BUILDING BETTER PRACTICES

chiropractic economics

MARKETING
Tips for startup success

SPECIALTY
Animal adjusting comes of age

Audits: What You Need to Know

How to respond, what to do, and what to avoid when it comes to audits

PLUS
Retail Products Resource Guide

ISSUE #16: OCTOBER 8, 2010 WWW.CHIROECO.COM

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Top 10 questions to ask when purchasing an Electronic Health Record system:

1- Does the EHR software post all your insurance EOBs automatically?

2- Do they support your insurance billing and help you get paid?

3- Does technical support answer your calls instantly?

4- Will technical support be unlimited and include all your hardware and network issues?

5- Can the system become so automated you can work by yourself if your CA is out of the office?

6- Does it have a fully automated electronic sign-in, automatic billing, Electronic Health Record, imaging, e-mailing, auto stats and more?

7- Can the program save you time and money by using a fully integrated credit card processor, which posts to the patients' accounts automatically?

8- Will all your stats be sent automatically to your BlackBerry, iPhone or personal e-mail, daily, weekly or monthly?

9- Can all patient information be on one screen?

10- Will the company allow you to try the program before you buy it?

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With much appreciation,

Mahtty Kowalik

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chiropractic economics
VOLUME 56, ISSUE 16

IN EVERY ISSUE

What's New Online

More From This Issue

- **Online Exclusive!** An online exclusive, clinical/research article on orthotics from Foot Levelers, written by Drs. Terry Yochum and Tim Maggs, can be found in its entirety at www.ChiroEco.com/customorthotics
- To read about WM. Inman's animal-adjusting technology, visit www.ChiroEco.com/VOM

More From The Web

- The $44,000 question www.ChiroEco.com/44000
- New rules make it easier to qualify for document scanning money www.ChiroEco.com/scanning

The Tuesday Webinar Series

Chiropractic Economics webinars are always available for you to download. You can choose from a variety of topics that affects your practice, such as billing and coding, growing your practice, documentation, and marketing — all brought to you by some of the top experts in the chiropractic profession.

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Expert Insights

Blogs by Perry Nickelston, Gerry Clum, Kelly Robbins, Jasper Sidhu, Paul Varnas, and the *Chiropractic Economics* editorial staff. Here's what's new:

Chiropractic Breakthrough
Healthcare Reform Updates
Mark Sanna, DC
www.ChiroEco.com/sanna

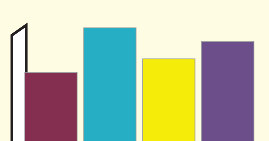
The Chiropractic Marketing Connection
Seven things you can do to improve your mood
Kelly Robbins
www.ChiroEco.com/robbins

Why Wellness Works
Chiropractic and Wellness: Preserve the core and stimulate progress
Dane Donohue, DC
www.ChiroEco.com/donohue

Online Poll

How has the impending healthcare changes affected your practice?

To enter your response and view the results of our last poll, visit **www.ChiroEco.com**.



Plus

Resource Centers

Homeopathy
www.ChiroEco.com/heel

- Consider ginger as a homeopathic remedy
- Herbs, homeopathy and your practice

Electronic Health Records
www.ChiroEco.com/futurehealth

- Want better information tech?
- Can EMRs cut it alone?

Chiropractic Tables
www.ChiroEco.com/hill

- The pros and cons of a reconditioned table
- Drop tables make sense

Resource Guide and Directory

Our patient retention resource guide and directory is now available online at **www.ChiroEco.com/directory.**

Job Board

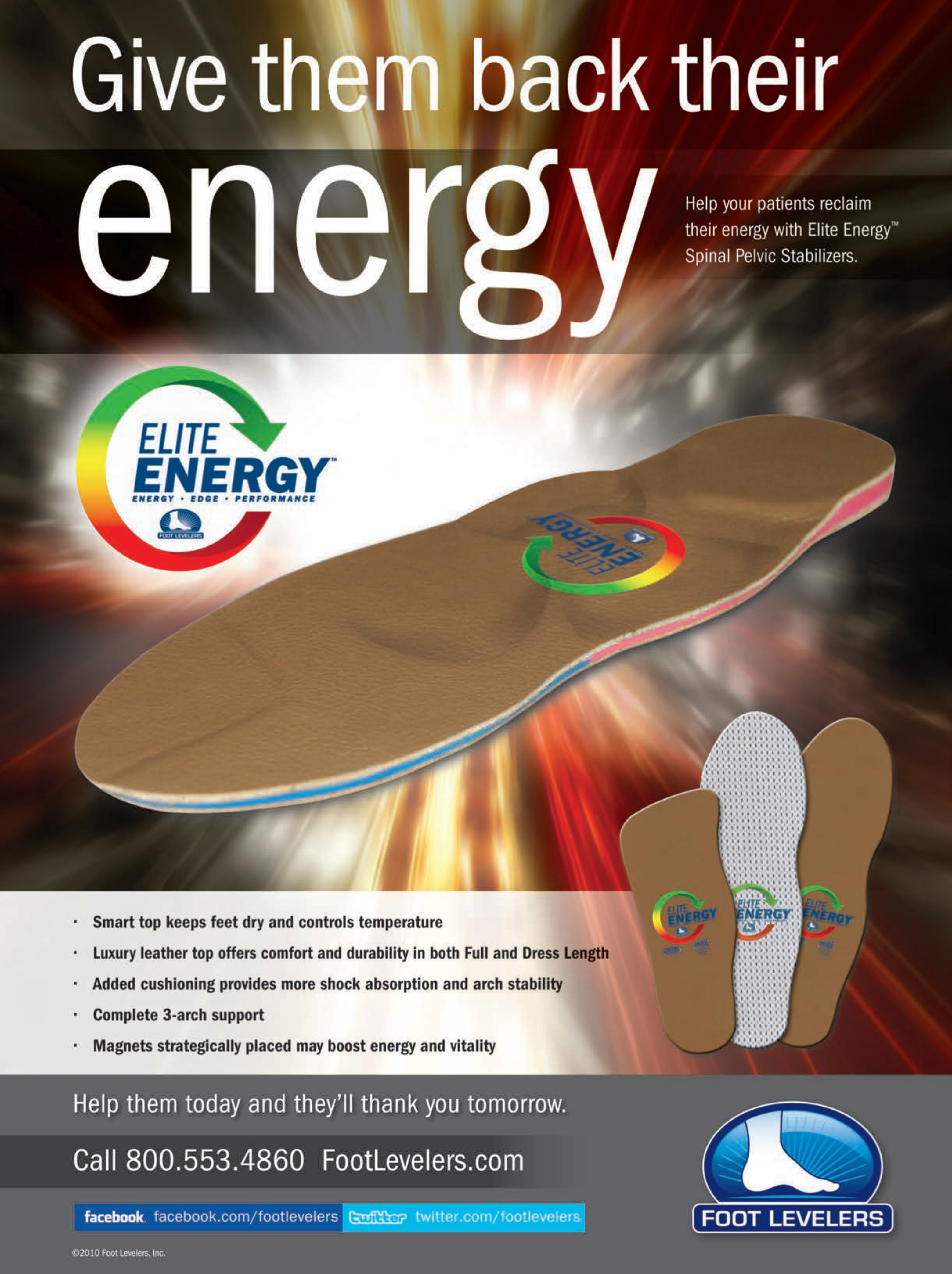
Visit **www.ChiroEco.com/jobboard** for employment opportunity listings for:

- Associates
- Billing
- Chiropractic Assistants
- Doctors of Chiropractic
- Faculty
- Front Office/Reception/Scheduling
- Independent Contractors
- Marketing
- Massage Therapists
- Multidisciplinary Practice Opportunities
- Office Management
- Temporary Positions

...and More

Resources for Canadian DCs

Our website section for Canadian DCs features news from schools, organizations, and seminars. The site also includes Canada-specific coding and billing information. Check it out at **www.ChiroEco.com/Canada.**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EDITOR'SNOTE

Who ya gonna audit?

Ensure you know how to avoid them and what to do if it happens to you

AUDIT. IT'S NOT REALLY A PRETTY WORD, IS IT? For many, that one little word can bring about feelings of fear, misery, and oftentimes panic.

But who says it has to? Being prepared and knowing what to expect if (and when) it happens to you can be just what you need to make the word audit not so scary. There is a certain satisfaction in having knowledge in your back pocket that you can refer to at any time.

Let me know what's on your mind:
904-567-1539
Fax: 904-285-9944
wbautista@chiroeco.com

In this issue, we provide you insight on audits and how to keep calm if it happens to you and your practice. "What you 'audit' know" on page 40, explains that audits happen, but knowing what to do, how to respond, and what to avoid can mean the difference between a small problem and a big payout.

"No fear here!" on page 49 discusses how knowing the proper way to code and use modifiers can help you be brave against audits, paybacks, and worse — oh my! And our Coding Questions column titled "Co-insurance, co-pays, and deductibles" on page 60 discusses the difference between the three and offers advice on how to keep out of trouble when you use them.

Once you obtain the knowledge and gain a little know-how when it comes to an audit, the word really isn't that scary anymore. Now that you know, maybe that one little word will help you feel confident, calm, and collected.

Wishing you success,

Wendy Bautista, Editor

chiropractic economics

VOLUME 56, NUMBER 16

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Chiropractic Economics (ISSN 1087-1985) (USPS 019-178) is published 16 times per year and four of the issues, in March, June, Sept., and November, will include a special editorial supplement. In addition, two issues are mailed in January, April, and July. One issue is mailed Feb., March, May, June, Sept., and Dec. Address: Chiropractic Economics, Inc., 5150 Palm Valley Road, Suite 103, Ponte Vedra Beach, FL 32082. Phone: 904-285-6020, Fax: 904-285-9944. Web Contact: www.ChiroEco.com. (A Florida Corporation).

Postmaster: Please send form #3579 to Chiropractic Economics, PO Box 3521, Northbrook, IL 60065-9955. Periodicals class postage paid at Ponte Vedra, Florida and at additional mailing offices. GST #131868416.

Subscription Rates: U.S. and possessions, $39.95 one year, Canadian subscribers add $35 per year shipping and handling; overseas subscribers add $60 per year shipping and handling. Students, $19.95, Single copy, $4.

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INNATE

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Digestive Enzymes Clinical Strength

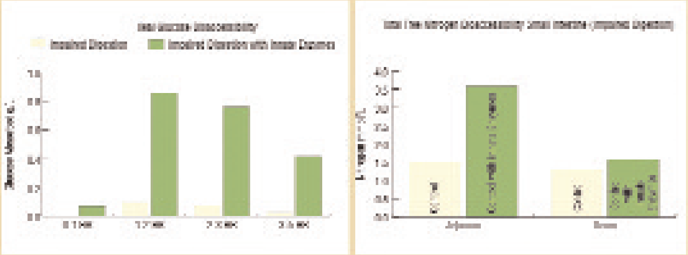
the highest potency digestive enzyme available today

Digestive Enzymes Clinical Strength

Digestive Enzymes Clinical Strength is a broad spectrum digestive enzyme supplement formulated to provide effective enzymatic activity for general digestive support as well as managing specific digestive deficiencies. While most digestive enzymes only provide one form of protease (for digestion of proteins), Digestive Enzymes Clinical Strength provides multiple stages of protein, carbohydrate, fiber and lipid digestion. These multiple stages create a powerful digestive combination that is high potency and able to help digest foods in all three sections of the small intestine. These multiple stages are critically important for clinical use.

Independent Real Time Study

An independently researched real time study examined the absorption of foods with enzymes used in Digestive Enzymes Clinical Strength. This study showed a substantial increase in digestion throughout the small intestine over a 5 hr time span. The study proved that the enzymes used in Digestive Enzymes Clinical Strength survived the acidity of the stomach and worked throughout the small intestine. Since most enzyme formulations become inactive in the harsh environment of the stomach, the enzymes in Digestive Enzymes Clinical Strength offer a real advantage.



Havenaar, R. Venema, K. (2002) The first quantitative evidence proving the efficacy of supplemental enzymes. TNO Nutrition and Food Research, Zeist, Netherlands.

For more information, please call 800.634.6342 www.InnateResponse.com

CHIROECONEWSflash.com

TOP NEWS

CCE's proposed revisions could affect future of chiropractic

The Council on Chiropractic Education (CCE) has a few proposals that could affect the future of chiropractic. Dr. Gerry Clum has succinctly summarized the CCE proposal in the following clipping from his positional paper found on Life Chiropractic College West's website.

The items in the new CDC revision indicate an attempt to move the profession:

- Toward the Doctor of Chiropractic Medicine perspective,
- Away from the use of the term subluxation,
- Toward the inclusion of drug therapy, and
- Away from being a drugless discipline.

To read the remaining points of the CCE proposal, visit www.ChiroEco.com/CCEproposal.

Source: International Chiropractic Pediatric Association, www.icpa4kids.com

Chiropractors prepared for limited prescription powers

The United States is experiencing a shortage of primary care family doctors. That's why more than the last eight to 10 years, chiropractic associations in states with severe shortages of primary care physicians have sought to expand the scope of practice for chiropractic physicians.

They seek new laws and regulations that would allow chiropractic physicians to prescribe a limited range of medications in order to help their patients in a more comprehensive manner. These include medications that are common to conditions frequently seen by chiropractic physicians, such as anti-inflammatory drugs and drugs that treat ailments such as osteoporosis and arthritis.

To this end, several individual state chiropractic associations contacted experts at National University of Health Sciences (NUHS) in Lombard, Ill. and asked them to assess what additional training would be required to prepare chiropractic physicians to have a license to prescribe from a limited formulary of drugs.

