PE/MI Tools for Behavior Change…15 Fun Poems We All Will Read Together!

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODES:

3010: Assessment Methodology
3020: Assessment of Target Groups, Populations
5000: Medical Nutrition Therapy
5460: Self-Care Management
6000: Education, Training, Counseling
6010: Behavior Change Theories, Techniques
6020: Counseling, Therapy and Facilitation Skills
6030: Education Theories and Techniques for Adults

Maximizing Payer Reimbursement for RD-Provided Weight Management MNT and Nutrition Counseling

OBJECTIVES:

1. Describe how RDNs can determine the specific reimbursement policies within healthcare plans for RDN-provided weight management services, and summarize the policies already in existence among major payers in the U.S.
2. List the proven keys for increasing private payer reimbursement success for RDN-provided services in weight management.
3. Name 2 of the 6 provisions in the new federal "*Affordable Care Act*" (new healthcare reform act) that specifically refer to RDNs as reimbursable providers of MNT/nutrition services, and how dietitians can advocate for improved coverage and reimbursement.

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MARKETNG DESCRIPTION:

This jammed-packed and dynamic presentation is exactly what RDNs have been looking for, and what they need to know to pocket those elusive private payer dollars for weight management nutrition counseling and MNT! Highlights of this talk include a review of the newest coverage policies in major health plans for RD services in weight disorders, how RDNs can determine payment policies for weight management services and the proven keys for increasing private payer reimbursement success (including the best CPT® and ICD-9® codes to use, and an example of a customized referral form). Bonus: Mary Ann will summarize the numerous and *very positive provisions* in the new federal *Affordable Care Act* (new healthcare reform law) that directly impact coverage of RD services by state, federal and private payers, so you can start preparing now to increase your Medicare dollars!

OUTLINE:

1. The significant differences in coverage of RD services among major private payers

A. The newest coverage policies approved for RD-provided weight management services in select health plans
   - Diseases/disorders covered: obesity, overweight and abnormal weight gain

B. How RDs can determine payment policies in health plans for weight management services

C. RDs working in physician offices:
   - Three types of successful business models
   - Options for what NPI# to bill under (RDN's or physician's)

D. The proven keys for increasing private payer reimbursement success for weight management services:
   1. Steps to becoming in-network provider
   2. Need-to-know issues for billing as out-of network provider
   3. Most appropriate (and successful) CPT® procedure codes to use
      a. MNT CPT® codes
      b. Patient education and self-management training by qualified non-physician practitioner CPT® codes

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      1. HCPCS® "S" codes
      2. Billing with physicians' evaluation and management CPT® codes under RD's NPI# as separate service
      3. Billing with physicians' evaluation and management CPT® codes under physician's NPI# as "incident-to-physician's services"

E. ICD-9® diagnosis codes to avoid and those that DO increase reimbursement for wt management nutrition services

F. Example of customized, turn-key *Dietitian Referral Form* to give to physician offices

G. The coverage guidelines for RD nutrition services that can be and are defined by private payers
   1. Example of coding and claim requirements from an actual private payer for RD nutrition services

H. The newest legislative efforts by ADA to increase reimbursement for RD nutrition services
   - Includes seeking expansion of Medicare MNT benefit to include weight management

I. The six provisions in the new federal "Affordable Care Act" (new health care reform law): that specifically refer to RDs as reimbursable providers of MNT/nutrition services:
   - *Medicare Preventive Services* (MNT is referenced)
   - *Annual Wellness Visit*
     a. RDNs listed as providers for screening and counseling
   - *Home Health Demonstration Program*
     a. Provides direct, home-based care; RDs listed as possible providers
   - *Medical Homes*
     a. Medicaid plans: Allows for medical home waivers for state-coordinated programs that focus on treatment and prevention of diabetes, and cardiovascular disease and for treatment of those considered overweight
     b. Nutritionists listed among providers under program, allowing for inclusion of RDNs
   - *Child Obesity Demonstration Project*
     a. Aimed at reducing childhood obesity in community- based settings, schools and through educational, counseling and training
   - *Coordinated Care through Health Homes for Chronic Conditions*
     a. Focuses on treatment programs for those considered overweight, for diabetes treatment and prevention; asthma; mental health disorders; substance abuse; and cardiovascular disease
     b. "Nutritionists" listed among health care professional team who can provide services

c. ADA encouraging CMS to strengthen language to replace “nutritionist” with “Registered Dietitian” or “nutrition professional”
- ADA’s specific recommendations/positions on federal healthcare initiatives that directly impact reimbursement for RDN nutrition and weight management services.
- How RDNs can advocate for improved coverage and reimbursement at the state and federal level.

