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- ▶ How much turmeric should you really be recommending? ChiroEco.com/turmericdose

Editor's Pick

Never hire people with these 5 red flags

You can be the best chiropractor in the world, but if you don't have top-notch staff working on your behalf, your business will likely suffer.



That's why it's so important to choose employees who treat your patients the way you'd like, are efficient with their work processes, and have the drive to do what it takes to get the job done, even if that means occasionally helping with duties above and beyond the ones listed within their job descriptions.

While finding employees of this caliber generally involves looking for people with a specific set of traits, skills and abilities, it is equally as important to know what you don't want in the personnel you hire. This requires paying attention to some of the most common red flags that suggests a potential applicant may not be a good fit for your practice.

ChiroEco.com/5-hiring-red-flags

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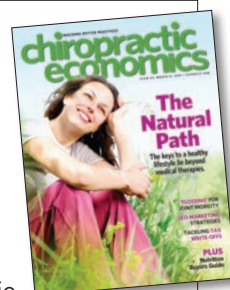
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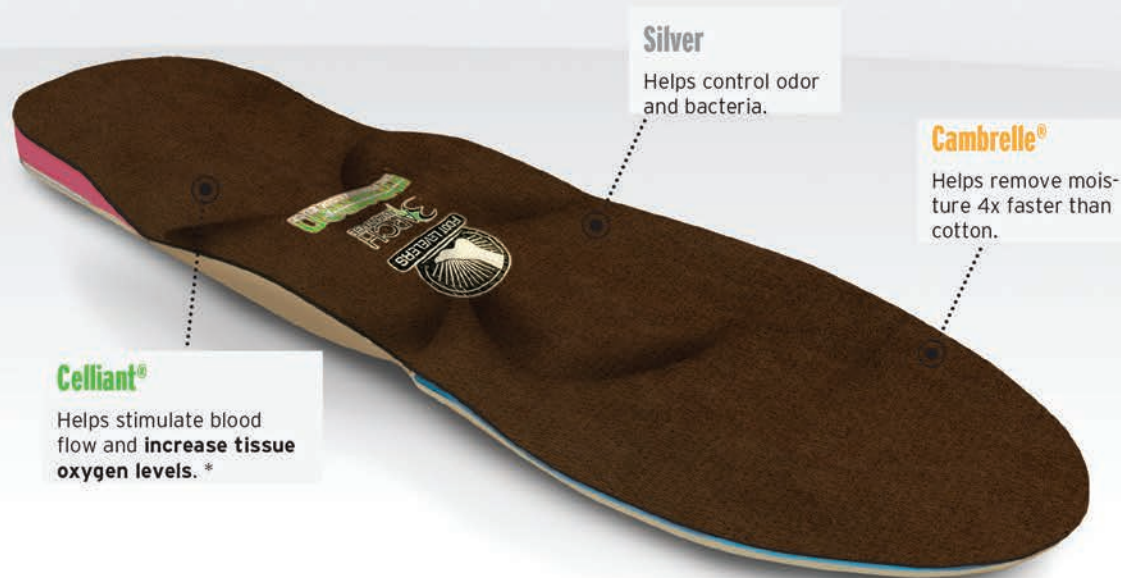
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Fair warning

ON FEBRUARY 12, 2018, A WRITER AT FORBES.COM PUBLISHED AN ARTICLE TITLED, "MEDICARE DATA Reveal \$564 Million Wasted on Chiropractors and Osteopathic Manipulation." The author, Steven Salzberg, PhD, is a professor of biomedical engineering at Johns Hopkins University, so he can't be readily dismissed as a crank.



Let me know what's on your mind:
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Nevertheless, his argument is that *all* payments to doctors of chiropractic are wasted or, worse, fraudulent in nature.¹ This flies in the face of the extensive research and published literature that supports CMT, and the well-funded research carried out by the Veterans Health Administration.

In a forceful rebuttal sent to the editors at Forbes, Sherry McAllister, DC, writing for the Foundation for Chiropractic Progress, noted that the American College of Physicians 2017 Guidelines emphasize conservative treatment for low-back pain as a first-line option, and refer directly to "massage, acupuncture or spinal manipulative therapy."