To read this article in its entirety, visit www.ChiroEco.com/NUHSprescriptions.

Source: National Health Sciences University, www.nuhs.edu

Two companies named to certify EHR products

One of the requirements of the federal program to reward providers for using electronic health records (EHRs) is that providers must use a "certified" EHR.

The government has just initiated its process to decide which companies will be eligible to determine if an EHR product is "certified." This week, two companies were recognized as having this ability — the Certification Commission for Health Information Technology and the Drummond Group Inc. These companies will immediately begin testing EHR products and will provide certification when applicable.

For more information about EHRs, visit www.ChiroEco.com/certifiedcompanies.

Source: American Chiropractic Association, www.acatoday.org

GCC revises guidance on claims made for the Vertebral Subluxation Complex

The Foundation for Vertebral Subluxation is glad to report that the General Chiropractic Council (GCC) has taken a step in revising their previous guidance on claims made for the Vertebral Subluxation Complex.

They began reporting on this issue to its supporters following the release of the initial guidance in May 2010. The foundation's president, Christopher Kent, DC, FCCI, JD, released a detailed analysis document on these claims in June 2010.

To read the revised guidance, visit www.ChiroEco.com/GCCguidance.

Source: Foundation for Verterbral Subluxation, http://vertebralsubluxation.health.officelive.com

COLLEGE NEWS

Parker awards $12,000 in grants

Parker College of Chiropractic has awarded three chiropractic research grants of $4,000 each. The grant recipients include Cleveland Chiropractic College, University of Kansas Medical Center, Southern California University of Health Sciences, and Osher Clinical Center at Brigham and Women's Hospital.

For the past two years, Parker has generated research funds for the profession in order to provide expanded grant programs and research opportunities. The second annual Parker Gala was the funding source of the grants. The purpose is to advance the scientific knowledge of chiropractic.

Award recipients will also be recognized during Parker Seminars Las Vegas 2011 at the third annual Parker Gala, Jan. 14, 2011.

For more information on the research grants, visit www.ChiroEco.com/parkergrants.

Source: Parker College of Chiropractic, www.parkercc.edu

Logan offers free chiropractic care for first responders

President George A. Goodman, DC, FICC, has announced that Logan College of Chiropractic/University Programs is instituting a First Responders Chiropractic Care Program that will provide

complimentary chiropractic care to first responders who work in the St. Louis area.

First responders are police officers, firefighters, emergency medical ambulance technicians and returning military soldiers (since 9/11). These free chiropractic services will be offered at Logan's five suburban health centers, located in Chesterfield, south St. Louis County, Webster Groves, St. Charles and St. Peters.

According to Goodman, the initial clinic visit by a first responder will include a consultation and review of patient health history, physical examination, five X-ray views and interpretation (if indicated), urinalysis and complete blood count (if indicated) and a report of findings with treatment recommendations.

To learn more about this program, visit www.ChiroEco.com/firstresponders.

Source: Logan College of Chiropractic, www.logan.edu

INDUSTRY NEWS

Chiropractors' spare change collection pays off

The average soldier carries about 50 pounds of gear each day, which leads to many painful strains, etc. Since Back In Health Wellness Center couldn't ship its therapeutic services to the men and women serving our country overseas, it came up with the idea of sending a bit of portable relief: Biofreeze.

Throughout the month of July, Back In Health Wellness Center asked everyone to check the couch cushions for spare change to donate to its relief efforts. Once the call was made to its Biofreeze supplier explaining what it wanted to do, Nick Klemp of World Wide Medical Services, agreed to a discounted rate in addition to matching the amount of change collected.

Once the change was sorted, counted, and submitted, World Wide Medical Services delivered $400 worth of Biofreeze to the wellness center's offices. The doctors then contacted Karin and Jim King of Land O'Lakes-based Treats for Troops who ensured and confirmed overseas delivery.

For more information, visit www.ChiroEco.com/portablepainrelief.

Source: Back In Health Wellness Center, www.backinhealthwellness.com

The Joint Corp. aligns resources to take chiropractic mainstream

With the dramatic shifts in United States healthcare and the ever-growing trend toward self-directed healthcare decisions aligning perfectly with their chiropractic care clinic model, The Joint Corp., announced plans to expand its number of operating clinics.

With financial backing from Austin, Texas based Business Ventures Corp (BVC) and the recent addition of two key franchising experts to the organization, The Joint Corp. is now positioned to grow from its 15 existing locations (with nine in development) to more than 1,500 open clinics in the next decade.

For more information on The Joint, visit www.ChiroEco.com/thejoint.

Source: The Joint Corp., www.thejoint.com

Foot Levelers president receives service award

The Foundation for Chiropractic Progress (F4CP) presented Kent S. Greenawalt, Foot Levelers president and F4CP chairman, with an outstanding service award during the 2010 Florida Chiropractic Association National Convention and Expo.

The award, which came as a shock to Greenawalt, recognized his outstanding dedication to success of the foundation and unparalleled leadership. The plaque presented to Greenawalt read, "you are either IN or you are OUT," a slogan that has become a major part of his campaign encouraging doctors, vendors, associations, and colleges to join the foundation.

To learn more about this award, visit www.ChiroEco.com/greenawaltaward.

Source: Foundation for Chiropractic Progress, www.f4cp.com

HEALTH NEWS

Cream awarded patent for fibromyalgia pain

Topricin Pain Relief and Healing Cream, made by Topical BioMedics Inc., Rhinebeck, N.Y., has been awarded a patent as a treatment of pain associated with fibromyalgia.

An FDA-regulated topical biomedicine, Topricin was introduced by the company in 1994.

More than five million people suffer from fibromyalgia, with the vast majority of them being women. Also referred to as fibromyositis and fibrositis, fibromyalgia is considered a "syndrome" rather than a disease.

Topricin is formulated to bring a soothing combination of homeopathic medicines to rapidly relieve pain and help the body heal the damage that is causing pain.

To read this article in its entirety, visit www.ChiroEco.com/topricin.

Source: Topical BioMedics, www.topicalbiomedics.com


Changing
lives through
chiropractic.
It's my
passion.
Jeffrey Tucker, DC
Los Angeles, CA

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Knowing that thousands of chiropractors rely on us each day to keep their patients and practice thriving isn't something we take lightly. It's the reason we set the gold standard in nutritional formula quality and science. In fact, Metagenics has been awarded three GMP manufacturing quality certifications and has more than 200 studies published in peer-reviewed journals. *What else sets us apart?*

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Enjoy a range of DC-approved programs to enhance patient outcomes, increase MD referrals, and grow your practice—like FirstLine Therapy™, our turnkey lifestyle therapy program. Or get a little help building your patient base with our online DC referral system. Plus we make it easy to have your own branded website, online store, and health content to help you engage and empower your patients.

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Nutritional guidelines

Following proper protocols when it comes to nutrition is good for your patients and your bottom line

NUTRITION, THE TOPIC OF MANY DISCUSSIONS BETWEEN CHIROPRACTORS AND THEIR PATIENTS, is like anything else — you know it's there, you know what you are supposed to do, but may not always follow through. But it needs to be at the forefront of your mind to be healthy, wealthy, and wise. *Chiropractic Economics* asked some of the leading nutrition companies what the focus of its nutritional protocol was and how its nutritional protocol helps benefit a chiropractic practice and patients. The responses are below in alphabetical order by company name.

Anabolic Laboratories (www.anaboliclabs.com) focuses on inflammation reduction because, as it says, most acute and chronic conditions, such as acute and chronic pain, obesity, osteoarthritis, and osteoporosis, are perpetuated by inflammation. It believes ease of application is key to smoothly incorporating nutrition into a chiropractic practice, and has developed a booklet and CD to help initially qualify patients, and then patients use them as educational tools about diet and supplementation. Third, patients get the supplements, and you get an additional revenue stream.

Ayush Herbs Inc. (www.Ayush.com) focuses on maintaining health and achieving total health in individuals. It feels nutrition plays a major role in balancing health, should come from consuming healthy foods, and, if needed, should be individualized. Most often, patients seeking chiropractic care have inflammatory response, so a diet known to heal the muscles and ligaments should be considered. Ayush Herbs says some examples to add to a diet include spices such as turmeric, ginger, and cayenne, and increasing water intake.

BioPharma Scientific (www.superfoodsolution.com) recognizes that one thing a doctor can do for his patients nutritionally is change how they eat. It believes that by enjoying a SuperFood drink or meal means the patent is getting "good nutrition" and less "bad nutrition" — namely in the meal, snack, or drink it is replacing. BioPharma Scientific says because its products taste good, are packaged in single servings, and are available through health professionals only, patient compliance is high; and just a few products can assist in increased results, retention, referrals, and revenues.

BioSET LLC (www.drellencutler.com) determines enzyme deficiencies, inflammatory state, major stressors, digestive intolerances, food sensitivities, and failure to detoxify adequately. Its testing determines which systemic enzyme formulas are appropriate to reduce inflammation and correct deficiencies and which digestive enzymes are beneficial for optimal digestion, absorption, and utilization of nutrients. BioSET says the correct digestive enzyme support and systemic enzyme formulas can often reduce a good percentage of food sensitivities and control inflammation. BioSET also says patients often report they "hold their chiropractic adjustments longer," and chiropractors report a surge in their practice, income, and patient referrals.

Cell Science Systems Corp./The ALCAT Laboratory (www.alcat.com) focuses on "optimal wellness through customized nutrition" with its The ALCAT Test, which was developed to measure the body's cellular response to challenges from substances including various foods, additives, colorings, and chemicals. The cellular reactivity tells which substances may be causing a sensitivity-related response in the body. Cell Science Systems Corp. believes the test provides a tool for managing a wide variety of conditions linked to chronic activation of the immune system, such as weight gain, IBS, chronic fatigue, and migraine headaches, and is an additional revenue strain while providing customized meal plans unique to each individual's chemistry.

Doctors Gold Mine (www.ChiropracticGoldMine.com) states its nutritional protocol is in a weight loss package. After years of trying to find the right system and studying everything, Doctors Gold Mine says it came up with a unique approach that helps patients lose weight and get off medications (under the direction of their MDs), and now doctors tell them that adding its weight loss system has been one of the best marketing tools.

Drucker Labs (www.druckerlabs.com) says its intraMAX product provides a complete nutritional foundation using only whole-food vegetarian ingredients carefully selected to make the all-in-one supplement. It says most importantly are the nutrients because they are bound to the carbon molecule. Drucker Labs believes a better approach to nutrition is a broad-spectrum consideration; one that covers a larger number of potential solutions using a multinutrient supplement, which permits numerous nutritional deficiencies to be met and will allow any lingering symptoms to later be targeted thus saving time and money for the patient and doctor.

Innate Response Formulas (www.innateresponse.com) helps restore balance so the body's innate healing power can be achieved, and feels the best way to achieve that is through whole-food supplements, which provide vitamin nutrition, and all of the other cofactors, phytochemistry, and yet-unknown factors necessary for optimal health. Innate Response Formulas says by concentrating on its own raw materials, manufacturing its own products, assuring finished good potency, and providing quality assurance, it is giving chiropractors and patients the benefit of truly potent-healing solutions from food not chemicals.

King Bio (www.safecarerx.com) states its Nano-Potentiated process increases the effectiveness of nutritional, herbal, and specialty natural products as part of its nutritional protocol and makes homeopathic potencies of the natural product and adds them back into the specific product. King Bio says chiropractors need to step up to the plate and work with more eclectic procedures such as nutrition, homeopathy, and herbs. It offers special programs to help DCs easily, safely, and effectively implement homeopathic programs into their practice.

Metagenics Inc. (www.metagenics.com) says it overcomes injuries with its 3 Phases of Care Program, which includes acute care, sub-acute care, and wellness care. The acute care phase reduces pain, spasm, and swelling with chiropractic care, turmeric, boswellia, ginger, proteolytic enzymes, magnesium, calcium, passionflower, and valerian. The sub-acute phase improves range of motion, joint function, and healing with chiropractic care, hops, zinc, and berberine. The wellness phase promotes optimal health with chiropractic care, a high-potency multivitamin, EFAs, and phytonutrients. Metagenics Inc. says its program helps chiropractors improve clinical outcomes and patient compliance, increase patient referrals, and generate new practice revenue.

Morter HealthSystem (www.morter.com) says its nutritional program, AlkaLine, was designed to create normal alkalinity

at the cellular level. It says when muscle cells become more alkaline and can function the way they were designed, patients will respond to chiropractic care with more vigor and energy, and adjustments will hold longer and become easier to perform, and the patient's health will improve faster. Morter HealthSystem says that by offering a variety of alkalizing supplements and digestive enzymes, you can fill patients' needs for nutrition answers and aid their response to treatment.

Nordic Naturals (www.nordicnaturals.com) helps provide essential fatty acids to promote optimal health and wellness. Nordic Naturals says without a healthy balance of omega-3 and omega-6, cell signaling and gene expression are disrupted and have a more inflammatory effect. These actions help to explain the benefits of omega-3 fatty acids in the management and treatment of diseases associated with inflammation, such as cardiovascular diseases, inflammatory conditions, neuronal dysfunction, and cancer.

Science Based Nutrition's (www.sciencebasednutrition.com) protocol is specific nutrients based on comprehensive laboratory testing. It believes proper testing can identify the true cause of a problem and even catch problems before they become clinical. Science Based Nutrition says correcting metabolic deficits, imbalances, and toxicities will help patients respond to adjustments much more effectively resulting in more satisfied patients, leading to more referrals.