PRIORITY CDR (COMMISSION ON DIETETIC REGISTRATION) CPE LEARNING NEED CODE:
7170 = Reimbursement, Coverage

Empowering Patients with Diabetes To Eat Healthy for Life!

Many diseases, especially diabetes, are primarily “self-managed illnesses”. Decisions most affecting the health and well being of patients, such as nutrition and exercise, are made by the patients themselves, in collaboration with healthcare professionals (HCPs). To help clients learn and adopt these numerous lifestyle changes we must integrate our clinical expertise with the concerns, priorities and resources of the patient. In this interactive program, you will come away with specific behavioral strategies to help your clients more easily make and maintain positive food behavior changes. These highly effective strategies have their roots in the patient empowerment counseling model. The new “empowerment” paradigm involves a fundamental redefinition of roles and relationships of health care professionals and patients. In this model, 99% of the care provided to patients with self-managed illnesses is provided BY the patient. This presentation will explain the core principles of patient empowerment and introduces an easy acronym HCPs can use to apply the principles directly in the client’s nutrition session: make your patient your “A.D.O.P.T.E.E.”.

OBJECTIVES:
1. List the 4 categories of behavior change barriers and 2 examples within each.
2. Explain the main differences between the pt empowerment model and compliance model for delivering DSMES.
3. Describe the four key communication techniques to promote positive behavior change
4. Name the 7 steps for empowering pts to make positive eating changes (hint: make your pt your ‘A.D.O.P.T.E.E.’).

Competency Codes for RDNs:

3010: Assessment Methodology	6000: Education, Training, Counseling
3020: Assessment of Target Groups, Populations	6010: Behavior Change Theories, Techniques
5000: Medical Nutrition Therapy	6020: Counseling, Therapy and Facilitation Skills
5460: Self-Care Management	6030: Education Theories and Techniques for Adults

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T.A.P. Your Way to Extraordinary Success: 15 Traits, Attitudes and Practices of Accomplished Professionals

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OBJECTIVES:
1. Knowing that success is about getting what you NEED, and not about getting EVERYTHING, state what you need into to be successful in your professional life and personal life.
2. List 4 TRAITS of highly successful people that you want to now develop in your own life.
3. List 4 ATTITUDES of highly successful people that you want to now embrace.
4. List 4 PRACTICES of highly successful people that you now know will help YOU achieve success.

Competency Codes for RDNs:
1070 Leadership, Critical and Strategic Thinking

Medicare's Intensive Behavioral Counseling for Obesity Benefit: Addressing the Obesity Among Medicare Beneficiaries

The Centers for Medicare & Medicaid Services (CMS) recognizes the crucial role that health care providers play in educating Medicare beneficiaries about potentially life-saving preventive services and screenings, and in providing these services**.** With Medicare's new Intensive Behavioral Therapy (IBT) for Obesity benefit, health care professionals (physicians, physician extenders, registered dietitians, and RNs) can help their Medicare patients understand the importance of obesity detection, and lifestyle modifications to promote sustained weight loss through high intensity interventions on diet and exercise. This presentation will outline all aspects of the benefit: patient and provider eligibility for obesity screening and for furnishing the benefit, the 5A approach to obesity behavior therapy adopted by the United States Preventive Services Task Force (USPSTF), all claims coding and coverage requirements, approved places of service, and the different types of business models for non-physician practitioners to contract with physicians and physician extenders for furnishing the benefit, and clinical aspects of the benefit in order to maximize both behavioral and clinical outcomes.

Education Level of Presentation:

- Level 1-Assumes little knowledge of the subject with the goal of increasing knowledge
- **Level 2-Assumes general knowledge of subject with goal to increase knowledge and application**
- Level 3-Assumes thorough knowledge of the literature and practice with the goal of synthesis of recent advances and future directions

Target Audience: Healthcare professionals and healthcare entities that screen, treat and manage obese Medicare beneficiaries, plus billers, claim coders, finance personnel, administrative personnel, and CMS and other quality improvement organizations.

Recent or Relevant Speaking Experience: I have given multiple CEU programs on this topic to healthcare professionals of all types on behalf of Pesi Healthcare (national medical CEU company), for state affiliates of the Academy of Nutrition and Dietetics, American Association of Diabetes Educators, the National Community Pharmacy Association, the Delmarva Foundation (a Medicare quality improvement organization), and other healthcare organizations and associations. Please refer to my curriculum vitae sent under separate cover.

