

Originally submitted as email to Waiver Renewal inbox

Cost Savings with Inclusion of MNT/RD-RDN Services in Medi-Cal

In order to save health care dollars and improve health of Californians evidence based nutrition therapy should be included in Medi-Cal. It is inconsistently accessible with the provider of care, registered dietitians. CCS & GHPP panels registered dietitians, but the access is primarily at tertiary care centers not in the patients' home city or county. Some managed care plans cover and either employ [Kaiser, FQHC] or contract with registered dietitians or clinics which employ them. Federally funded Ryan White Act provides registered dietitian services in the first tier of care. Some Medicaid Waiver funds at developmental services regional centers are used to contract with registered dietitians to vendor services for the IDD population.

A huge minority health issue is Diabetes and risk for diabetes (prediabetes, CVD, hypertension, obesity, PCOS, family history, elevated uric acid, previous gestational diabetes, aging, inactivity, atypical antipsychotics, etc.) Under CMS, Medicare covers diabetes and CKD. Those dual eligible with fee for service Medi-Cal may be referred by their treating physician for these yearly visits without co-pay or deductible. How confusing to the provider or clinic if Medicare covers something Medi-Cal does not. For the managed care Medi-Cal and fee for service Medicare the access gets even more confusing for the provider. Clarity and promotion is needed to save Medi-Cal health dollars and improve HEDIS scores for the dual eligibles. We need to support the use of the Medicare medical nutrition therapy benefit. Save dollars and save lives.

For the fee for service Medi-cal with no other coverage there is no professional nutrition service available as registered dietitians are not credentialed by Medi-Cal. (In several states registered dietitians are providers where they have seen an improvement in child and adult obesity, diabetes, and other chronic diseases since benefits have been implemented).

The ACA model, Kaiser small business plan, includes nutrition therapy services. Check with Kaiser Permanente how each clinic offers individual nutrition therapy as well as group nutrition therapy. In the Kaiser settings, Registered dietitian nutritionists (RD/RDNs) provide their members with nutrition therapy for chronic disease therapy and prevention, acute illness, oncology co-therapy, interventions for GI (IBD, IBS, celiac, GERD), hyperlipidemia, & hypertension, diabetes self management training, case management, allergies, adult & pediatric weight management, health education including smoking cessation, and in some clinics high risk pregnancy monitoring, renal disease education and pre & post transplant care. Most services are self referral; some require primary or specialty care referral to the RD.

Medi-Cal could benefit greatly in quality of care, cost savings, beneficiary and provider satisfaction and improved quality of life by including medical nutrition therapy. Integrating the RD into primary care in the ACO will provide the primary providers with more time to see

patients and improve outcomes. This integration can be both onsite and offsite. We talk about team approach. It's time to implement our many years of discussions.

How may be of assistance?

Healthy regards,

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Attached Documents:

<http://www.phcnpg.org/docs/Public%20Policy%20Weekly%20Updates/Medical%20Home%20N%20ews.pdf>

<http://www.sciencedirect.com/science/article/pii/S2212267214011459>