

A top-down view of a white ceramic bowl filled with a variety of fresh fruits and nuts. The bowl contains several bright red raspberries, green and purple grapes, sliced almonds, and a piece of walnut. A portion of granola is visible in the center. The background is softly blurred, showing a light-colored surface.

Role of Nutrition in Heart Health

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Disclosures

- Affiliate Delegate
Board of Directors
Maryland Academy of Nutrition and Dietetics
- Assistant Professor and Program Director: Nutrition
Shepherd University
- Nutrition and Wellness Consultant through DaySpring Nutrition
- No financial conflicts or global endorsements

Overview

1

Discuss connection between heart health, high blood pressure (hypertension) and high cholesterol

2

Provide helpful tips on maintaining a healthy diet

3

Discuss other impacts on heart health such as lifestyle

What is the connection between heart health, high blood pressure and high cholesterol?

Heart health influenced by risk factors

- Few risk factors (age, gender, family history) cannot be controlled
- Many factors are controllable (High Chol., High BP) with lifestyle changes and medicines

Healthy food choices and an active lifestyle = big impact on heart health

If you're at high risk for heart disease or already have heart disease, meet with a Registered Dietitian Nutritionist

- Help you lower your risk
- Improve your existing condition
- Develop a personalized eating and lifestyle plan



Heart Healthy Strategies



Steps Toward a Healthier Heart



Make Healthy Food Choices



Be Active



Manage Stress



Don't smoke

Step 1. Make Healthy Food Choices

Eat a variety of nutrient dense foods

- Fruits, vegetables, whole grains, legumes and fatty fish
- Salmon, trout, albacore tuna, mackerel 2x week
- Plant-based proteins: beans, lentils add fiber and are heart healthy
- Whole grain foods often, refined grain foods sparingly
- Limit added salt, sugars, and fat intake
 - Control salt intake when preparing foods at home; use herbs and other seasonings
 - Try reduced-sodium or no-salt-added canned soups and vegetables

Choose whole food items over supplements

Fill ½ of your plate with fruits and vegetables

Heart Health for Men and Women

Heart Disease

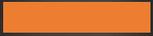
- Heart disease is the leading cause of death for women
- High blood pressure major factor in heart attack and stroke

Fruit and vegetables Intake

- Adds potassium, a mineral that lowers blood pressure
- Reduces risk of other chronic diseases including heart disease
- Full of nutrients: fibers, antioxidants, vitamins and minerals
- 1.5 to 2 C of fruits; 2 to 2.5 C of vegetables daily

Chose Beneficial Fats

- Limit saturated fat intake and avoid trans fat
 - Reduce HDL cholesterol levels and risk of heart disease
 - Select mono- and polyunsaturated fats in moderation
-



Step 2. Be Active

- Regular, moderate physical activity lowers blood pressure
- Other benefits of physical activity
 - Helps body to control stress
 - Helps body maintain weight
- Be physically active in your own way
 - Do what you can
 - 10 minutes of exercise at a time, 3x day is the same as 30 mins at once
- Check with your physician before beginning a workout regimen



Step 3. Manage Stress



Step 4. Don't Smoke





Summary

- Most risk factors related to heart diseases can be modified
- Dietary and lifestyle changes are needed to maintain good heart health
- Incorporating slow dietary changes consistently over time can improve heart health by reducing cholesterol and blood pressure levels
- Individuals should work with a qualified health professional (medical doctor, registered dietitian nutritionist) to identify their needs and develop individualized eating strategies

Thank You!