Objectives:

1. Name the 3 basic services of the intensive behavior therapy (IBT) Medicare benefit.
2. State the frequency of beneficiary visits in the: first month, months 2-6, months 7-12.
3. State 3 of requirements the RDN/RN must meet for IBT benefit to be billed as incident to physician's services".

Outline:

A. Three Basic Services of the IBT Benefit (Effective November 29, 2011)
B. Allowed and Excluded Practice Settings and Unique Requirements within Each
C. Primary Care Providers Who Can Order Benefit and Practitioners Who Can Furnish Benefit
D. Barriers to Addressing Obesity by PCPs and How Barriers Can Be Overcome (2) (3)
   A. PCP Referral Requirements
   B. Summary of Key Evidence-Based Weight Intervention Studies and Proven
   C. Beneficiary Entitlement and Eligibility
   D. Individual vs Group, Visit Frequency Limits, Overriding Limits and Telehealth IBT for Obesity
   E. Delivery Framework Recommended: "5-A Framework"
   F. "Incident To Physician Billing" Requirements and Types of Claim Forms
   G. Claims Coding (Procedure Code and ICD9 Diagnosis Codes) and Current Medicare Reimbursement Rates (National and Geographically Adjusted)
   H. Private Payer Reimbursement for IBT as Result of Medicare Benefit
   I. Tips for RDN and RN to Promote Self to Furnish Benefit in PCP Office: The 7 P's of Service Marketing
   J. Business Models for RDNs and RNs to Furnish Benefit in Primary Care Settings
   K. Documentation Requirements and Outcomes Monitoring
   L. Clinical Recommendations to Ensure Positive Behavioral and Clinical Outcomes for Obesity IBT
   M. Common Obesity-Related Disorders to Assess For, and Evidence-Based Indicators
   N. Practice Resources for RDNs and RNs for Effective Obesity Counseling

Reimbursement for the Expanded Model of the Medicare Diabetes Prevention Program (DPP):

PRE-COVID RULES AND CMS' CURRENT PHE WAIVERS

The Medicare Diabetes Prevention Program (MDPP) Expanded Model is a structured intervention with goal of preventing T2 diabetes in individuals with indication of prediabetes. The primary goal of expanded MDPP model: ≥5% weight loss by participants. The National DPP based on results of Diabetes Prevention Program (DPP) study funded by National Institutes of Health (NIH). The Study found: lifestyle changes resulting in modest weight loss sharply reduced development of T2 diabetes in people at high risk for T2 DM. This presentation rviews all the pre-covid Medicare reimbursement rules PLUS the newest and current covid public health emergency rules (ide-by-sid for asier understanding). The categories of these rules are summarized here and are reviewed in detailed (= outline of this talk):

P	**P**lan to weigh benes virtually if needed (must use certain methods) **P**rogram coordinator to be appointed
R	**R**ecognition of MDPP from CDC to bill Medicare (Pending, then Preliminary, then Full): **R**equirements
E	**E**liminate second year of MDPP if desired (= Ongoing Maintenance Phase)
V	**V**irtual classes for whole MDPP are now approved
E	**E**nrollment of MDPP Supplier into Medicare in order to bill Medicare
N	**N**o more ≥5% weight loss requirement for bene coverage in certain MDPP phases
T	**T**raining of Lifestyle Coaches according to CDC guidelines (initial and every year)
D	**D**ata submission to CDC by MDPP supplier on regular basis (data on participants)
I	**I**ncentives by supplier are allowed to engage benes and motivate them to stay in MDPP
A	**A**ttendance requirements are met for bene coverage in select phases of MDPP and reimbursement
B	**B**ene attendance and weight loss goals can be met in virtual sessions
E	**E**nrollment fee for Medicare by MDPP supplier (waived per PHE)
T	**T**ake on the Corrective Action Plan (CAP) if Medicare MDPP enrollment application is denied
E	**E**nrollment fingerprinting for MDPP suppliers (waived per PHE)
S	**S**essions in your MDPP are furnished according to CDC recognition guidelines (# and group setting)

Learning Objectives:

1. State the 3 level of recognition for a Diabetes Prevention Program (DPP) from the CDC.
2. State the phases of the Medicare DPP pre-covid and currently; explain what has changed.
3. Explain the current MDPP reimbursement rules with regard to virtual visits.
4. State what has changed regarding the ≥5% weight loss goal in 2022 an how beneficiaries can now be weighed in not in-person.
5. State what the beneficiary attendance requirements are for coverage in the 3 phases phases of the MDPP.
6. Explain CDC's requirements for Lifestyle Coaches in he DPP and MDPP.
7. State the eligibility requirements for Medicare beneficiaries to start the MDPP, and how they differ from the CDC participant eligibility requirements.
8. Explain the CMS requirements to become a MDPP "supplier" and thus be able to bill Medicare.