On the other hand, in mid-February this year, the HHS Office of Inspector General (OIG) issued a new report titled, "Medicare Needs Better Controls to Prevent Fraud, Waste, and Abuse Related to Chiropractic Services." CMS's audit program identified chiropractic as having the highest Medicare Part B error rates of all services provided between 2010 and 2015.²

Of the nearly \$3 billion CMS paid for chiropractic claims over the six-year period, overpayments were estimated to be between \$2.5 million to \$3 million per year. As you might guess, misuse of the "AT" modifier to gain payment for maintenance or wellness care was a major factor. Failure to document medical necessity was almost equally glaring as a culprit.

Chiropractic, as noted above, occasionally suffers from skeptical press—but it's not hard to fight back with facts and evidence. It is most at risk from a lack of attention to compliance basics. In this issue of *Chiropractic Economics*, we'll point out where the greatest risks lie and how you should address them.

To your success,

Daniel Sosnoski, editor-in-chief

To view the references for this article, visit:
ChiroEco.com/fairwarning

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THE CHIROPRACTIC PULSE

New study shows majority of patients get more relief from low-back pain with spinal manipulation therapy

A new study published in *The Spine Journal* concluded that spinal manipulation is most likely to reduce chronic low-back pain and improve function when compared to other approaches. The research examines the safety and effectiveness of various manipulation and mobilization therapies for treatment of chronic low back pain.



The Foundation for Chiropractic Progress (F4CP), a not-for-profit organization dedicated to raising awareness about the value of chiropractic care, found that both manipulation and mobilization are likely to reduce pain and improve function for patients with chronic low-back pain. F4CP found that spinal manipulation—most often performed by a doctor of chiropractic—produces a larger effect than mobilization.

 To read more, visit ChiroEco.com/lowbackrelief
Source: Foundation for Chiropractic Progress, f4cp.com.

House introduces bill to expand chiropractic access to military retirees, families

A bill introduced last week in the House of Representatives and supported by the American Chiropractic Association (ACA) would expand access to chiropractic services to military retirees, dependents and survivors through the Department of Defense TRICARE health program.



The legislation H.R. 4973, introduced by Rep. Mike Rogers (R-Ala.) and Rep. Dave Loebsack (D-Iowa), would not only enable those who currently receive chiropractic care to continue their treatment but would also establish, in the wake of the nationwide opioid crisis, an important non-drug option for pain management in the program.

"Chiropractors have become valued members of the military health care team. Their non-drug, non-addictive and noninvasive approach to pain management has proven effective in helping members of the military to recover from injuries, manage chronic pain and enhance their readiness for duty," said ACA President David Herd, DC. "This bill would ensure that military retirees and military family members have access to the same quality care."

 To read more, visit ChiroEco.com/chiromilitary
Source: American Chiropractic Association, acatoday.org.

Research shows benefits of workplace clinics

At a time when U.S. health care costs are soaring, new research by Northwestern Health Sciences University shows that companies can save \$8 for every \$1 they invest in on-site health clinics focused on injury prevention, treatment and education. The new findings are based on more than two years of study with companies nationwide operating manufacturing, construction, assembly and warehouse operations.



Northwestern Health
Sciences University

The research also indicates a strong likelihood of similar benefits to employers in all industries if they open on-site clinics and make them available to employees during work hours. "The results our researchers have obtained are consistent and replicable for employers in any industry and in any location," Northwestern President Chris Cassirer said. "At a time when our nation's health care system is desperately in need of innovative solutions to protect people's health and finances, we believe we have found an approach that all employers should consider."

 To read more, visit ChiroEco.com/workplacehealth
Source: Northwestern Health Sciences University, nwhealth.edu.

BY THE NUMBERS



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The percentage of high school students who play computer games for three plus hours on a school day.

Source: hhs.gov



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34

The percentage of adults who have not seen or talked to a general doctor in the past 12 months.

Source: kff.org



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25

The percentage of children in the U.S. 2 to 8 years old who have a chronic health condition.