Standard Process (www.standardprocess.com) says its protocol is synergies. The body requires a complex array of metabolic processes to function correctly and when it isn't correct, there are multiple areas to address. They say the complexity of its products, combined with the synergy among its ingredients, quickly and comprehensively support these challenges. Standard Process' products are in sync with core chiropractic principles — treat/support the whole person. Its nutritional protocols support a broad spectrum of metabolism and when combined with other aspects of chiropractic care, help the patient return quickly to health. Satisfied patients mean return visits.

Titan Laboratories (www.titanlabs.com) helps provide safe and effective nutritional alternatives to drugs. Titan says each of its specific formulation provides complete support documentation including a research report, patient education brochure, and, in most cases, a white paper summarizing

the background, causes, symptoms, diagnosis tests, and protocol necessary to understand and treat a specific ailment in conjunction with chiropractic adjustments. It says that by offering a specific drug-alternative protocol with a proven record of efficacy and safety, the chiropractor becomes the primary healthcare portal rather than someone he or she goes to only when they experience back pain.

Trace Elements (www.traceelements.com) focus is several fold, and pertains to its product line, Trace Nutrients, which includes metabolic packs, mineral formulations, and nutritional formulations. Trace Nutrients states that by addressing individual needs, the doctor will see a speedier and more long-lasting response and greater patient satisfaction, which results in an effective yet economical product combined to act favorably to, and in harmony with, the body.

UAS Labs/Probiotic Company (www.uaslabs.com) promotes digestive health and boosts immune function through probiotic supplements. Its women's health formula focuses on maintaining urinary tract health, digestive health, immune function, and maintaining healthy yeast levels. UAS Labs states its protocols are completely natural with clinically demonstrated results that support total health and provide patients with healthy alternatives. It also states that its DDS Probiotics will be a major contributor to a patient's wellness program and bring new and referral patients.

Ulan Nutritional Systems Inc. (www.unsinc.info) assists in uncovering hidden causes of chronic health problems that are deficiency and/or toxicity related, and provides guidelines for patients to start taking more responsibility for their own health, stop the decline in health, and re-establish a health improvement regimen that will set the stage for continued health improvement. Ulan Nutritional Systems Inc. says by tracing chronically recurring subluxations back to their visceral cause and correcting the nutritional deficiency or toxicity in the organs or tissues identified, it sees patients responding to their chiropractic adjustments and holding adjustments better, as well as an improvement in overall health and vitality.

ZyCal Bioceuticals Inc. (www.zycalbio.com) focuses on the bone and cartilage arena with its Ostinol, which contains proteins that turn on stem cells to grow bone tissue and in joints to use glucosamine and chondroitin to make healthy cartilage. The company says Ostinol turns on the right stem cells so traditional nutrients can be used. It says Ostinol gets patients feeling stronger, healthier, and moving, making patients with joint conditions able to see their chiropractor and live a better quality of life.

ZYTO (www.ZYTO.com) is a computerized system that creates a direct interface between the patient and computer. Using a stimulus-response sequence, ZYTO determines the patient's biological preferences for nutritional supplements. ZYTO says the information helps DCs recommend nutritional supplements to their patients, and will often point to other problems, such as stress areas of the spine. ZYTO says its technology saves time and money, and enables the doctor to make better decisions faster and implement more effective treatment plans.

To see the responses in their entirety, visit www.ChiroEco.com/nutritionprotocol.


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Marketing for chiropractic startups

5 steps to help bring patients to your practice

BY JOY GENDUSA

THERE IS NOTHING LIKE THE CHALLENGE OF STARTING YOUR OWN BUSINESS. As you begin marketing your practice, remember it is essential to understand your exact position within your market. The most fatal flaw chiropractors make is assuming people will know what you do and flock to your practice. It doesn't work that way.

Don't wait until your practice is open to begin your marketing. Here are five quick marketing steps you can start right away.

1. Get educated: Do you need to have a degree in marketing or small business management to understand the basics of good marketing? No. But education is still vitally important!

The easiest way to instantly access information is online. Search for chiropractic forums and learn what other doctors are doing.

Get in touch with a marketing firm that gives free advice and is able to develop a complete marketing plan for you. You don't need to pay for basic marketing education — it's widely available. If the opportunity presents itself, attend a marketing seminar for hands-on ideas.

2. Define your target market: Who are you treating now? Ask yourself which demographic within your patient base continues care until the end of the treatment plan? You can go through your invoices and tally up the data.

Are your ideal patients seniors? Athletes? Women aged 25 to 45? When deciding who your best patients will be, factor in what you can offer each patient. Do you have a special sports wellness plan? Or do you specialize in child adjustments?

Once you develop a solid patient base, analyze each area and track the similarities.

If it isn't who you thought it would be, change your marketing to target the group driving your revenue.

If you are just starting out, try targeting people who've recently moved into your town or near your practice.

3. Do a competitive analysis: Research other chiropractors and find out what they are doing to draw in patients. Note the things they do better than you, how you can improve, and the things you excel at.

For example: How long do they put you on hold before you make an appointment? What offers do they send patients?

Once you know, you can grab the portion of the market they aren't reaching. You can use this to brand your practice and stand out in the community.

4. Develop your strategic marketing plan: You should have more than one marketing medium to maximize your results.

Here are some of the basic components you will need:

- Direct mail: Postcards allow you to narrow down your target market to income, age, neighborhood, and much more. There is no envelope to open, so your message is more likely to be read.

  They create name recognition, promote specials, and drive traffic to your website, and the more you mail to your lists, the better response you'll see from them.
- Website: Ninety percent of patients will visit your site before they ever call you, so you should have one that's professional and captures contact info.

  Somewhere on your site, you need a place to collect e-mail addresses from potential patients. You can do this by offering something in exchange, such as a free consultation or free massage.
- Follow-up e-mails: Stay in touch with your prospects by sending a monthly or quarterly health education newsletter containing fun health facts, updates about

your practice and specials.

Advertise special rates via e-mail and reward loyal customers with e-mail discounts (as well as with continued postcards).

Start by finding a trusted business partner or credible marketing firm to get you in the right direction and go from there.

5. Implement your marketing plan: Marketing should start as soon as you decide to start your practice. In order to stay organized and on track, plan at least two months before you open your practice to design and finalize your marketing. Here is a chart to keep you on track.

- Eight weeks out: Choose a credible company to help develop a complete marketing campaign. Make sure to watch out for companies with hidden fees.

Once you've selected a company, ask if they have case studies or proven designs that have worked for chiropractors. Also find out if they can help with your mailing list and mail your promo out, which will save you money on postage.

Next, start your website development and design and determine your target market.

- Seven weeks out: Decide on a message for your postcards. Keep in mind who you are trying to reach and include how you will benefit them. Consider offering a special for attending your "grand opening" event. This is a great chance to show potential patients how amazing you are.

Work with your marketing company to develop two designs, one for mailing four weeks out and another for mailing one week before opening day.

- Six weeks out: Sign off on the final proof for your postcards, your mailing list that targets your market, and the mailing dates for your postcards. Next, check the status of your website and make sure it's live.
- Five weeks out: Prepare for your grand opening and respond quickly to calls or e-mails received from your marketing efforts. Next, mail your first postcard campaign and ensure your website communicates the same message as your other marketing materials.

If you follow these steps and continue to market your practice, you should see more patients come in. The more communication you send out (postcards, calls, e-mails, etc.), the more inquiries you should receive.

JOY GENDUSA is the founder and CEO of PostcardMania, a marketing company specializing in lead generation for small- to large-sized businesses. It offers graphic design, printing, mailing list acquisition and mailing services, website development, e-mail marketing services, and custom marketing plans. She can be reached through www.postcardmania.com.


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Dare to be successful

Tap into the power of marketing to succeed

BY MIKE REID, DC

MANY CHIROPRACTIC COLLEGES DO NOT PREPARE CHIROPRACTORS FOR THE REAL WORLD OF PRACTICE. Once these new chiropractors are out of school, many start deep in debt and scramble to get new patients.

In order to gain growth and become successful in this healthcare business, you need to have an uncanny knowledge for running a successful business model. You also need to know the fundamentals to create a million dollar business.

Top secrets

Here are some top secret tips to follow when planning for success.

1. Have a plan. One key to success in today's active marketing is a well-designed, 12-month plan for growth. By carefully laying out multiple pillars delegating projects that *must* be done, with a 30-day prep time, you can be successful.

This will allow you to build a stress-free, practice-growth environment where employees know well in advance what their duties are to make the practice a source of growth.

Establish events to accommodate themes and deliver a marketing message with your brand, such as lunch and learn and outside screenings. Events should be all mission based, which allows patients to see your particular vision.

You are there to help them and to save lives. That may sound strong, but when people are in chiropractic, their quality and quantity of health improves. When you shift your mindset and make it your main principle to illustrate to others that you are there for them, your practice radically shifts.

You have the capacity to build the practice of your dreams. Send out information — whether it is a direct-mail piece, broadcast fax, e-mails, or handouts — but keep it emotionally, logically, and mission based to get a direct response from the potential new patients.

Many patients have the "herd" mentality, meaning they will seek out clinics that are busy and well-recommended by others. Make time for workshops and schedule them to take place during busy hours, such as a Monday to a Wednesday evening.

To generate customer satisfaction, it is always great to post patient testimonials, with a picture of the patient and the doctor. A well-planned patient appreciation day at least once a year can also generate not only a great culture in your practice, but also referrals.

2. Learn to delegate. One person cannot do it all! To guarantee referrals are followed up on and your new patient machine is always growing, it is vital to hire a public relations assistant.

One of the best and most cost-effective marketing tools today through delegation is a screening team. Many top doctors have a minimum of one screening team composed of a screening CA, an exam doctor or associate, and two or three part timers.

It's not uncommon that a weekly screening of two to three days can produce 15 to 25 new patients or more. This is extremely effective for

busy practices, where the adjusting doctor has no time or desire to perform screenings on the weekend.

When delegating, it is important to keep in mind that you have to measure and monitor every marketing event. Many marketing events can produce a minimum of 5:1 return on investment.

A weekly team meeting to monitor and train on marketing projects; office procedures; and to establish weekly, monthly, and yearly goals will help to track progress and goals. It is imperative your office manager or public relations CA ensure your 12-month plan is followed through.

3. Capitalize on the success of Web marketing. Did you know there are more than one billion users on the Internet? Find a highly reputable designer who has an effective strategy in developing a site that will brand your practice and gain attention from the everyday Web user.

Make sure your site can load quickly, is stunning, and user-friendly. There is nothing worse than searching for hours on a website to find key information. If it's not user-friendly, the potential patient will give their business elsewhere.

Social media sites are important for free advertising, to connect with potential clients, and to network. Some sites worth noting are Facebook, LinkedIn, and Twitter.

It takes a matter of seconds to become a part of these sites and the benefits are outstanding. Google loves video, and a YouTube site for your practice can often put you on the first landing page of an Internet search.

4. Display the charity component. Today's hot topic in marketing includes being associated with a charity, where your business' intent is seen as giving back.

Also, many perspective, new, and existing patients love to see "free." This is a value-added service that could include daily handouts on health and wellness, a refreshment center, power workshops, and complimentary family exams.

Running a business blindsided is a big mistake. Jay Abraham, a United States-based marketing guru, once said, "If you're not marketing yourself … you are dead."

You need to remember you are running a healthcare business, and you want to ensure that marketing it is a key component.

MIKE REID, DC, is the CEO and head coach of Chiropractic Masters. He can be reached at 800-781-8127 or through www.chiropractic-masters.com.

Marketing made easier

Tips for giving your new business a boost

BY DON MACDONALD, DC

STARTING A NEW PRACTICE IS BOTH EXCITING AND CHALLENGING, COMBINING THE THRILL of launching your own business with the challenges of marketing, advertising, and gaining visibility in your community.

There are two key things that make the difference between success and failure for chiropractic startups: community interaction and communication. If you can do these things well, it can give your business a tremendous boost.

In general, you have three good options for increasing business:

1. Internal events, which create energy and excitement while generating referrals and bolstering patient retention;
2. Reactivation, or staying in front of lapsed patients who've been happy with your services but have simply let it slip from their list of priorities; and
3. External events, which involve community interaction to spread the word about your office and what chiropractic can do for people.

As a brand-new business, you don't have the benefit of internal events or reactivations, so you want to focus on the broad possibilities available from external events.

From the outside in

Screenings: If you want to cultivate patients, how do you expect them to find you if you spend all your time in your clinic?

Screenings are one of the best ways to get out in your community and talk to people about what you do and why you do it. They provide visibility, contact with potential customers, and an opportunity for education — not to mention, screenings can be a fun way to connect with your friends, neighbors, and other local businesses.

Whenever you do screenings, you will find the time flies as you meet new people, connect with former patients, and make a contribution to the local small business community.

You can hold screenings at any local business fair, home show, women's show, you name it — most local organizations will be happy to have you participate.

The key is to find people who fit the target market for your practice. If you're looking for athletes, seek sporting events; if you're seeking families, find places that families will visit or frequent.

At screenings, you can generally use two functional tests:

The turn test. This is where the person stands in one place with his or her eyes

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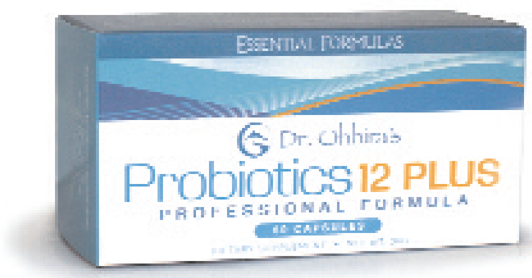

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A healthy gut contains hundreds of probiotic strains, some of which are unique to the individual. Flooding the gut with just a few supplemental strains can worsen any imbalance and even alarm the immune system. **Dr. Ohhira's Probiotics 12 PLUS Professional Formula** is the only product that replenishes important strains and contains organic acids that improve intestinal pH to create a supportive environment for all beneficial bacteria.*

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Three ways to communicate

1. Careful communication. This is the most common form of communication for chiropractors today. This is when you are so concerned about everyone else that you honor their values and not your own. You want to fit in with medicine or the general public, so you fail to honor your own principles.