9. Review how Medicare reimburses suppliers for the MDPP.

Nutrition Interventions to Increase Glucose Time in Target Range

Glucose time in range (TIR) is the amount of time a person with diabetes (PWD) spends in their target blood glucose (BG) range….usually between 70 and 180 mg/dL for most PWDs. The TIR method works with CGM data by looking at the amount of time the BG has been in the target range and the times the glucose has been high (hyperglycemia) or also low (hypoglycemia). There are over 12 key nutrition interventions to increase TIR which are reviewed in detail in this webinar. Also reviewed is how to do "pattern management" for PWD when their BG values show a "pattern' of too high or too low. Mary Ann included her "A-B-C's" of Diabetes Management" to use as handy summary with your PWDs.

Learning Objectives:
1. Define the new clinical outcomes beyond A1c or PWDs (TIR, coefficient of variability, AGP)
2. State the effect of high fat, high protein, high carbohydrate and high fiber meals on post-meal blood glucose (time above and time below target range).
3. Describe how the timing of meals/snacks effects BG variability.
4. Describe the effect of when meal components are eaten during the meal on post-meal BG.
5. State the risk of consuming alcoholic beverages for the insulin-using PWD.

Competency Codes for RDNs:

10.1.1 Identifies and selects valid and reliable screening tool(s) to obtain and verify relevant data in support of nutrition assessment
10.2.3 Analyzes and synthesizes the assessment data to identify nutrition problems following the Standards of Practice in Nutrition Care for RDNs.
10.2.4 Integrates foundational dietetics knowledge with critical appraisal of assessment data to diagnose nutrition problems (using problem solving, etiology, signs and symptoms [PES] statements), which can be resolved or improved through treatment or nutrition intervention.
10.2.11 Monitors, identifies and adjusts the intervention based on patient progress in meeting established goals.

Strategies to Prepare and Give Dynamic Presentations

A presentation is a critical business tool. Whether your communication goal is to persuade, sell, or inspire, effective presentation skills are what will differentiate you from your competitors Think of it as the jewel in your crown. When properly executed, your presentation will make you stand out. Your audience will view you as a prepared, informed, and confident public speaker. This workshop will give participants some presentation skills that will make speaking in public less terrifying and more enjoyable. This workshop includes topics that participants can look forward to, including how to create a compelling presentation using various types of visual aids that will engage their audience.

Learning Objectives:
1. State the 3 purposes of giving presentation.
2. List 4 strategies used to prepare a dynamic and effective presentation.
3. List 2 strategies summarized in the word D.Y.N.A.M.I.C. that are key to giving dynamic presentations.
4. List 6 strategies summarized in the word P.R.E.S.E.N.T.A.T.I.O.N.S that are key to giving dynamic presentations.
5. Name the 3 ways to nimbly handle those who disagree with you.
6. State one of the simplest things a speaker can do to enhance her/his impact on the audience (hint: part of the human anatomy).
7. Explain what is meant by the "power of the doodle".
8. Name some of "podium problems" that can distract and annoy the audience.
9. Name the causes of speaking anxiety.
10. Name ways to reduce podium panic and speaker anxiety.

All About the Medicare Remote Patient Monitoring (RPM) Benefit: Benefits, Reimbursement and Strategies for Success

This timely webinar will review in DETAIL the VERY latest Medicare reimbursement rules for the Medicare remote patient monitoring benfit that RDNs and CDCEs can n***ow furnish in all practice settings*** for patients with diabetes, obesity, HTN, and other chronic diseases. Four separate RPM procedure codes are billable by providers for: 1) patient care training on RPM; 2) RPM device supply; 3) 20 minutes per month of remote patient care management activities without the patient present and interactive communication with the patient via telephone calls, emails, MyChart, etc.; 4) additional 20 minutes in the same month of the same. CMS COVID-19 waivers are also reviewed which make this benefit a key way to enhance the value of RDNs and DCES!