Source: cdc.gov

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William E. Morgan, DC, introduces ParkerFIT3D range-of-motion technology

William E. Morgan DC, president of Parker University, formed a strategic partnership with Kinetisense, Inc. that introduced a new and innovative technology available to chiropractors and their staff called ParkerFit3D, which was demonstrated at Parker Seminars Las Vegas.

The future of chiropractic assessment is evaluating function and performance versus static positions. ParkerFit3D is a state-of-the-science innovation that captures, documents, and assesses function in just a few minutes. It is a 3D Functional Movement Assessment Software that objectively assesses biomechanics in the frontal, sagittal and transverse planes. This system is designed to engage and educate patients with real-time biofeedback.

Morgan states, "Most functional screening examination protocols require extensive training, are time intensive taking more than 20 minutes to complete and are laborious to document. ParkerFit3D provides superior functional screening with little training, offers a quickly administered exam, as well as digital recordings of the assessment."



To read more, visit ChiroEco.com/parkerfit3d

Source: Parker University, parker.edu.



Cleveland University-Kansas City to offer second installment of Certified Chiropractic Sports Physician Program

Cleveland University-Kansas City (CUKC) announced that it will once again partner with DConline to offer the

Certified Chiropractic Sports Physician (CCSP) program in 2018. The specialized, four-part program allows doctors of chiropractic to broaden their knowledge of chiropractic sports medicine, serve more athletes, and increase their earning potential. The course includes 50 live hours



Cleveland University
KANSAS CITY

Chiropractic Health Center

of instruction on the CUKC campus as well as 50 online hours offered through DConline. Continuing Education Hours (CEU) for the live portion are available through CUKC for select states.

The weekend, live-instruction portion of the program begins April 28, 2018 and concludes on July 29. Dr. Bill Moreau, a noted leader in the profession and vice president of sports medicine for the United States Olympic Committee, will present the first live session at CUKC. In addition, two of the remaining three live sessions for the program will be delivered by presenters who were involved with the 2018 Winter Olympics in Pyeongchang, South Korea.

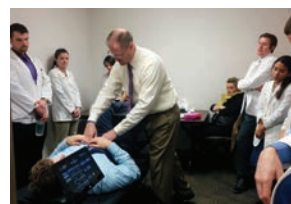


To read more, visit ChiroEco.com/chiosportsphysician

Source: Cleveland University-Kansas City, cleveland.edu.


NUHS Whole Health Center welcomes new chiropractic technology for pain treatment

Chiropractic interns at the Whole Health Center in Lombard now have a new tool to help patients suffering from back and neck pain in place of opioids or surgery.



The state-of-the-art decompression table, currently on loan from HiilDT

Solutions, uses load sensor technology that measures and monitors treatment force and patient resistance. These measurements allow for more consistent results and can help patients better respond to chiropractic treatment. In addition to back and neck pain, the table can treat sciatica, pain in the legs caused by irritation of the sciatic nerve, and neuropathy, pain in the hands or feet caused by nerve damage.

"During the opioid epidemic, more patients are searching for alternative treatments like chiropractic medicine as a first-line of care for their pain symptoms," said Theodore Johnson, Jr., DC, DABCI, NUHS dean of clinics. "With the technology of the decompression table, interns are able to treat more patients in a non-invasive, cost-effective way." 



To read more, visit ChiroEco.com/chirotech

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

WHAT'S HAPPENING IN HEALTH?

Researchers find low magnesium levels make vitamin D ineffective

There is a caveat to the push for increased vitamin D. Researchers have found that magnesium is just as important. A review published in *The Journal of the American Osteopathic Association* found that vitamin D can't be metabolized without sufficient magnesium levels, meaning vitamin D remains stored and inactive for as many as 50 percent of Americans.

"People are taking vitamin D supplements but don't realize how it gets metabolized. Without magnesium, vitamin D is not really useful or safe," said study co-author Mohammed S. Razzaque, MBBS, PhD, a professor of pathology at Lake Erie College of Osteopathic Medicine.

Razzaque explains that consumption of vitamin D supplements can increase a person's calcium and phosphate levels even if they remain vitamin D deficient. The problem is that people may suffer from vascular calcification if their magnesium levels aren't high enough to prevent the complication. Patients with optimum magnesium levels require less vitamin D supplementation to achieve sufficient vitamin D levels. Magnesium also reduces osteoporosis, helping to mitigate the risk of bone fracture that can be attributed to low levels of vitamin D, Razzaque noted.