2. Careless communication. This is when you only honor your values and force others to see where you're coming from. This does not do either party any favors since the public may resent you if you force information down their throats.

3. Caring communication. Of the three, this is the most effective type. Caring communication is when you find out other people's values first, and then communicate your values through theirs. This honors both parties in the communication process.

When doing screenings or corporate talks, mastering caring communication will help you initially connect with people in your external marketing efforts. It will also help you create strong bonds with your patients, which will eventually improve your internal marketing and decrease your need to focus on reactivations.

closed and hands in front. He or she then marches in position for 30 seconds, trying to stay in the same place. If he or she moves forward, this indicates forward head posture, or he or she may turn to the right or left, which indicates greater subluxation; and

The Romberg's test. This is where the person stands on one foot with his or her eyes closed and tries to hold for 30 seconds. If he or she cannot, you can have them try again with his or her eyes open to see what the difference is. If he or she succeeds with eyes open, this provides a great opportunity to explain that the brain does not know where his or her body is in space and needs vision to cheat for balance.

These tests give people an opportunity to feel firsthand what subluxation does to brain function and spikes interest in a full check-up in a clinical environment. It's also easy to set up, requires little equipment, and allows for patient involvement and interaction.

One challenge screenings face often lies with regulatory boards; some chiropractors aren't allowed to do screenings because boards think they hinder professional credibility. In truth, most boards are genuinely concerned with the future of the profession and want to do the right thing, but if you don't voice your concerns, they might not realize what a great opportunity screenings can be for small businesses.

Corporate talks: If you don't boast about your business, who will? While many may shy away from public speaking, these opportunities provide one of the most effective ways to promote your practice to your local community.

Chiropractic is one of the best-kept secrets out there, which is a shame. Public speaking and other networking opportunities give you a chance to talk about what you know best and share the amazing benefits of chiropractic with others.

To get comfortable speaking to a group, write notes and practice several times or hire a personal coach for a few confidence-boosting sessions, which can be well worth the small investment.

When speaking to corporations, small businesses, and conferences, select topics everyone can relate to — stress management and ergonomics, in particular. Stress can have a devastating effect on people's health, well-being, and overall quality of life.

In a corporate talk, you can simply share some of the ways chiropractic reduces stress, improves posture, relieves pain, and promotes everything from better sleep to stronger backs to easier breathing.

The more you connect with your audience, the more you'll be invited back, and the more potential customers you'll reach.

More to offer

Other external marketing ideas include social networking (promotions on Facebook, Twitter, and your website); sending news releases to local publications about events and specials you are offering; flyers with coupons that you can pass out at local coffee shops, community events, and in your office; and partnerships with other organizations that can co-promote your business.

There is truly no substitute, however, for face-to-face discussions with people in your community — these interactions help you determine what their challenges are and how you can help them.

People will visit chiropractors they like, and people like those who care about them and what they like. Learning how to relate to people is one of the most important things you can do to create that bond and trust to grow the patient base you have always dreamed of.

DON MACDONALD, DC, owner of South Side Chiropractic in Edmonton, Alberta, Canada, runs a high-volume, wellness-based practice and operates Personal Chiropractic Coaching. He can be reached at drdon@shaw.ca or www.drdonmacdonald.com.

Introducing a **NEW CONCEPT** in Chiropractic...

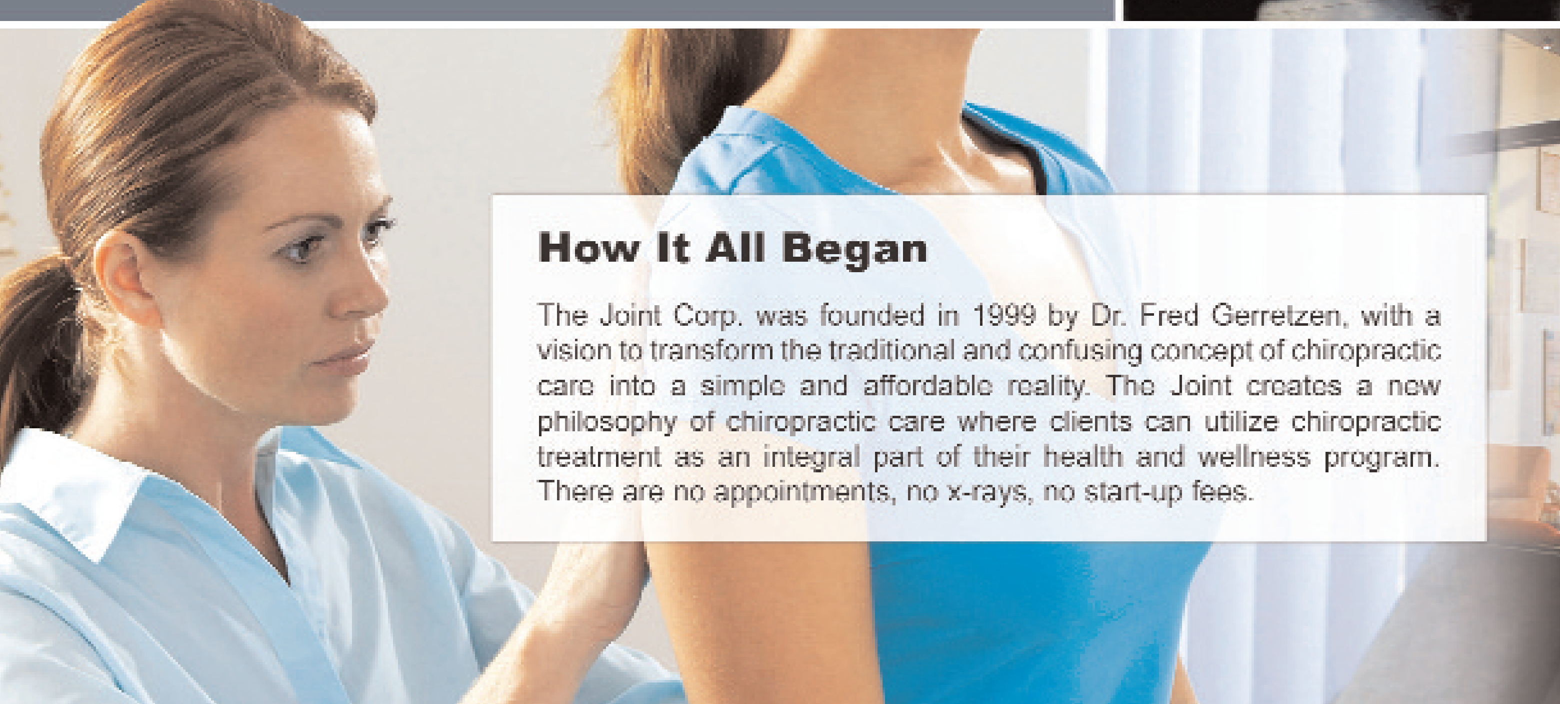
THE JOINT
...the chiropractic place®

About The Joint

Despite today's difficult economic climate, The Joint is clearly on its way to becoming the leading provider of chiropractic care in the U.S. With hip, modern facilities nationwide and a unique membership concept, the fast-growing franchise offers chiropractors the opportunity to own an efficient, low-overhead practice within a proven, successful business model.

The Joint is certain to revolutionize the chiropractic industry, enabling practitioners to provide the highest quality care—because the franchise model allows them to focus on the patient, and not the paperwork. And the ongoing support chiropractors receive streamlines practice management, allowing chiropractors to focus on what brought them to the profession in the first place.

The chiropractic clinics offer simple membership packages designed to maximize patient wellness through more frequent adjustments than most patients receive or have access to elsewhere. In addition, abbreviated visit times and encouragement of walk-in patients, means a greater number of patients can be seen in a shorter period of time. Which also means that chiropractors can focus on what matters most: restoring balance and helping their patients live free of pain.



How It All Began

The Joint Corp. was founded in 1999 by Dr. Fred Gerretzen, with a vision to transform the traditional and confusing concept of chiropractic care into a simple and affordable reality. The Joint creates a new philosophy of chiropractic care where clients can utilize chiropractic treatment as an integral part of their health and wellness program. There are no appointments, no x-rays, no start-up fees.

Benefits of a Successful Franchise Partnership

The Joint is led by John Leonesio, former CEO and Founder of the highly successful Massage Envy franchise. A team of nationally recognized operations and marketing professionals will guide and support you in building a thriving practice.

Sustainable Membership Model:

The Joint's membership proposition makes it as appealing to patients as the removal of insurance claims paperwork is to you.

Efficient, Low-Overhead Practice:

With turn-key systems in place, The Joint delivers time- and cost-efficient ways to build your bottom line and lower your overhead.

High Volume Clinic Locations:

The Joint team does all the work in finding you a high traffic, high-volume location just for you.

Hip, Comforting Design:

The Joint locations don't have that "doctor's office feel." While it's still professional and quality chiropractic facility, it has a hip, comforting interior design and soothing atmosphere that attracts patients.

A Proven Marketing Approach to Getting Patients:

Strategic marketing programs that attract new patients and encourage patient referrals, are the core marketing elements provided by The Joint. It's marketing initiatives include public relations, print advertising, direct mail, Internet marketing, e-mail, social media, TV, radio, professional and member referrals, and local clinic marketing.

Profit-Building Practice Management Technology:

The Joint's designed practice management software orchestrates all aspects of business and provides comprehensive financial management and reporting.

Are You Frustrated?

Do you spend more time trying to squeeze payments out of reluctant insurance companies than you do sharing the benefits of chiropractic. The Joint's concept is backed by an experienced support team, dedicated to your success and the proper care of our patients. The Joint concept has more to offer than what is traditionally found in the chiropractic profession, because it's concept is built on a successful, proven membership model.

"The Joint franchise is a great opportunity! The future of chiropractic care made simple and convenient. Simply put, the best decision I have made in my career."

-Jeremy J. Casagrande, DC
The Joint Boulder, CO

The Joint's mission to improve quality of life through affordable chiropractic care resonates with chiropractors who wish to pursue their passion by providing exceptional healthcare in a credible environment—with the support of a national brand presence. Over the next 10 years, The Joint plans to expand to include more than 1,200 locations nation-wide, reshaping the chiropractic industry and the ways in which people rely on chiropractic care to improve their health. Whether you're an looking to build a successful chiropractic business or are already an existing practice looking to simplify your business The Joint offers the opportunity to start, grow, and profit from your chiropractic practice using a proven and highly successful business model.

To learn more about franchise opportunities contact:

Chad Everts, President of Franchising

ceverts@thejoint.com | (480) 245.5960 | thejoint.com

The Joint, 9383 East Bahia, Suite #100, Scottsdale, AZ 85260

chiropractic economics

What You 'Audit' Know

Audits happen, but knowing what to do, how to respond, and what to avoid can mean the difference between a small problem and a big payout.

BY LAURA LAING

It all starts with a letter — an innocuous-looking business-sized envelope containing a request for records. But ask anyone who's been there; this simple piece of mail can cause absolute panic.

Audits happen. And while they are not uncommon, it is easy to assume you've been unfairly targeted or are about to lose everything. The trick to surviving an audit is to keep a calm head. With a solid plan, you may even learn something and improve your practice.

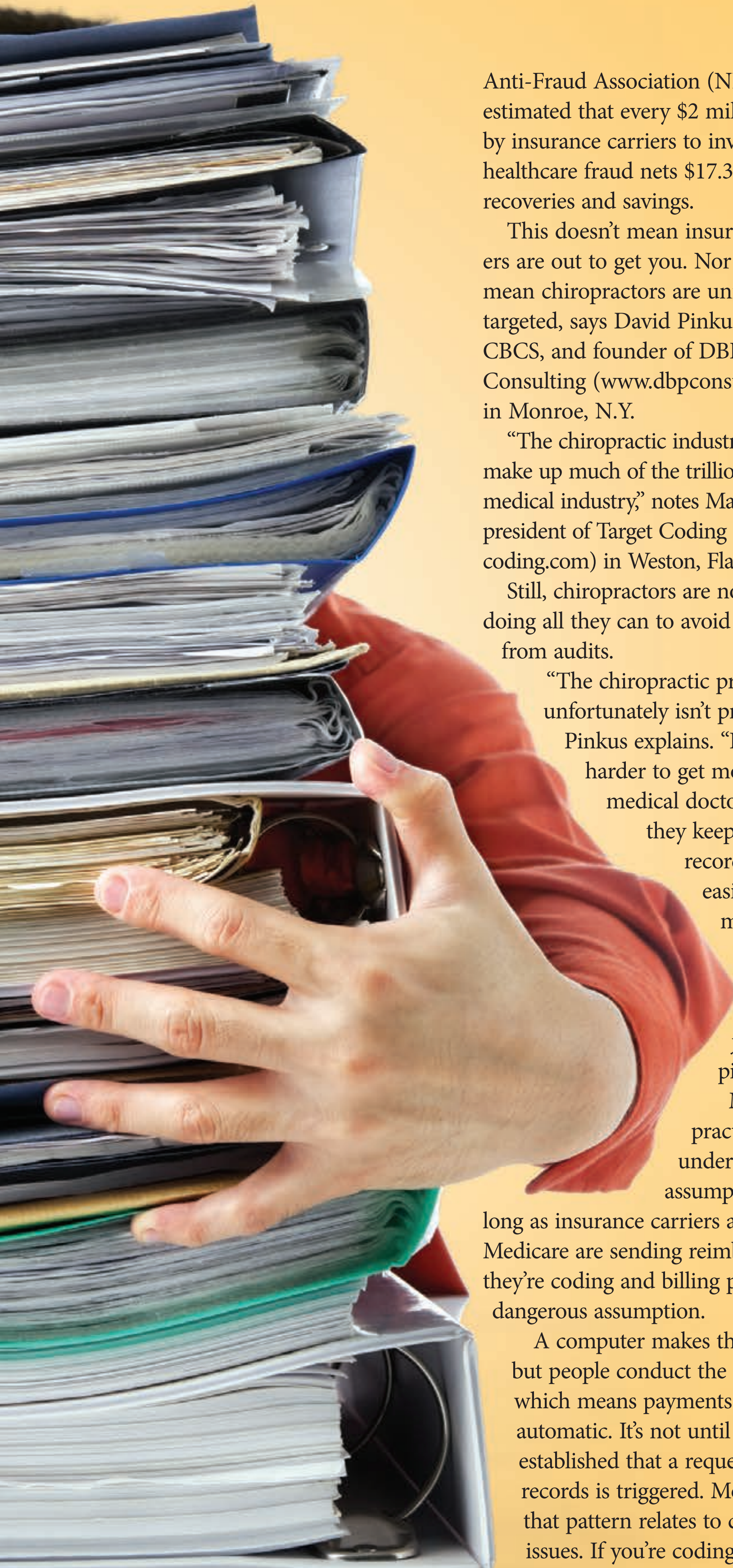
"Even though in my mind it was a bad thing, we've changed for the better," notes Cevin Cormier, DC, from Mobile, Ala. A few years ago, his practice was audited by Blue Cross/Blue Shield Alabama, and as a result, Cormier made "massive changes — huge, broad-stroke changes — almost immediately."