Learning Objectives:

1. Name the healthcare professionals who can direct bill Medicare for remote patient monitoring (RPM).
1. Name the healthcare professionals who can furnish (render) Medicare RPM.
2. Explain the type of RPM device that must be used.
3. Explain the activities that can be counted toward the 20 minutes of RPM time for codes 99457 and 99458.
4. Explain the CMS COVID-19 waivers for the RPM benefit that remove or ease many of the reimbursement.

SELF-MOTIVATION FOR HEALTHCARE PROFESSIONALS: JET FUEL FOR SUCCESS! HOW TO GET IT AND HOW TO KEEP IT!

No matter what a person wants to do in life requires self-motivation. We can all ask ourselves (and our patients, if we are in healthcare) "*Am I motivated to achieve what I really want in life'?* Wanting to do something and motivating ourselves to actually do it are two different things. So, what's the difference between those who never reach their goals, year after year, and those who achieve one goal after another? It's their self-motivation. This presentation will "edu-tain" you with a review of the key traits, attitudes and practices that guarantee self-motivation, all summarized in the acronym ***R.E.A.C.H. F.O.R. M.O.R.E.*** Let the force be with you…that which keeps pushing us to achieve and keep moving forward!

Learning Objectives and Outline:

1. Determine your own degree of self-motivation with a short quiz.
2. Name the 4 factors necessary to build the strongest levels of self-motivation.
3. Name 3 ways to apply the 'power of positive thinking'.
4. Name 3 ways to improve your self-confidence.
5. Name some of the characteristics of smart goals, according to Locke's goal setting theory.
6. Name 6 of the proven ways to get motivated and stay motivated to reach a goal that are summarized in the acronym ***R.E.A.C.H. F.O.R. M.O.R.E.***

A *SUCCESSFUL RDN's BUSINESS and BUSINESS ETHICS: YOU CAN'T HAVE ONE WTHOUT THE OTHER!*

RDNs are required to earn at least 1 CEU on ethics each year to maintain her/his registration wigh the Commission on Dietetic Registration. This presentaion meets this requirement.

OUTLINE:

1. What EXACTLY business ethics are
2. Why SPECIFICALLY business ethics for he RDN practice are important, spells ***E.A.S.Y. P.E.A.S.S.E.Y.***

E	***Ethics***
A	***And***
S	***Skill***
Y	***Yields***
P	***Planned***
E	***Expertise of RDN***
A	***And***
S	***Self-Satisfaction that is***
S	***Sustained***

E	***Every***
Y	***Year***

3. The 12 key principles of business ethics
4. The 4 objectives of business ethics
5. The benefits that an ethical, moral business reaps for the RDN in business
6. How solid business ehtics affects your financial bottom line
7. Examples of UNETHICAL behaviors in an RDN consulitng business spell ***S.U.P.E.R . U.N.E.T.H.I.C.A.L.***

S	**Slander/gossip in the workplace**
U	**Using social media to criticize clients or employees when you have a gripe with them** **Under paying employees based on race, sex, religion, etc.**
P	**Padding expense reports and time sheets**
E	**Engaging in dsrespectual behavior toward employees**
R	**Receiving gifts or kickbacks from vendors for their business**
U	**Using a client's proprietory information to gian favor with another client**
N	**Not adhering to timline agreed upon in contract for getting the work done**
E	**Exagerating your skills**
T	**Treating some clients better than others based on payment rates**
H	**Having someone else complete the work without the approval of the client**
I	**Ignoring parts of your client contract for reasons that only benefit you**
C	**Copying the work of others without asking permission**
A	**Approving actions of the client even when you kow they are wrong so as not to lose their business**
L	**Lying on state and federal tax returns (i.e., under-reporting your annual income)**

Competency Codes for RDNs:

1.1 Identifies with and adheres to the code of ethics for the profession.
1.2 Works within personal and professional limitations and abilities.
1.2.1 Identifies and takes the appropriate steps to maintain and enhance competence.
1.2.2 Identifies the knowledge and skills required to provide service.
1.2.3 Refers customer to the appropriate professional and/or service provider when needs are beyond personal or professional scope of practice.
1.2.6 Anticipates and manages the potential outcomes of own actions or the actions of others.
1.3.2 Recognizes the strengths and limitations of a customer.
1.5 Adheres to and models professional obligations defined in legislation, standards and organization policies