Resources

- Academy of Nutrition and Dietetics
 - www.eatright.org
 - Find a Dietitian
- American Heart Association
 - www.heart.org
- Maryland Academy of Nutrition and Dietetics
 - www.eatwellmd.org

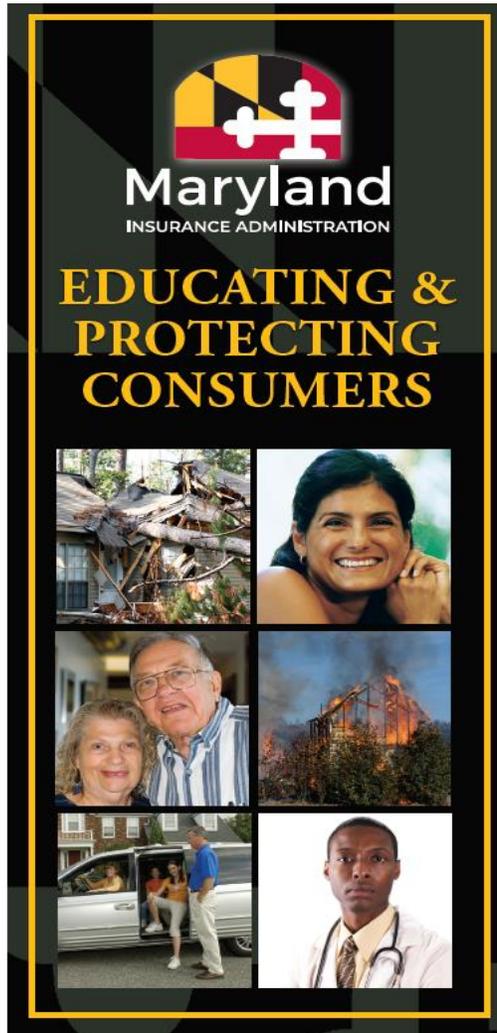
Contact Information

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- DaySpring Nutrition
 - Dayspring.Nutrition@gmail.com
 - (703) 780-0532



Understanding your EOB
and
Seeing a specialist out-of-network

What is the Maryland Insurance Administration



- The Maryland Insurance Administration (MIA) is the state agency that regulates insurance in Maryland. The MIA:
- Licenses insurers and insurance producers (agents or brokers).
- Examines the business practices of licensees to ensure compliance.
- Monitors solvency of insurers.
- Reviews/approves insurance policy forms.
- Reviews insurance rates to ensure rates are not inadequate, excessive or unfairly discriminatory.
- Investigates consumer and provider complaints and allegations of fraud.

What is the Maryland Insurance Administration

If you feel that your insurer or insurance producer acted improperly, you have the right to file a complaint. Examples of improper actions include:

- Improperly denying or delaying payment of all or portions of a claim;
- Improperly terminating your insurance policy;
- Raising your insurance premiums without proper notice;
- Making false statements to you in connection with the sale of insurance or processing of insurance claims; and,
- Overcharging you for services, including premium finance charges.

Understanding your Explanation of Benefits (EOB)

After you receive medical care, your health insurer will send you information about your claim in an Explanation of Benefits, or EOB. The EOB is not a bill. It's the insurer's explanation of how the costs of services are shared between you and the insurer.



What does an EOB tell me

An EOB tells how much each provider charged, how much the health insurer paid, and how much you owe each provider. Be sure to compare the “owed” amounts on the EOB with amounts on bills from your providers and what you’ve already paid.



What does an EOB look like

EXPLANATION OF BENEFITS (EOB) 

THIS IS NOT A BILL

MEMBER NAME _____
ID NUMBER _____
GROUP NAME _____
GROUP ID _____

SERVICES RECEIVED	CLAIM STATUS	PROVIDER BILLED	INSURANCE PAID	YOU OWE PROVIDER	REMARK CODE
_____	PAID	\$\$\$	\$\$	\$	
_____	PAID	\$\$\$	\$\$\$		_____

APPEAL INSTRUCTIONS _____

Not all EOBs look exactly alike, but they are usually similar. On the next few slides we'll talk about a few things to look for on your EOB.