In the end, he's grateful for the experience, mainly because the changes give him peace of mind. "It does make things simpler because you're doing things the way the insurance carrier requires you to do it for proper payment," he says. "And when you shut the door and go home at night, you feel good about not having to look over your shoulder."

Target practice

Make no mistake; audits are big business for insurance carriers. "One of the most profitable divisions of insurance companies is their audit and investigations division," says David Klein, co-founder of PayDC (www.paydc.com) and president of DK Coding & Compliance (www.dkcoding.com) in Huntingdon Valley, Pa.

In 2008, the National Health Care



Anti-Fraud Association (NHCAA) estimated that every $2 million spent by insurance carriers to investigate healthcare fraud nets $17.3 million in recoveries and savings.

This doesn't mean insurance carriers are out to get you. Nor does it mean chiropractors are unfairly targeted, says David Pinkus, DC, CPC, CBCS, and founder of DBP Audit Consulting (www.dbpconsulting.com) in Monroe, N.Y.

"The chiropractic industry does not make up much of the trillion-dollar medical industry," notes Marty Kotlar, president of Target Coding (www.targetcoding.com) in Weston, Fla.

Still, chiropractors are not always doing all they can to avoid big payouts from audits.

"The chiropractic profession unfortunately isn't proactive," Pinkus explains. "It's much harder to get money from a medical doctor because they keep good records. It's much easier to get money back from the chiropractor. We're just easy pickings."

Many chiropractors labor under the assumption that as long as insurance carriers and Medicare are sending reimbursements, they're coding and billing properly — a dangerous assumption.

A computer makes the payment, but people conduct the audits — which means payments are often automatic. It's not until a pattern is established that a request for records is triggered. Most often, that pattern relates to coding issues. If you're coding differently from your peers, you may be flagged as an "outlier."

"Doctors get noticed based on the way they code," Klein says. "If you are an outlier, the insurance company will say 'hmmmm.'"

In and of itself, this is not a problem. But if the coding is being done improperly, the chiropractor can be found at fault and required to pay back the reimbursements and possibly a fine.

Still, these problems can start innocently enough. Some doctors simply use the coding they learned as an associate with another practice; others continue coding the way their predecessor did.

"I think many chiropractors are misinformed," says consultant Kathy Mills Chang (www.kathymillschang.com). "There are too many opinions out there and not enough facts."

And so doctors can misunderstand the guidelines set forth by law or the insurance companies themselves.

"My interpretation of their rulebook and their interpretation of their rulebook were different," Cormier says about his audit by Blue Cross/Blue Shield. "And they were right."

Cormier was flagged because he was claiming maintenance care for a family of 10. "It was an error on my part," he admits. "And [at the end of the auditing process] we had to write the carrier a check."

But in other situations, coding is justified.

"You can be an outlier," Klein says. "That's okay. But you have to back it up."

"Get paid for what you do," Pinkus advises. "Just make sure you're doing it properly. It's not a question of if you'll get audited; it's a question of when you'll get audited."

At the ready

While there's no way to avoid an audit altogether, an internal audit and comprehensive medical compliance plan can set you up for a much less stressful experience.

An internal audit can flag potential

Are you an outlier?

David Pinkus, DC, CPC, CBCS, notes that use of the following codes may flag you for an audit with some insurance carriers. But remember, you may not have done anything wrong.

There's no reason not to use these codes, just be prepared to justify yourself if you're audited.

1. Constant and excessive use of CMT (chiropractic manual therapy): 98941 and 98942

2. Constant and excessive use of ENM (electronic nerve modulation): 99204 and 99205

3. Manual Therapy (97104) combined with CMT (98941 and 98942)

4. E/M (evaluation and management) on every visit

5. Attended electronic stimulation: 97032

6. Excessive use of passive therapies beyond the first 12 visits

problems in billing or coding. A medical compliance plan can help you keep good records and avoid costly mistakes.

Many times, audits shine a light on unexpected problems. "Once the auditor gets in there, everything's kind of free game," Klein says. An internal audit can uncover a variety of mistakes that can turn a simple coding problem into an expensive disaster.

"This is like practice insurance," Mills Chang says. "Most doctors don't have the money or wherewithal to withstand an audit. I don't see how doctors cannot afford an internal audit or medical compliance plan."

In fact, new federal regulations require a medical compliance plan. But it's not good enough to simply have one on the shelf. Compliance plans must be living, breathing documents that are updated regularly and followed to the letter.

"The biggest problem I see is a lack of systems in general," Mills Chang notes. Between staff turnover and a very busy patient schedule, it's easy to skim over a compliance plan, which should be an integral part of standard operating procedures.

Both can be done by outside consultants, or done in-house at little cost.

"The investment might involve money, but it doesn't have to," Mills Chang says. "What you do have to do is invest time."

Cool as a cucumber

An audit requires a lot of work, but the first thing to do is keep your cool.

"Most doctors will get very upset or anxious," Kotlar says — especially if the request comes from an insurance carrier they work with a lot.

Klein remembers this well. Before becoming a consultant, he was the director of 36 chiropractic practices. "The first time I got called, I freaked out on the auditor," he says.

"At this point, all the insurance carrier has received is just bills," Kotlar says.

But it won't help to ignore the request or drag your feet. Most requests must be honored within 30 days.

"I always recommend the doctor call the carrier and ask for an extension" if he needs more time, Kotlar says. This will give you time to collect the information they need, package it so it's easy to read, and even contact a consultant. If you have all the information handy, then there's really no need to get an extension.

The number and type of records varies widely — depending on the company itself and the reason for the audit. Kotlar says it's not unusual to request 10 to 15 records, either for one or multiple patients.

Medicare audits work a little differently, however. Typically random, these will require fewer records.

"When there is a random audit, they will ask for a day of service," Mills Chang says. "That can be a problem because they can't see an episode of care."

But more and more insurance carriers are asking for records from an entire treatment period. "If they are not doing that now," Mills Chang says, "they are being asked to move in that direction."

Pretty packaging

Dumping the requested records into a brown envelope and shipping them off to the carrier is probably not the best way respond — especially if your recordkeeping is not up to par or your notes are illegible.

"You want to look at your documentation as telling a story," Klein says.

So, it's good practice to include a treatment summary on the front of each record. This summary can tell a more complete story than is told with the notes from one visit.

"It distills the information down to a page, rather than an inch-thick document," Mills Chang says.

If your records are incomplete or nonexistent, resist the urge to create them after receiving a request for records.

"Never go back, change, or alter your notes," Pinkus says. "It's easier to defend someone with no notes than someone who changed the notes or wrote the notes the night before."

It's not required you present your records in tabbed folders, but it can't hurt. The more organized your records are, the easier it is for the auditor to review them.

Pack the records neatly and send them by certified mail with a return receipt. That way, you know when they reach their destination.

On pins and needles

As frustrating as it might be, the next step is to wait patiently. Checking in with the insurance carrier or Medi-

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caid is unnecessary. It could take three to six months to review your records, and if nothing is wrong, you probably won't hear anything at all.

But that doesn't mean you don't have anything to do. If you haven't completed an internal audit or developed a comprehensive medical plan, now is the time.

A certified coder can check to see if your codes are up to par, and a medical compliance specialist can help tweak your plan or build one from scratch.

If you do get a letter, you can expect a request for payment. "Ninety-nine percent of the time, it's not good news," Kotlar says.

But resist the urge to immediately send the full amount. "The last thing you want to do is just send them a check," Pinkus says.

Instead, look for ways to negotiate a lower payment. Klein remembers one doctor who was able to negotiate a $9,000 payment down to $900. The insurance company was satisfied with proactive actions he took, including an internal audit.

It's also not wise to play hardball if you know you're in the wrong.

"Part of me wanted to dig my heels in and fight," Cormier says about his audit. "But the rational side of me said, 'I can't actually agree with it, but they're right.'"

Instead, he asked the auditors how he could correct the problems. "We took everything they said and changed things," he says. "It's made our practice more comfortable."

Preventative medicine

Only a fraction of audit payments are the result of out-and-out fraud. Yet, plenty of chiropractors are making costly billing and coding mistakes — mistakes that could be avoided.

"The biggest problem I see is there aren't any bodies on the side of the road," says Ray Foxworth, DC, from Jackson, Miss. In other words, too few doctors are scared enough to make sure they're following the rules.

"I hate for doctors to be frightened, but nothing else seems to work," he says.

Pinkus notes that some are afraid to find out what they're doing wrong. This denial, however, can be disastrous.

"People get divorced," Pinkus says. "People lose their practices. People have to take out second mortgages."

An audit — or the fear of one — can offer that motivation to avoid huge payouts.

"Is everybody perfect?" asks Cormier. "No one in the world is perfect, but you do your damndest to do your best."

LAURA LAING is a Baltimore-based freelance writer and editor. Although not a chiropractor, she contributes regularly to *Chiropractic Economics*. She can be reached through www.lauralaing.com.

Give feet a chance

BY MELISSA HEYBOER

FOR AS COMMON AS THEY ARE, FOOT PROBLEMS ARE MORE OFTEN THAN NOT, OVERLOOKED AND UNDIAGNOSED.

Whether it's plantar fasciitis or flat feet, the general population generally writes foot pain off as nothing more than over-activity. What might appear as a minor foot problem, however, is often the root to other problems — including back pain.

"Research indicates that 80 percent of the population has at least one 'foot fault' by the time they are 20 years old," said Larry Montgomery, DC, owner of Montgomery Chiropractic in Belton, Texas. "Therefore, support and correction of these foot faults can prevent future problems and promote healthy feet."

Fortunately, the solution may be right under your nose: over-the-counter insoles.

Montgomery says, however, that while insoles are generally marketed as being "just for feet," they can benefit the entire body.

"The foot acts as the foundation for the body," said Montgomery, "and every joint above the foot will suffer due to improper foot posture, thus causing an even greater loss of health."

Due to the poor quality of shoes being made, Montgomery said a pair of insoles can ultimately make a bad pair of shoes acceptable.

"Shoes just aren't made as well as they used to," said Montgomery. "Most people are buying at discount chains for their footwear, and instead of having to buy a brand new pair of shoes; we can use inserts to improve the shoe they have."

So what constitutes a good insole? Or more importantly, what characteristics should a doctor look for in an insole they want to sell in their practice?

According to Montgomery, a good insole should have four main features and be backed by scientific research. He says first and foremost, it must provide support to the rear foot, arch, and forefoot.

"Additionally," he said, "the insole should be as lightweight as possible and variable enough to fit in multiple styles of shoes to ensure the patient can change it from shoe to shoe without complication."

Finally, he says, find an insole that is effective and still inexpensive.

Aside from the benefits for patients, the chiropractor will also see tremendous gains within their practice.

"The doctor who takes this approach will be in high demand," said Montgomery. "The doctor can generate revenue for the practice by recommending insoles. He can provide these products for nearly the same price as large retail outlets, but give a better service by ensuring the patient has the proper insole from the beginning."

Montgomery says that because insoles are inexpensive and have sort of an over-the-counter approach, patients are more likely to buy multiple pairs once they see the benefits.

Although custom orthotics can be effective, most people don't understand that a large percentage of the population buys expensive orthotics when they only need inexpensive insoles.

"There is a portion of the population that does need custom orthotics," said Montgomery, "but I have found that in my practice, 60 percent to 70 percent of the population can achieve the results they want with the less expensive insole.

"Therefore, there is really no need for these patients to invest in a $300 to $600 item, when they can be helped by a product retailing for $50 or less."

This goes along with Montgomery's theory that the more patients you can help, the better.

"It's kind of like Andrew Carnegie," said Montgomery. "He said he'd rather have 1 percent of 100 men, than 100 percent of one man. Because of financial concerns, you're just able to help so many more people by having these types of orthotics [insoles]."

