MediMerge Launches Integrative Medicine Network

MediMerge Group, LLC announced that it is launching Integrative Medicine Network (IMN), a provider network that will include 15 different types of providers, including MDs, DOs, nurses, chiropractors, naturopaths, massage therapists and other bodyworkers, acupuncturists, homeopaths, and practitioners of Ayurvedic medicine, oriental medicine, and botanical medicine. Because it includes providers from smaller networks with previous MediMerge relationships, it starts out with 30,000 providers.

Providers can participate in the IMN at three different levels. The first is an affinity discount provider network, accessible to consumers, self-insurers and employers, and other health plan market participants. The second level is a preferblack provider network, which will receive direct referrals from MediMerge health plans (through specially trained nurses who act as health advocates for patients). Participants in the preferblack provider network will be paid at the 80th percentile; in other words, their fee will be set at a level greater than four out of five providers in that modality in the state. While there is no membership fee for the first level, there is an $89 fee to join the preferblack provider network. In addition, about 200 providers throughout the country will be invited to become peer reviewers, the third level of participation in the network.

Preferblack providers in the IMN will submit claims through the use of encounter forms/super bills using Alternative Link's ABC codes, which can describe a patient encounter with great precision. These codes support an equitable, relative-value-based level of reimbursement, Furber says. "In addition, the consistent use of ABC codes offers a way to develop evidence-based integrative protocols. Without that, CAM will remain in large part a collection of CAM practices and specialized treatments based on anecdotal evidence and product-sponsored studies. We're building ABC codes into our reimbursement process as a way to support ongoing outcome and cost differential effectiveness research." For more information: rrurberg@medimerge.com, www.integrativemedicinenetworks.com, or http://www.medimerge.com/Welcome_General.IMN_.pdf.

The consortium has been acting as a consultant to the Harvard Medical School Division for Research and Education in Complementary and Integrative Medicine—Osher Institute to create scope of practice documents for massage therapists, as part of an NIH grant to develop a model of integrative care.

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FDA ADVISORY ON ANDROSTENEDIONE (ANDRO) The US Food and Drug Administration (FDA) has announced a crackdown on products containing androstenedione. The product, which is commonly known as "andro," are marketed over the counter as dietary supplements that enhance athletic performance. Research contradicts ad claims that andro-containing supplements promote increased muscle mass.

In the body, androstenedione is converted into testosterone and estrogen. In addition, studies have shown androstenedione poses the same kinds of health risks as anabolic steroids. Given the lack of proven benefits and the risks, the FDA is requesting companies to stop distributing dietary supplements containing androstenedione and encouraging Congress to consider legislation to classify these products as a controlled substance.

The FDA is also warning of potential long-term risks associated with use of the substance. In men, shrinkage of testicles, growth of breast tissue, and impotence are potential risks. In women, male pattern baldness, increased facial hair, increased risk for breast cancer and endometrial cancer, blood clots are risks. Acne, early start of puberty, stunted growth are risks in youths.