What does an EOB look like

Partners

Patient Name Jill Smith
Patient Address1 123 Fayette St
Patient Address2 Apt 33
Patient City, State Zip Baltimore, MD 21124

Your Explanation of Benefits

Customer Service Information:
Phone: (410) 132-4567
Fax: (410) 132-4567
Website: www.website.org

For Appeals or Denials, log into your Healthlink account at www.website.org

For more information on your coverage, log into your HealthLink account at www.website.org

THIS IS NOT A BILL. YOU CANNOT BE BILLED FOR THE BALANCE OF ANY COVERED SERVICE

Date of EOB Notice: 0

Member Name: Patient Name Jill Smith	Member ID: 123123123	Member DOB: 12/14/1969								
Provider Name: <i>Accounting Provider Name</i>	Provider ID Number: 123456									
Claim #: 123456789										
Date of Service Line Nbr / Description	Billed Amount	Allowed Amount	Above Maximum	Not Covered	Deductible	Copay/ Coinsurance	Other Ins Paid	Member Liability	Billing Codes	Paid Amount
1/6/2017-1/6/2017	500.00	444.00	56.00	56.00	0.00	0.00	0.00	56.00	DR-H	0.00

Information about the person who received the services. This includes the health insurance ID number and the member name, sometimes identified as “patient.” If it’s your insurance, the EOB often refers to the patient as “self.” If the insurance is through your spouse or your parent, then their name will be on the EOB.

What does an EOB look like

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Patient Name: Jill Smith
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Date of EOB Notice: 03/01/2018

Member Name: Patient Name: Jill Smith

Member ID: 123123123

Member DOB: 12/14/1969

Provider Name: Submitting Provider Name

Provider ID Number: 123456

Claim #: 123456789

Date of Service Line Nbr / Description	Billed Amount	Allowed Amount	Above Maximum	Not Covered	Deductible	Copies/ Coinsurance	Other Ins Paid	Member Liability	Billing Codes	Paid Amount	Remarks
1/6/2017-1/6/2017	500.00	444.00	56.00	56.00	0.00	0.00	0.00	56.00	EPH	0.00	8000
Line 1 - MEDICAL SERVICES	100.00	80.00	20.00	20.00	0.00	0.00	0.00	20.00	TQM	0.00	8059
Line 2 - RADIOLOGY/IMAGING											
TOTALS			76.00	76.00	0.00	0.00	0.00	76.00	DRR		
										Amount Owed to Provider: \$76.00	

The EOB will also include *a list of services received*, including the dates you received them. There also may be billing codes.

What does an EOB look like

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Date of EOB Notice: 03/01/2018

Member Name: Patient Name: Jill Smith		Member ID: 123123123		Member DOB: 12/14/1969							
Provider Name: Submitting Provider Name		Provider ID Number: 123456									
Claim #: 123456789											
Date of Service	Billed Amount	Allowed Amount	Above Maximum	Not Covered	Deductible	Copay/ Coinsurance	Other Ins Paid	Member Liability	Billing Codes	Paid Amount	Remarks
Line Nbr / Description											
1/6/2017-1/6/2017	100.00	444.00	56.00	56.00	0.00	0.00	0.00	56.00	BH	0.00	8000
Line 1 - MEDICAL SERVICES											
1/6/2017-1/6/2017	100.00	80.00	20.00	20.00	0.00	0.00	0.00	20.00	TQM	0.00	8059
Line 2 - RADIOLOGY/IMAGING											
TOTALS			76.00	76.00	0.00	0.00	0.00	76.00	DRR		

Information about the provider or facility. This will name the person (doctor, nurse practitioner, psychologist, physical therapist) or facility (laboratory, hospital) that provided the service.

What does an EOB look like

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For more information on your coverage, log into your HealthLink account at www.website.org

THIS IS NOT A BILL. YOU CANNOT BE BILLED FOR THE BALANCE OF ANY COVERED SERVICE

Date of EOB Notice: 03/01

Member Name: Patient Name: Jill Smith		Member ID: 123123123		Member DOB: 12/14/1969							
Provider Name: Submitting Provider Name				Provider ID Number: 123456							
Claim #: 123456789											
Date of Service Line Nbr / Description	Billed Amount	Allowed Amount	Above Maximum	Not Covered	Deductible	Copay/ Coinsurance	Other Ins Paid	Member Liability	Billing Codes	Paid Amount	Re
1/6/2017-1/6/2017	500.00	444.00	56.00	56.00	0.00	0.00	0.00	56.00	BHH	0.00	
Line 1 - MEDICAL SERVICES											
1/6/2017-1/6/2017	100.00	80.00	20.00	20.00	0.00	0.00	0.00	20.00	TQM	0.00	
Line 2 - RADIOLOGY/IMAGING											
TOTALS			76.00	76.00	0.00	0.00	0.00	76.00	DRR		
										Amount Owed to Provider: \$76.00	

Billed amount. The amount the provider or facility billed the insurer. The allowed amount is the amount the insurer will pay the provider for the health care you received. The allowed amount is negotiated between the provider and the insurer.