The best way to talk to a patient about investing in insoles is to make them aware of how important the feet are to the rest of the body.

"During the course of the postural examination," said Montgomery, "if a foot fault is identified, the doctor can explain the impact of poor foot posture on the other joints of their body."

He recommends having the patient face a mirror where they can see the pronation or other foot faults. After you correct the pronation, have the patient observe their patella in the mirror.

He then "tells them to observe their knee as they let their foot return to its abnormal posture. When they observe the shift made in their knee and how a great deal of pressure is placed on the medial side of the knee, I then repeat these steps, only this time asking them to observe their hips.

"When they see this change in addition to the knee, it is a small leap of understanding for them to see how poor foot posture impacts the spine," and that with an insole put in the shoe you can have tremendous success with these patients.

MELISSA HEYBOER is the associate editor for *Chiropractic Economics*. She can be reached at 904-567-1540 or mheyboer@chiroeco.com.

Clinically tested, doctor recommended: Spenco® Thinsole™ Orthotics

Most chiropractors and physical therapists will agree that when they see a patient who's complaining of lower back and/or hip pain, it can many times be attributed to an issue that originated in the foot. More and more, medical professionals are recognizing the need to include foot health of the patient in the overall exam.

Many times, mild-to-moderate back/hip pain can be remedied through the simple solution of an orthotic shoe insert. While some patients' foot ailments are severe and require custom orthotics, many patients' aches and pains can be dissolved with the convenience of an over-the-counter orthotic shoe insert.

They're also a great alternative to custom orthotics for those patients unable to afford the high cost usually associated with custom-fit orthotics, as on average, they range anywhere from $200 to $700 a pair. And for children, custom orthotics are many times not an option as they tend to outgrow them within four to six months, or sometimes even sooner.

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No fear here!

Knowing how to code and use modifiers can help you be brave against audits, paybacks, and worse — oh my!

BY DEREK GREENWOOD

THERE ARE WORDS TO DESCRIBE AN EXPLOIT THAT EVERY CLINIC IS ENGAGED IN, THAT RARELY GETS THE ATTENTION IT SHOULD. It is an area so dark, so difficult to look at, that many clinics ignore it as much as possible.

This area can be so misunderstood that it can feel as if it were beyond the ability to comprehend. So, with all due pomp and circumstance the words that bring terror to the hearts of billers and doctors alike are, coding and modifiers.

Do these words make you shake in your boots? Did sweat erupt from your forehead? Maybe you had the cold blinding fear of an audit sweep through you like an arctic blast. Maybe you just went blank and thought to yourself, "whatever."

Coding fear

Regardless of your response, most people have a fairly strong reaction, if not a downright fear, of this subject called coding.

Don't worry; it is natural for people to be afraid of what they don't know. Don't know enough about coding? The natural reaction is fear. But in actual practice, coding is nothing to be afraid of if you understand how it works and know how to manage it within your practice.

If you don't understand coding regulations and misapply them, however, there is plenty to be afraid of — audits, paybacks, and worse can be the result.

So how do you go about getting control of this situation? How do you make sure you are coding in an ethical manner that will, in addition, return the highest payment for the services performed, and how do you make sure every bill and note is in alignment with coding and modifier requirements?

Do you know enough?

Evaluate your situation and decide if you know enough about coding and modifiers to determine if you are using them properly. This is a cut-and-dry situation and there is no maybe — you either know enough about coding and modifiers that you could teach them to another or you need more training.

You may need to call a coding expert for help. Have them come to your office for a visit and look over your procedures, billings, documentation, and decision process wherever it relates to coding and the use of modifiers.

The coding expert will return to his office and a few days later give you a complete written report on what you are doing right and what you need to change. Many consultants will answer coding questions as they come up during the course of the following 12 months or so.

Think you can't afford an expert? Think of this: Many offices leave a lot of money on the billing room floor, so to speak, because they don't bill for all they are delivering. In many cases, you will make money by spending money on a coding expert.

Documentation data

How do you implement this highly detailed coding data into your office in such a way as to ensure it is used properly?

It all starts with documentation. You must document each visit properly. This means every subjective element, as conveyed by your patient, must be documented and followed

through in each part of your note — down to the very end.

Documenting properly also means your notes can't look canned. This not only includes canned looking computerized documentation, but also the traditional single piece of paper with 24 to 48 different visits on it in shorthand coded form.

It means you either handwrite a great deal or have a computerized noting system that is truly and fully customizable. The computerized system must allow you to be able to change the notes to your style and to follow exactly what you do with your technique. This means you will have to spend some time changing the computerized notes so they don't look like everyone else's notes who bought that same package.

Paper notes just don't make sense anymore as they are time-consuming, which means they are too expensive for your clinic. Plus, with the government push and incentives to switch to computerized documentation, it doesn't make any sense to do notes on paper.

Your documentation software also needs to automatically send the proper CPT codes and diagnoses to your billing software.

Good documentation packages can pull the correct coding information out of your note and send it directly to billing. This eliminates errors and ensures every item you bill for is properly documented.

The new generation of billing software includes connectivity directly to the documentation package. This modern combination of documentation and billing software will allow you to point your diagnosis to the proper services.

Some software can even do a prebilling audit to determine if modifiers are required and then automatically apply them. Some can even track the length of time the patient is in your office so you can make sure time-based codes are reasonable.

Just relax

Coding and the proper use of modifiers can be scary, just be sure to arm your practice. The new generation of integrated billing and documentation software packages will not only be easier to be compliant, it should also make you more money and spend less time doing it.

An added bonus to computerizing with the new generation of integrated billing and documentation software is that you will be able to demonstrate meaningful use of the software, which could make you eligible for a large sum of government incentive money. But that's a different scary story.

DEREK GREENWOOD is the founder and CEO of EON Systems Inc., creators of The Digital Office. He can be reached at 800-955-6448, info@eonsystems.net, or through www.eonsystems.net.

Animal adjusting comes of age

While animal chiropractic gains popularity, more and more chiropractors are benefiting from this subspecialty

BY WM. L. INMAN, DVM, CVCP

WHETHER YOU CALL IT ANIMAL ADJUSTING, ANIMAL CHIROPRACTIC, OR VETERINARY CHIROPRACTIC, this specialty is not just a hobby or a curious diversion for chiropractors any longer.

In the United States alone, more than 4,400 licensed chiropractors (and 3,400 licensed veterinarians) have been trained in the application of chiropractic principles to diseases of the domestic and exotic quadrupeds.

The rewards for this type of “subspecialty” for the working chiropractor are both professional and financial. The application of animal adjusting evokes a pleasant lifestyle, minimal resistance, scheduling freedom, excellent clinical success, and significant income potential.

On top of that, it’s fun, safe, and is in high demand, which makes promotion and advertising unnecessary.

Say goodbye to insurance companies, and plan on getting paid two to three times what a human adjustment would generate. Working in the veterinary field with licensed veterinarians is easy, pleasant, and rewarding, as both professionals work together to arrive at a healing solution for the veterinary client.

Client patient potential

In a chiropractic practice, 60 percent of everyone who walks through the door has at least one pet.

While chiropractors labor tirelessly to educate patients on the need for chiropractic care, how it works, why it works, and what is causing its need, the patient begins to think in terms of disease conditions that have been successfully treated with chiropractic, and in turn, may recognize these disease processes in their pets.

It is only logical these patients would seek chiropractic care from their veterinary health professional and want their veterinarian to adjust their pet. Unfortunately, most veterinarians have had little exposure to chiropractic principles in veterinary school, and have never considered subluxation complex

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reduction as a means to solve any clinical problem. As a result, they likely respond with medicines, surgery, steroids, or euthanasia.

Since 65 percent of everything that walks through the door of a veterinary hospital is held in place by vertebral subluxation complex and usually responds poorly to medicines and surgery, the chiropractor, who is considered a "last resort," is often successful and considered a "miracle worker."

This means an unlimited number of potential patients already exist in the chiropractor's practice. Typically, when a chiropractor mentions to his patients he registered for an animal adjusting course, he or she arrives at the course with dozens of patients already lined up for treatment when they return.

Often times, they do not need to promote their care, as word-of-mouth drives their animal adjusting subspecialty and they end up staying as busy as they want to be.

Methods

In the last 15 years of animal adjusting, the classic or diversified adjusting method has been outpaced by instrument-aided diagnosis and treatment.

"Chiropractic" means with the hands, and manual adjusting has been done for centuries on all animals. B.J. Palmer formally adjusted horses in the early 1920s.

The history of classical joint manipulation has been transposed to animals in formal training as far back as 1989 by the American Veterinary Chiropractic Association (AVCA), the recently formed International Veterinary Chiropractic Association (IVCA), and the International Association of Veterinary Chiropractitioners (IAVCP).

Training

All three organizations have training programs associated with their methods. The manual animal adjusting method is a healing art requiring hands-on training. The core courses are typically five to eight weeks long and taught in several locations in the U.S. and courses can be found on the Web.

The IAVCP and American Animal Adjusting Association (AAAA) deliver instrument-aided diagnosis and animal adjustment courses internationally. A fractious pit bull, a feral cat, a terrified painful horse, or even a Jack Russell Terrier who won't hold still are all pets who need to be adjusted, but probably won't cooperate with a manual adjustment. Instrument-aided adjustments require no cooperation or relaxation and can be delivered to all animals all the time.

Legality

In most states, chiropractic is limited to the human spine. Thus, animal chiropractic and veterinary chiropractic is an oxymoron and, although accurate, is often not allowed.

This is not fair for the organizations that train and certify "animal chiropractors." Veterinarians who train to classically adjust animals also cannot call themselves "chiropractors."

The term "chiropractitioner" is a trademarked term and has been used in all states by both veterinarians and chiropractors alike. CVCP is a certified veterinary chiropractitioner.

When queried, state organizations — both veterinary and chiropractic — are unsure who can adjust and who cannot. It is a certainty that, with some exceptions, a chiropractic license does not allow a DC to adjust animals without veterinary affiliation. Veterinary affiliation requires active professional responsibility by a state licensed veterinarian, not a casual relationship.

A number of states, such as Colorado, have passed laws allowing DCs to work autonomous to direct veterinary affiliation if specific training and certification requirements are met. This may be the future of this specialty.

Problems associated with doctors of chiropractic practicing on animals for money is due to lack of veterinary affiliation — essentially practicing veterinary medicine without a license.

The DC's veterinary affiliate is where all his or her cases are referred and protects and defends the DC who becomes a valuable practice associate and a solution for here-to-fore untreatable problems.

A typical DC working in this field will often find animals much easier to treat, and clients who are more willing to accept care and pay for it.

They find they net three times more for their time and effort. Their efforts are greatly appreciated and DCs who adjust animals never fill out an insurance form. There are no third-party payments, billings, or delays in payments. They find their success rate in the 91 percent to 93 percent range consistently, and their care is needed and appreciated. The lifestyle is healthy, professionally rewarding, and fun.

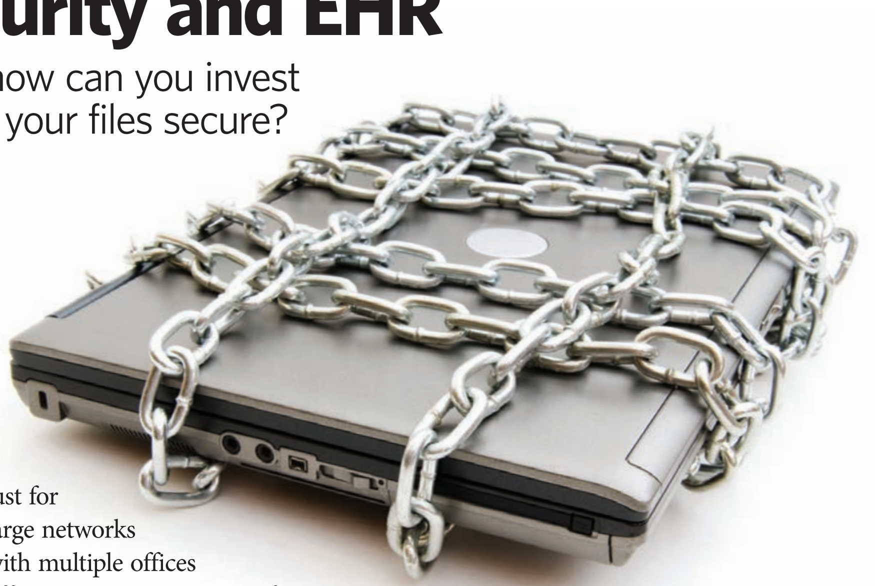
WM. INMAN, DVM, CVCP, is the author and originator of the VOM Technology and the president and CEO of the IAVCP and the AAAA. He has trained almost 8,000 graduate doctors in the field of animal adjusting. He delivers intensive two-, three-, and four-day seminars in animal adjusting and veterinary low level laser therapy. He can be reached at 888-935-4866, drbill@vomtech.com, or www.vomtech.com.

To read about Inman's own animal-adjusting technology, visit www.ChiroEco.com/VOM.

Document security and EHR

What does this mean and how can you invest in this technology and keep your files secure?

BY MARY ANN FITZHUGH



ONE OF THE MOST COMMON QUESTIONS CHIROPRACTORS AND PATIENTS ALIKE have about electronic health records (EHR) is how records stay "safe."

The Health Information Technology for Economic and Clinical Health (HITECH) Act was signed into law in February of last year to address the issues of adoption and meaningful use of health information technology.

In particular, subsection D of this law relates to improved privacy and security provisions. In the government's final meaningful use ruling, which was released in July, compliance with HIPAA privacy and security rules is required for all covered entities, regardless of whether or not they are compensated for EHR compliance through the federal incentive program.