To read more, visit ChiroEco.com/vitaminlevel

Source: PR Newswire, prnewswire.com.



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Measure the risk

Knowing the facts about vertebral artery dissection and stroke can level the playing field.

BY ANTHONY ROSNER, PHD

LIKE THE GHOST OF CHRISTMAS PAST, THE SPECTERS OF ARTERIAL dissection and stroke continue to haunt the chiropractic profession. John Kinsinger, MD, and Stephen Barrett, MD, for example, have pilloried your practice with scenarios of stroke victims attributing their condition to the last time they experienced a cervical manipulation at the hands of a chiropractor. Articles in both the peer-reviewed and lay press—and even radio—have fanned the flames of this controversy and have demanded lengthy responses from the chiropractic profession.¹⁻⁶

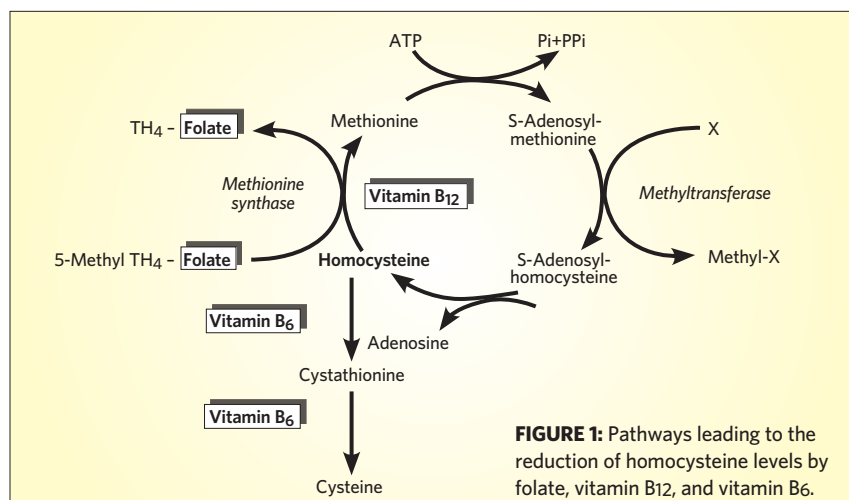
But these attacks have missed the point. Studies appearing in the *New England Journal of Medicine* offer

the first clue that these attacks upon cervical manipulation have been largely misdirected, as the annual rates of *spontaneous* vertebral artery dissection (VAD) have been estimated to occur between 2.5 and 3 times per 100,000 patients, as much as 30 times greater than dissection rates attributed to chiropractic manipulation.^{7,8} This suggests strongly that a far more significant mechanism must underlie arterial dissections, a belief reinforced by a comprehensive interdisciplinary task force report released almost a decade ago that found that the risks of VAD for neck pain patients is the same whether they consult a chiropractor or a primary care physician.⁹

In addition to these statistics,

once you manage to “look under the hood” to ask yourself what are the actual mechanisms and most plausible causes of VAD, you can place the risk of adjustments at a considerable distance from cervical manipulations as being the culprit in the vast majority of cases. The mystery starts to unravel with early studies that found elastic fiber degradations in bundles of collagen—a major component of arterial walls—in a majority of cases in a study of patients with acute nontraumatic dissections of cervicocerebral arteries.¹⁰

A second study found that patients with cervical artery dissections registered blood levels of the amino acid homocysteine that were



on the average three times higher than age-matched patients without stroke.¹¹ The link to homocysteine strengthens when looking at another study that showed patients with stroke caused by arterial dissections compared to stroke patients without such dissections were more than twice as likely to have blood homocysteine concentrations exceeding 12 micromoles per liter.¹²

Yet a fourth study of patients who survived a cerebral infarct caused by spontaneous artery dissection when matched against healthy controls

showed that the chances of experiencing a spontaneous cervical artery dissection were nearly 8 times greater with blood homocysteine levels at or greater than the 95th percentile of controls. In addition, this same elevation of risk was found in patients whose serum folate concentrations were below the 5th percentile of controls.¹³

Etiology of VAD

Now it's time to unsheathe your knowledge of biochemistry to tie all these observations together and reach

a more informed understanding of what events lead to cervical arterial dissections.