What does an EOB look like

or Appeals or Denials, log into your Healthlink account at www.website.org

or more information on your coverage, log into your HealthLink account at www.website.org

THIS IS NOT A BILL. YOU CANNOT BE BILLED FOR THE BALANCE OF ANY COVERED SERVICE

Date of EOB Month: 01/01/2018

Member Name: Patient Name: Jill Smith

Member ID: 123123123

Member DOB: 11/16/1993

Provider Name: Submitting Provider Name

Provider ID Number: 123456

Plan #: 123456789

Code of Service or ICD-9 Description	Billed Amount	Allowed Amount	Allow Maximum	Not Covered	Deductible	Co-pay/ Coinsurance	Other Ins Paid	Member Liability	Billing Code	Paid Amount	Remarks
92001-1/1/2017	100.00	400.00	50.00	50.00	0.00	0.00	0.00	50.00	994	0.00	800
w-1 - MEDICAL SERVICES											
92001-1/1/2017	100.00	80.00	20.00	20.00	0.00	0.00	0.00	20.00	T24	0.00	800
w-2 - RADIOLOGY/IMAGING											
STATS			75.00	75.00	0.00	0.00	0.00	75.00	C89		
										Amount Owed to Provider: \$76.00	

The amount you owe the provider. This may include money you paid during your visit.

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Date of EOB Notice: 03/01/2018

Information about denials and other details or notes. The insurer may use codes to explain denial reasons and notes. You should see an explanation of the codes on the EOB.

How else is an EOB helpful

- An EOB helps you track how much you've spent out-of-pocket for covered health care costs. That helps you know how far along you are in meeting your deductible and out-of-pocket limit for the year.
- If you've reached your out-of-pocket limit and you're asked to pay for services, you should contact your insurer right away.
- You'll also find instructions on your EOB to file a grievance or appeal if the insurer denies coverage for services or only pays part of the claim.



Who receives an EOB

- Usually, the insurer sends the EOB to the primary person on the health plan. If an employer provides the insurance, the employee usually receives the EOB, including EOBs for a spouse and dependents on the plan.
- You may ask the insurer to send your EOBs to a different address for confidential services or if the information on an EOB would put you in danger.

[YouTube - Maryland Insurance Administration: Explanation of Benefits](#)

Seeing a specialist – In-network vs. Out-of-network

Your health insurer has contracts to pay set amounts for services with certain health care providers, called a *Provider Network*. Provider Networks are made up of service providers – doctors, hospitals, and other healthcare professionals who have a contract with your health insurer.

These providers are known as *In-Network Providers*. When you use in-network providers, you generally need to pay only your deductible and any applicable copay or coinsurance. You will not be billed for the balance by the provider.

An *Out-of-Network Provider* is a provider who does not have a contract with your insurer.

Seeing a specialist – In-network vs. Out-of-network

Charges for covered services from an out-of-network provider may not be paid by your insurer, or your copay or co-insurance may be larger than if the services had been provided by an in-network provider.