In addition, compliance with the HIPAA Privacy and Security Rules constitutes a wide range of activities, procedures, and infrastructure.

Proven protection

The government's objective is to protect all information created or maintained in any given EHR system through the implementation of appropriate technical features such as password-protection and audit trails.

Part of the complicated certification procedure for all EHR vendors is a security risk analysis and risk management process to confirm that unauthorized personnel cannot access, or edit, any patient's medical records.

In general, most of these software platforms are highly secure, with key features such as password protection and audit trails to ensure day-to-day document security. Audit trails aren't just for large networks with multiple offices offering patients a variety of healthcare services, but also for solo chiropractic clinicians who act as their own administrators.

For example: Morgan Baker, DC, says she appreciates how her system offers an edit log, which tracks not only when changes are made, via time stamp, but also a detailed trail that "keeps a log of my edits, so I can see what I've changed, and refer back to previous notes."

Set parameters

In addition, a common feature allows systems administrators to set the parameters of which in-office personnel may view which parts of any given file, or specific files. All users are given different passwords, meaning each user can have access to distinct parts of the system.

For example: One employee may only be able to access scheduling functionalities, while others can see clinical history. "Break glass" functionality alerts the systems administrator to any attempted unauthorized access to patient records.

Nothing lost

While EHR eliminates the days of paper files getting misplaced or lost within the office, it's still possible for electronic files to be lost. Incidence of lost or deleted files is far more common than deliberate theft, but with equally distressful results to the patient.

It is extremely important not only to have restricted access to your server, but also to maintain a backup of all current files. HIPAA Security Regulations dictate specific details as to how the electronic information used by the healthcare industry should be stored, transferred, and used to ensure the privacy of individually identifiable data related to a patient's healthcare.

Your backup is your first defense against the loss of patient data.

Compliant safeguards

Compliance with HIPAA safeguards was previously mandated by law for HIPAA-covered entities, but soon will extend to business associates and contractors and subcontractors as well.

While HIPAA safeguards expand, the ultimate goal is not just to keep medical records safe, but also to be able to share information. Just as your ATM card allows you convenient access to your bank account from all over the world, ideally your health information will also find a similar path with the goal of better and more convenient healthcare.

As regulators work out how to juxtapose security and accessibility, requirements are bound to keep changing. This underscores the importance of finding an EHR provider that adapts and works with you. It should be the responsibility of the software provider to update to new regulations, not the burden of health providers to find ways to make the software comply with government regulations.

Ultimately, document security success is dependent on how stringently a chiropractic practice has integrated HIPAA compliance into its daily processes and protocols for data management, technical safeguards, and administrative management of patient health information, whether or not the records are online.

And then the key is finding an EHR system that knows the regulations and has them integrated into the software — allowing you to successfully face the future of healthcare IT.

MARY ANN FITZHUGH is the vice president of marketing for Compulink Business Systems Inc., an industry leader in fully customizable electronic health records (EHR) and practice management solutions. She can be reached at 800-456-4522.

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FOOT LEVELERS

Co-insurance, co-pays, and deductibles

Knowing the difference between the three can keep you out of trouble

BY MARTY KOTLAR, DC, CHCC, CBCS

Q I AM OUT OF NETWORK WITH MOST INSURANCE PLANS. I OFTEN TIMES DO NOT COLLECT THE CO-PAY FROM MY PATIENTS, AND IF THEY HAVE A LARGE DEDUCTIBLE, WAIVE MOST OF IT. I ASSUMED THIS IS OK FOR ME TO DO SINCE I AM OUT OF NETWORK. CAN I GET IN TROUBLE FOR THIS?

A Unfortunately, yes, you can get in trouble for this. First, let's define co-insurance, co-payment, and deductibles.

Co-insurance is typically a percentage amount the patient is responsible to pay for each service delivered.

For example: The doctor charges $45 for CPT code 98941, $30 for CPT code 97012, and $25 for CPT code 97014 for a total of $100 per visit and the insurance policy is an 80/20 plan. This means the patient must pay 20 percent (or $20) and the insurance company is expected to pay 80 percent (or $80).

A co-payment is typically a flat fee per visit because of the in-network contract the provider has with the insurance carrier or managed care organization.

For example: The doctor charges $45 for CPT code 98941, $30 for CPT code 97012, and $25 for CPT code 97014 for a total of $100 per visit.

The in-network provider contract fee schedule is a flat fee of $55 and the patient is responsible for the $25 co-pay. In this scenario, the healthcare provider must "write off" the remaining $20 difference.

A deductible is the amount that must be paid by the patient prior to the insurance company paying for any items or services. Deductible amounts can range from $250 to $5,000 per year.

Getting into trouble

According to Medicare, routine waiver of deductibles, co-pays, and co-insurance is inappropriate because it results in false claims, violations of the anti-kickback statute, and excessive utilization of the services and items that get paid.

A healthcare provider may get in trouble for not collecting co-payments, co-insurance, and deductibles because the insurance carrier may consider this to be "misstating" the actual charge.

For example: the provider charges $100, but routinely waives the co-insurance (20 percent/$20) so the actual charge is only $80. The federal government may exclude healthcare providers from participation in federal healthcare programs for violating certain statutes.

Whoever submits a false claim to Medicare (for example, a claim misrepresents an actual charge) may be subject to criminal, civil, or administrative liability for making false statements and/or submitting false claims to the government.

Penalties can include criminal fines, civil damages and forfeitures, civil monetary penalties, imprisonment, and exclusion from Medicare and state healthcare programs.

Offering gifts to Medicare patients that can influence their choice of a Medicare provider can raise quality and cost concerns. Providers may have an economic incentive to offset the additional costs attributable to the giveaway by providing unnecessary services or substituting cheaper or lower quality services.

The OIG does allow providers to give Medicare patient's "inexpensive gifts" other than cash or cash equivalents or services without violation; however, the inexpensive gifts or services are those with a retail value of no more than $10 individually and no more than $50 in the aggregate annually per patient.

One important exception to waiving co-payments and deductibles is that providers may forgive the co-payment in consideration of a particular patient's financial hardship.

This hardship exception, however, must not be used routinely. It should only be used occasionally to address the special financial needs of a particular patient. Except in such special cases, a good faith effort to collect deductibles and co-payments must be made.

All healthcare providers should avoid advertisements which state: "Medicare accepted as payment in full," "Insurance accepted as payment in full," or "No out-of-pocket expense."

MARTY KOTLAR, DC, CHCC, CBCS, is the president of Target Coding. Target Coding, in conjunction with Foot Levelers, offers continuing-education seminars on CPT coding and compliant documentation. He can be reached at 800-270-7044, drkotlar@targetcoding.com, or through www.TargetCoding.com.

Top priority

Setting personal priorities can help you have it all and do it all

BY MONICA WOFFORD, CSP

SARA WAS AN ACCOMPLISHED **"MULTITASKER."** She always wanted it all and now she had to manage it all. When everything was working according to her well-organized plan, she felt a sense of control and balance, but more often than not lately there was an element of stress that foiled her plans, her day, and her ability to manage anything.

Others would share their envy of all that she was doing and the number of balls she managed to keep in the air at any one time, but some days all she could do was smile and nod at patients, family members, and her husband.

It wasn't as easy as she made it look and now it wasn't even fulfilling. She was tired, stressed, overwhelmed, and unfulfilled. She began to wonder if she really could have all that she told herself was possible.

What she had temporarily forgotten was she wasn't alone.

If this sounds familiar, you are also not alone. You, too, can have it all and you can also do it all. The key is usually *how* you plan to go about both, and one important thing to remember is you usually can't have it all at the same time.

Work it!

Not everyone wants it all and some have abandoned the idea once they realize the amount of work involved. Make no mistake, there is work involved, but if all your dreams are "must haves" and you want to go for it, try these steps in the process.

Be aware of the need for instant gratification. You live in a culture geared toward having it *now*. The reality is things take time, and often we, as a society, fail to give things enough time.

For example: If you want to travel the world and you have three small children and a busy career, it is not likely you can quit and send the kids to grandma's for a year to go about your travels.

Instead, perhaps it makes more sense and is better timing to begin saving now for that trip around the world and take it when the kids go off to college. You'll have a sizeable amount saved and a built-in remedy for the "empty nest syndrome."

This same methodology applies to all that you want. Stick with your goal and make a plan to achieve it without insisting it all happen right now or even tomorrow.

Watch the time. You already know time flies when you're having fun. It also flies when you're in the "zone" doing what you love, and when you are so busy you forget to look at the clock. This becomes a hazard as you forget how long it actually takes to do something.

You sabotage your goals regularly by putting unrealistic time frames on them. One goal might be to pay down debt and live debt free. If you have amassed a sizeable debt, however, it will likely take as long or longer to pay it off as it did to spend what you spent.

Keep track of time by also looking at things such as travel time, building an unexpected event time, and paying attention to how fast you work. Procrastination will also affect time. If you put off balancing your checkbook, the time it will take you to finally reconcile a few weeks or days, will actually take longer than if you had just done it when you said you would.

Prioritize what is really for you. Sometimes you want something because someone said you should have it, do it, or be it. Other times, you may have something on your list of "must haves" because you are trying to prove something to someone else.

Are those things on your "must have" list really important to you? Or to someone else? When prioritizing the things you want to do, cut down on the time constraints by making sure what you want is really just that: what *you* want. Then rank those items on a reasonable scale, maybe one to 10, as if you knew when you would be out of time.

If you really want to speak a new language, put it in order of importance

What is important to you, and how bad do you really want it?

as if you only had "X" number of years to make it happen. If there are other things more important and more pressing, other than mere day-to-day routines, it may be time to take it off your list and let go of the pressure to still achieve that goal.

If a goal has become less important to you, that's OK — goals and dreams are subject to change at your approval.

You can do just about anything you want to do, and anyone who has lived in or grown up in the 70s and 80s is well aware of this ideology. Those in that generation have been motivated up to their eyeballs.

And now with e-mail, social media, and everything else, it seems you just keep adding items to your list of daily things to do. If you are going to manage your dreams, you do have to instill some discipline, learn some new skills, and make some tough decisions.

Just because everyone else is "doing it," doesn't mean you have to … did anyone else's mom say that? It's true. What is important to you, and how bad do you really want it?

Those two questions will help you stick to a plan to manage it all.

MONICA WOFFORD, CSP, is the CEO of Contagious Companies Inc., an Orlando-based training and consulting firm. Her 20 years of leadership experience makes her a highly sought after coach, consultant, speaker, and trainer. She can be reached at 866-382-0121 or through www.contagiouschiropractic.com or www.contagiouscompanies.com.

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The business of healthcare

What impact will healthcare reform laws have on your chiropractic practice?

BY MARK E. BATTERSBY

THE MASSIVE, CONTROVERSIAL, "PATIENT PROTECTION AND AFFORDABLE CARE ACT," AND THE "HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010," include more than $400 billion in so-called "revenue raisers" and new taxes on employers and individuals.

The centerpiece in the health reform laws is the mandate for most Americans to obtain health insurance. The new requirement carries a number of new tax rules, such as penalties for individuals who choose to remain uninsured, tax credits and other sweeteners for employers participating in new insurance pools, penalties for larger employers that don't provide insurance (or provide insurance deemed inadequate or unaffordable), plus a voucher system for certain lower income employees who choose not to be covered by their employer's health plan.

The new law's supporters predict an estimated 3.6 million small business owners will qualify for tax credits for healthcare beginning this year, receiving almost $40 billion in assistance over the next decade. A large percentage of the 26 million small business employees currently uninsured will also receive help.

The small business health tax credit (2010)

The new law provides $40 billion in tax credits, direct reductions of the operation's tax bill, for small practices to help them offer employee health insurance coverage — if they choose to do so. According to lawmakers, more than 60 percent of small employers will be eligible for these credits.

As of Jan. 1, 2010, small practices offering health insurance to employees as part of their compensation and contributing at least half of the total premium cost, qualified for the tax credit. The practice must have no more than 25 full-time "equivalent" employees (FTEs), and the employees must have annual FTE wages that average no more than $50,000.

This temporary tax credit is worth up to 35 percent of a small practice's premium costs in 2010. On Jan. 1, 2014, this rate increases to 50 percent. A small employer is defined as no more than 25 employees with average annual wages of less than $50,000.

However, the full credit would be available only to an employer with 10 or fewer FTEs and whose employees have average annual full-time equivalent wages from the employer of less than $25,000. These wage limits would be indexed to the Consumer Price Index for Urban Consumers for years beginning in 2014.

Self-employed chiropractors, including partners and sole practitioners, 2 percent shareholders of an S corporation, and 5 percent principals in a professional practice/employer are not treated as employees for purposes of the Small Employer Health Insurance Credit. In fact, a special rule prevents sole practitioners from receiving the credit for themselves or family members.

Self-employed chiropractors can deduct the cost of health insurance for themselves and their spouses and dependents. Thus, if an S corporation pays accident and health insurance premiums (under a plan established by the S corporation) on behalf of a more-than-2 percent shareholder, who is also its employee and who must include the value of the premiums in his or her gross income, the shareholder is permitted to deduct the cost of the premiums paid on his or her behalf.

The IRS will be responsible for overseeing a significant part of healthcare reform, such as the administration of additional taxes on individuals and employers, determinations of various exemptions from those taxes, and oversight of new information reporting requirements.

Penalty for remaining uninsured

Starting in 2014, the new law will require nearly all Americans to have health insurance through an employer, government program, or by buying it directly. That year, new insurance markets will open for business, health plans will be required to accept all applicants, and tax credits will start flowing to millions of people, helping them pay premiums.