First, it's been found that homocysteine activates metalloproteinases and serine elastases enzymes that actively degrade the elastin and collagen of the arterial wall.^{14,15} Then it turns out that homocysteine has been shown to block chemical components in elastin (aldehydes) that are critical in cross-linking and strengthening elastin.¹⁶ This has the effect of robbing the arterial wall of a critical stabilizing element.

The cross-linking and stabilization of collagen may also be impaired by homocysteine.¹⁷ Folate vitamin B12 and vitamin B6 have all been shown to reduce blood homocysteine levels, the biochemical pathways having been well established.^{18,19} [See Figure 1.]

Your first reaction might be to wonder how you can determine homocysteine levels in your patients to reduce what appears to be a significant risk factor in causing VAD. That is absolutely the correct approach to take.

Although the reference method often used in earlier research involved

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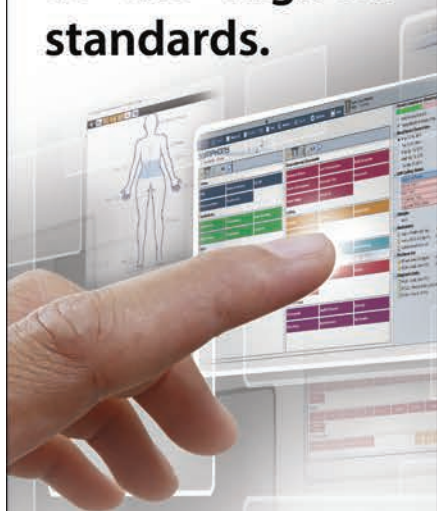
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high-pressure liquid chromatography, gas chromatography, and mass spectrometry, new inexpensive and automated enzyme conversion immunoassay techniques are available that require just microliters of blood.²⁰⁻²² With homocysteine determinations becoming more incorporated into standard commercial clinical laboratory measurements, you now have at your disposal a means—in addition to patient histories and symptoms—to determine who is at elevated risk for cervical artery dissection (and who is not).

Reports have appeared in the literature that describe chiropractors experiencing their patients encountering arterial dissections without any manual interventions on the part of the practitioner.²³ This finding strongly suggests that you should thoroughly review a patient's history, including assessing common risk factors associated with

- ▶ Atherosclerosis (hypertension, diabetes mellitus, smoking),
- ▶ Environmental exposure (infection, oral contraceptive use), and
- ▶ Genetic predispositions that point directly toward vessel abnormalities and elevated homocysteine levels.²⁴

The take-home message here is straightforward: Elevated homocysteine levels appear to provide a pathway to VAD, a fact supported by both clinical evidence and established biochemical mechanisms. As such, homocysteine measurement appears to be a useful screening procedure—not only for manipulation but also for *all* individuals who may be at risk for spontaneous events involving the vertebral arteries.

But it should not be construed as grounds for performing cervical manipulation without full consideration of the patient's history and common warning signs. With this approach and in consideration of the evidence presented above, you should

feel well defended against the charge that chiropractic manipulation is a frequent direct cause of VAD and stroke. 



ANTHONY ROSNER, PhD, is a champion of interdisciplinary research methodology in the health sciences, having previously served as director of research and education at the Foundation for Chiropractic Education and Research. He was designated Humanitarian of the Year in 2000 by the American Chiropractic Association and holds an honorary degree from the National University of Health Sciences. He obtained his PhD from Harvard in medical sciences and biochemistry. He can be contacted at alrosnerrt@gmail.com.