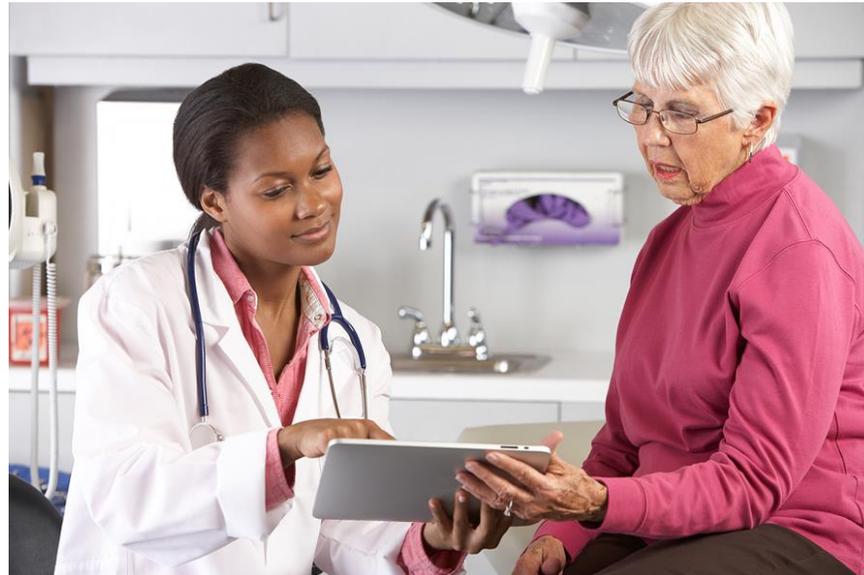
You may also have to pay an additional amount of money to the out-of-network provider, called *balance billing*. Balance billing happens when a health care provider bills a patient after the patient's health insurer has paid its share of the bill. The balance bill is for the difference between the provider's charge and the price the insurance company set, after the patient has paid any copays, coinsurance, or deductibles.



Seeing a specialist – In-network vs. Out-of-network

Balance billing can happen when a patient receives covered health care services from an out-of-network provider or an out-of-network facility (a hospital, for example).

In-network providers agree with an insurance company to accept the insurance payment in full, and don't balance bill. Out-of-network providers don't have this same agreement with insurers.



Seeing a specialist – In-network vs. Out-of-network

Starting in 2022, a new law went into effect – the federal No Surprises Act – that protects you from many types of surprise bills.

So what is surprise billing?

Surprise billing happens when a patient receives an unexpected balance bill after they receive care from an out-of-network provider or at an out-of-network facility, such as a hospital. It can happen for both emergency and non-emergency care. Typically, patients don't know the provider or facility is out-of-network until they receive the bill.

Some states, including Maryland, have laws or regulations that protect patients against surprise billing. However, state laws generally don't apply to self-insured health plans, and most people who get coverage through an employer are in self-insured health plans. Now, a new federal law protects consumers in self-insured health plans as well as consumers in states that don't have their own protections.



Seeing a specialist – In-network vs. Out-of-network

What protections are in place?

The new federal law, the No Surprises Act, protects you from:

- Surprise bills for covered emergency out-of-network services, including air ambulance services (but not ground ambulance services), and
- Surprise bills for covered non-emergency services at an in-network facility.

It also gives you the right to receive a good faith estimate of costs if you are uninsured or a self-pay patient of an out-of-network provider.

[For more information: Federal No Surprises Act](https://insurance.maryland.gov/Consumer/Pages/Federal-No-Surprises-Act.aspx)

<https://insurance.maryland.gov/Consumer/Pages/Federal-No-Surprises-Act.aspx>

<https://www.cms.gov/nosurprises>

Seeing a specialist – In-network vs. Out-of-network

If your health plan does not cover out-of-network providers at all, such as an HMO, you will be responsible for the entire cost of services in most cases. However, if your HMO or other insurer does not have an in-network specialist with training and expertise to treat a condition or disease, you may request approval from your insurer to see an out-of-network specialist. If the request is denied, you have the right to appeal the denial.

Before you visit an out-of-network provider, make sure you understand what you will need to pay. Contact the provider, and talk to your health insurer.



Seeing a specialist – In-network vs. Out-of-network

To find an in-network provider, you can start with the online provider directory. Remember, networks can change and at any given time the provider database may not be completely up-to-date. Calling the member service number on the back of your card can help verify or find an in-network provider.

If you have more questions about health insurance, you can find us online at www.insurance.maryland.gov or call us at 800-492-6116.



Questions