Those who continue to go without coverage will have to pay a penalty to the IRS, except in cases of financial hardship. Fines vary by income and family size.

Employer responsibilities

Prior to the passage of this reform, no federal requirement existed that employers offer health insurance coverage to employees or their families. The new law imposes penalties on some practices and businesses for not providing coverage to their employees — so-called "pay or play."

Fortunately, most practices will not have to worry about the provision because employers with fewer than 50 employees aren't subject to the "pay or play" penalty. The new law exempts all small practices or businesses with fewer than 50 employees from the employer responsibility requirements that begin in 2014.

This means 96 percent of all firms in the United States will be exempt from the requirement to provide health coverage for employees.

The penalty for any month would be an excise tax equal to the number of full-time employees over a 30-employee threshold during the applicable month, (regardless of how many employees are receiving a premium tax credit or cost-sharing reduction) multiplied by one-twelfth of $2,000.

"Free choice" vouchers

After 2013, employers offering minimum essential coverage through an eligible employer-sponsored plan and paying a portion of that coverage have to provide qualified employees with a voucher whose value could be applied to the purchase of a health plan through the Insurance Exchange.

Qualified employees would be those who(se):

1. Do not participate in the employer's health plan;

2. Required contribution for employer sponsored minimum essential coverage exceeds 8 percent, but does not exceed 9.5 percent of household income; and

3. Total household income does not exceed 400 percent of the poverty line for the family.

The value of the voucher would be equal to the dollar value of the employer contribution to the employer offered health plan.

Health insurance exchanges

Beginning in 2014, the new law creates state-based Health Insurance Exchanges to make health insurance affordable and accessible for small businesses and the self-employed. With the option of joining a large "pool," small practices will have access to the same type of quality, affordable coverage that only large firms currently have.

Employees of small practices and businesses will be able to do one-stop comparison shopping for an affordable insurance plan that offers lower rates, stable pricing from year-to-year, and a choice of quality plans.

Those who are employed by small practices or businesses but who do not receive insurance through their employer and are on the Exchange will have access to sliding-scale tax credits to help pay their premiums.

Effective in 2014, for those with access to the Exchange, sliding scale tax credits are provided to individuals and families up to 400 percent of poverty. That means the tax credits phase out completely for an individual with $43,320 in income and a family of four with $88,200 in income.

Additional tax on high-wage earners

To help pay for making health insurance affordable for small businesses and the middle class, the new law includes an increase in taxes for high earners.

Specifically, for tax years beginning after Dec. 31, 2012, the hospital insurance (HI) tax rate will be increased by 0.9 percentage points on an individual taxpayer earning more than $200,000 ($250,000 for married couples filing jointly). These figures are not indexed for inflation.

Also added to the withholding levy is unearned income.

Unearned income surtax

Beginning in 2013, a 3.8 percent surtax called an "Unearned Income Medicare Contribution," will be placed on the net investment income of anyone earning more than $200,000 ($250,000 for a joint return). Net investment income includes interest, dividends, royalties, rents, gross income from a trade or business involving passive activities, and net gain from disposition of property (other than property held in a trade or business). It should be noted that income "actively" earned by anyone running a small, closely held practice or business, is exempt.

New limit on health plan contributions

The principals in many practices have long utilized flexible spending accounts (FSAs), medical savings accounts (MSAs), and health savings accounts (HSAs), to pay for medical expenses with pretax dollars.

An HSA goes along with a high-deductible insurance policy and gives individuals a tax deduction for money saved that can be used for healthcare expenses. An FSA has similar tax advantages, but contributions to it are deducted from an employee's salary, and money in the account must be used by the end of the year.

The new law modifies the definition of qualified medical expenses for health FSAs and HSAs to conform them to the definition used for the medical expense itemized deduction (excluding over-the-counter medicines unless prescribed by a healthcare professional) beginning in 2011. The law also caps health FSA contributions at $2,500 per year after 2012, which is indexed annually for inflation after 2013.

Increases also include the additional tax on nonqualified distributions from HSAs, from 10 percent to 20 percent, and from Archer MSAs, from 15 percent to 20 percent.

The amount of contributions to health FSAs will be limited to $2,500 per year, effective for tax years beginning after Dec. 31, 2012. The dollar amount would be inflation indexed after 2013.

New reporting responsibilities

For tax years beginning after Dec. 31, 2010, employers would have to disclose the value of the benefit provided by them for each employee's health insurance coverage on the employee's annual W-2 form.

Plus, a practice paying any amount more than $600 during the year to corporate providers of property and services, would have to file an information report with each provider and with the IRS, effective for payments made after Dec. 31, 2011.

Enforcement

The IRS will be hiring an additional 16,500 auditors to administer compliance and assessing fees, taxes, and penalties.

The IRS will be responsible for overseeing a significant part of healthcare reform, such as the administration of additional taxes on individuals and employers, determinations of various exemptions from those taxes, and oversight of new information reporting requirements. Fortunately, many of the new requirements have phased in or delayed effective dates.

Simple cafeteria plans

To encourage more employers to offer tax-free benefits to employees, including those related to health insurance coverage, the new law relaxes the cafeteria plan rules. It does so by carving out a safe harbor from the nondiscrimination requirements for cafeteria plans for qualified small employers.

For tax years beginning after 2010, a new employee benefit cafeteria plan, or Simple Cafeteria Plan, would be established. This plan would be subject to eased participation restrictions so that small employers could provide tax-free benefits to their employees. It would include self-employed individuals as qualified employees.

Many of the changes in the new law will take at least two years to go into effect. Will you and your practice be ready?

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DISCLAIMER: The author is not engaged in rendering tax, legal, or accounting advice. Please consult your professional advisor about issues related to your practice.

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The business of business cards

BY WILLIAM D. ESTEB

SOME DOCTORS GAIN SOLACE FROM THE NOTION THAT THERE APPEARS TO BE AN ALMOST INVERSE RELATIONSHIP between one's business skills and one's healing talents. Since healing a patient's hurts is "more important," all too many doctors almost celebrate their poor business skills.

The killer instinct to entice a patient to begin care or the tough-skinned firing of a staff member is avoided at all costs. If one must revert to such savage interpersonal skills, then one must not be a very good healer, goes the logic.

And while this isn't an endorsement for such Neanderthal business practices, thinking that being a businessperson and a compassionate healer occupy opposing sides of a coin is just not true — being comfortable wearing both hats is critical to one's success.

This notion is especially apparent in the creation and distribution of a doctor's business card. Being such a small thing, it rarely gets the attention it should.

Why are business cards so important? Your business card is one of the first things used to create the initial (and most lasting) impression. Like an office brochure, they are a tangible (and portable) representation of your practice. While it may be a small, rectangular piece of paper, a business card can be a powerful tool for growing your practice.

A business card is a simple and inexpensive way to accurately supply your name, address, phone number, and other pertinent information about your practice. It can serve as a form of aided recall.

For example: "I know a great chiropractor. She's not like all the other chiropractors you've heard about. In fact, I have her card. Call her."

What does a good business card look like? Your card should graphically represent you and your office. If yours is a formal office, perhaps your card should be more corporate-looking. If yours is a place where children and families frequent, maybe the graphic approach should be "friendlier."

The tone your card projects is affected by the thickness of the paper, color of the paper, color of the ink(s), typeface, and layout.

How much should be on the card? Probably the most overlooked opportunity of most practice business cards is the empty back side. For a profession that the general public misunderstands, it seems such a waste to ignore the blank surface on the back.

If you don't use the back side for recording appointment dates and times, consider writing a short paragraph describing your chiropractic philosophy, or explaining what happens on a new patient's typical first visit, or exploding a common myth about chiropractic.

The opportunities to provide a quick, bite-sized, thought-provoking idea are endless. The first step is to stop looking at your business cards in the old-fashioned, white-paper-with-black-ink way!

Your business card is a small thing. And changing it won't save your practice or solve a new patient problem. Yet, re-evaluating your card and how you're using it can increase the exposure of your practice in subtle ways.

To read this article in its entirety, visit www.ChiroEco.com/businesscards.

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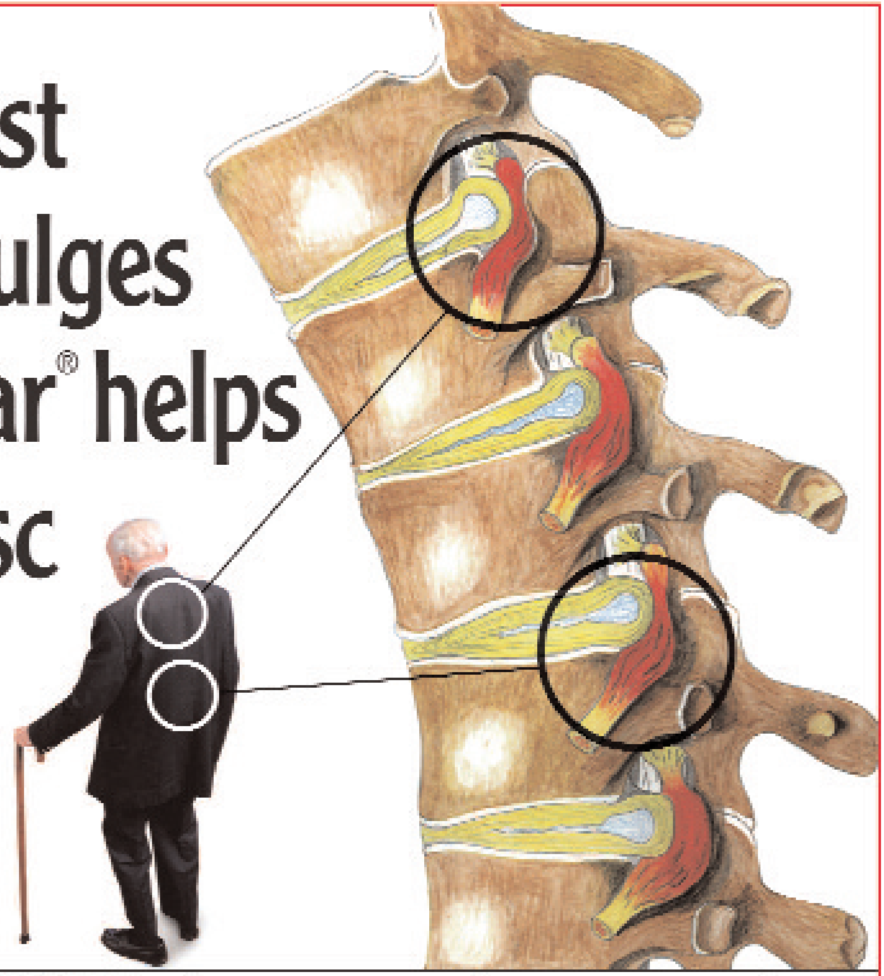

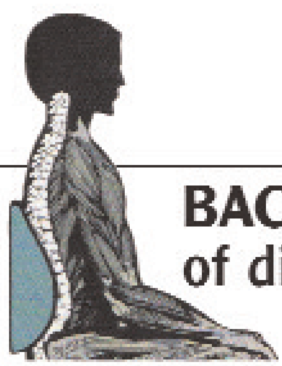

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STATEMENT OF OWNERSHIP, MANAGEMENT & CIRCULATION (PS FORM 3526-R):

1. Publication Title: Chiropractic Economics.
2. Publication Number: 1087-1985.
3. Filing Date: 10/1/2010.
4. Issue Frequency: Two issues mailed in Jan, Apr, Jul, and Oct. One issue mailed Feb, Mar, May, June, Aug, Sept, Nov, and Dec.
5. Number of Issues Published Annually: 16.
6. Annual Subscription Price: $39.95.
7. Complete Mailing Address of Known Office of Publication: 5150 Palm Valley Road, Ste #103, Ponte Vedra Beach, FL 32082.
8. Complete Mailing Address of Headquarters or General Business Office of Publisher: 5150 Palm Valley Road, Ste #103, Ponte Vedra Beach, FL 32082.
9. Full Name and Complete Mailing Address of Publisher: Joseph Doyle, 5150 Palm Valley Road, Ste #103, Ponte Vedra Beach, FL 32082.
10. Owner: Joseph D. Doyle, 5150 Palm Valley Road, Ste #103, Ponte Vedra Beach, FL 32082.
11. Not Applicable.
12. Tax Status: Has Not Changed During Preceding 12 Months.
13. Publication Title: Chiropractic Economics.
14. Issue Date for Circulation Data: (September 28,2010).
15. Extent and Nature of Circulation:

15a. Total Number of Copies: 31,853/30,300.
15b. Paid and/or Requested Distribution (1) Outside County Paid/Requested Mail Subscriptions: 15,538/19,510 (2) In County Paid/Requested Mail Subscriptions: 0
15c. Total Paid and/or Requested Circulation: 15,538/19,510.
15d. Non-requested Distribution (1) Outside County: 13,797/8,970. (2) N/A (3) N/A (4) Non-requested Copies Distributed Outside the Mail: 2,179/1,641.
15e. Total Non-requested Distribution: 15,973/10,611 f. Total Distribution: 31,510/30,121.
15g. Copies not Distributed: 322/179.
15h. Total Sum: 31,832/30,330.
15i. Percent Paid and/or Requested Circulation: 50%/65%.
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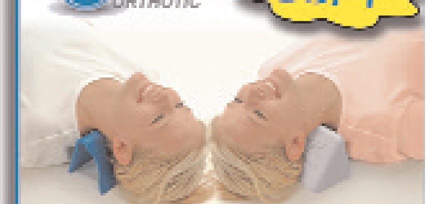

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