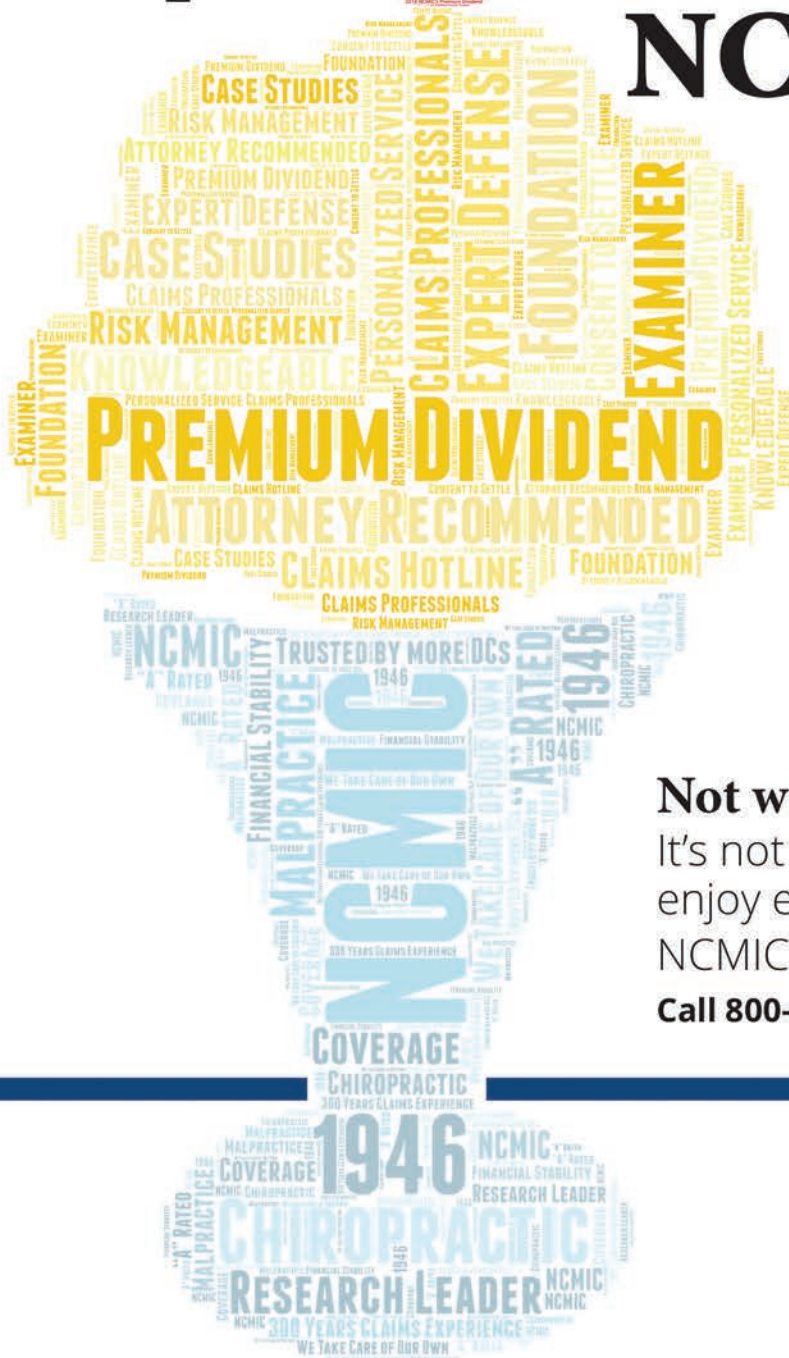
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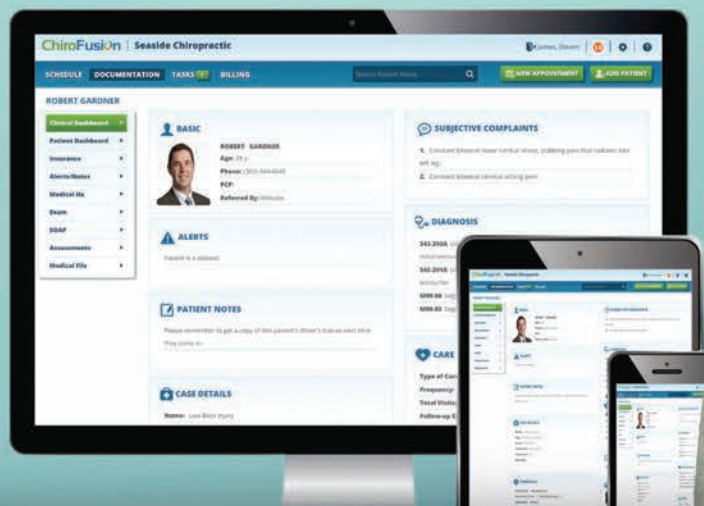
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Your own way

Learn the basics of building a high-volume cash-based practice.