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Condensed Bio:

Mary Ann Hodorowicz, RDN, MBA, CDCES, CEC, is a Licensed Registered Dietitian Nutritionist and certified diabetes care and education specialist, and earned her MBA with a focus on marketing. She is also a Certified Endocrinology Coder and owns a private practice in Palos Heights, IL., specializing in corporate and business clients and RDNs and CDCESs starting practices. She is a consultant, professional speaker, trainer, and author for the health, food, and pharmaceutical industries in nutrition, wellness, diabetes, and Medicare and private insurance reimbursement. Her clients include healthcare entities, professional membership associations, pharmacies, medical CEU education, government agencies, and food and pharmaceutical companies. She has volunteered in numerous capacities for the Academy of Nutrition and Dietetics, the CDC, ADA and the Association of Diabetes Care and Education Specialists, including serving on the ADCES Board of Directors from 2013 – 2015, and chairing its Advanced Practice Community of Interest in 2016. Mary Ann won the award for *excellence in diabetes practice* from the Academy of Nutrition and Dietetics in 2022.

RECENT ATTENDEE EVALUATIONS OF MARY ANN'S TALKS

- I want more!! Excellent!!
- Great info-much needed. The whole conference could have focused on this.
- Loved the detail!
- Very good-really knows her info.
- Good presentation on a very hard topic.
- WOW! Great info.
- Thorough. Great handouts. Lots of work from speaker---thanks.
- Wow---very impressive and helpful!
- Great speaker-high content-but I took a few things back to check with our program coordinator-we're up to speed.

- Awesome speaker, humorous.
- Excellent!!
- Great speaker!! I learned valuable info about reimbursement even with it being a difficult subject to teach.
- Acrobatic effort to complete.
- Great explanations of information, especially considering the complexity.
- It is a confusing topic, but she made it as down to earth as possible.
- This section needs to have more time! Should be 2 hours at least!
- A terrible topic-presented very well (necessary evil).
- Awesome! Could we have this on CD?
- Fantastic!!
- Extremely well informed.
- Excellent speaker for such a complex subject, best speaker of the program.
- Learned a lot of new information! Thanks!
- Speaker is a great detail person. She needs to run for president!
- Thanks for getting this speaker!
- Great style and content delivery thank you!
- Unbelievable.
- Good info very much to think about.
- For such a complex, dry topic, she made this fun to learn. Have her again! Very good job!!
- Very informative and useful!
- Very interesting and applicable info
- Very good and helpful info, thank you; it would be helpful if we spent a bit more time on the latter part of the presentation over the differences between empowerment vs. compliance
- Very good speaker
- Phenomenal, very interesting, applicable to so many situations
- Lot of new techniques can be applied on my counseling sessions, motivates me to change
- Excellent---would like more info on books to read, etc.…
- Mary Ann your presentation was awesome. You made me proud to be a dietitian. It was creative how you presented a boring topic. Great for the RN's to see exactly what we do also. Very impressive.
- Hi Mary Ann, I truly enjoyed your presentation at the ADA conference this past weekend. I could sit and listen to you all day. I am hoping that you are able to come back and present at another time.
- Hi Mary Ann! I was in both your lectures yesterday at the MDA annual conference (the woman that you spoke with before you went into the meeting room). You did an amazing job!! Thank you!
  I am an "oldie but goodie" too so it felt good that you had such a command of the audience, in both groups, (even with tech difficulties!) as I thought experience brings power. Great job!
- Thank you SO much for giving valuable information while keeping us entertained at the end of the MDA conference last week. FABULOUS job.
- Your tools are so user friendly, yet client oriented! I need all the help I can get, but this annual meeting was great for where I am headed! Keep having fun!
- I attended your presentation on reimbursement Wednesday night, at CDA*, and it was fabulous!!! I learned so much for you. You are a fantastic and very entertaining speaker also! Thank you so much. (*California Dietetic Association, 2009).

REPRESENTATIVE SAMPLE OF PESI HEALTHCARE SEMINAR ATTENDEE EVALUATIONS 5 = Excellent 4 = Above Average 3 = Average 2 = Below Average 1 = Poor 8 Hour CEU Seminars for: CDCES's, RDN's, RN's, CNS's, NP's, PA's, RPh's, SW's,			
Program	**Speaker**	**Delivery**	**Knowledge**
4.78	4.86	4.79	4.93
4.64	4.68	4.68	4.82
4.88	4.86	4.89	4.91

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