BY DARON STEGALL, DC

I F YOU'D LIKE TO OWN A CHIROPRACTIC OFFICE WHERE THERE'S NO third party telling you what you can charge, cutting your payments and demanding stacks of documentation, then you are in the right place. Imagine this same office packed with people clamoring to get their spine checked because they understand the value of regular chiropractic care.

Not only does that sound exciting but it is also awesome to impact so many people's lives in a positive way, while at the same time moving chiropractic toward a higher level of cultural authority. But before you commit to jumping the insurance ship, there are some basics you must nail down.

Contend with conflict

If you are running a successful cash-

based wellness practice, you are no longer allowing a third-party payer to determine the necessity, frequency, type or efficacy of the care you are providing. That is now between you and the patient, and you have to develop the philosophy behind the care you provide so that there is no conflict.

A sound philosophy is vital for developing a successful practice, and it especially rings true for an all-cash, chiropractic wellness-care practice. You can't explain and expect patients to buy into what you are selling them if it isn't first clear to you. That idea may seem obvious, but many chiropractors don't grasp this point.

Your philosophy of how and why you deliver ongoing "maintenance and prevention" wellness chiropractic care isn't right or wrong when

compared to anyone else's—it should be unique to you.

If you believe patients will best benefit with chiropractic and exercise therapy in combination, that's fine. You would develop your practice around this premise.

If you best identify with *vitality-based* chiropractic, and believe it is the only service required, that's the niche you will target and over time serve it better than other chiropractors in your area.

Simplify your services

While focusing on and writing out your *care philosophy*, contemplate the services you want to provide that are most important for your community and that you are passionate about delivering. That combination will help you create the perfect practice.

You can provide virtually any service within your scope provided you can make a profit for your business and it fits well with patient flow. If you already offer hour-long massage sessions, you may choose to continue offering those.

If you provide a modality such as laser or ultrasound that has the desired effects for your office, then you might opt to continue offering those at a specific price per service or make them part of what a customer has access to as part of their fee structure for the day, week or month.

But every additional service you offer does complicate your business model to some degree.

Sometimes simpler is better. Chiropractic is powerful and typically does not require much more to complement it other than a little healing time.

If you are starting a new office, start simple and add services (and staff) only as patient volume and income will support it.

Set up systems

Being known as the cash-based practice in town is a business model that sets you apart from the insurance-based chiropractors in town. You can take it a step further and offer more convenient open hours along with creative and affordable payment options.

You also want to be known for running an efficiently

flowing office that provides a consistently excellent customer experience—one that blows people away, visit after visit. How do you make this happen? *Systems* are the answer.

Systems are critical for transforming a business run off goodwill and grit into an asset that anyone can run

once they learn the procedures. They are the defined *protocols* and *scripts* that allow you to develop a practice that can run with or without you at the controls—one where you can easily replace administrative and professional personnel, yourself included.

If *you* are the business or you require administra-

TIP: Don't overcomplicate your office. Fewer services typically equate to lower stress and a better understanding in the community about what you do.

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tive staff with specialized training, then you don't have the correct systems in place. Systems are the reason a franchised business has a higher success rate over a mom-and-pop business. Once your systems are in operation, then you can ramp up marketing to push new patients through the door.

Formulate your fees

The cash business model lives and grows by people spending their money for something of value. In most offices, the fees are set so that people in the community can get affordable access to long-term regular chiropractic care as part of their overall wellness or vitality plan.

Your overhead influences your fees. If you are in a high-rent space in an affluent neighborhood, your expected and accepted fees may be quite different from those of a doctor in a more modest community. Regardless, you want to provide a customer experience that is greater than the fee paid.

If you have an existing office and plan to simplify the services you offer, you may not need the same number of staff. You might even move to a smaller space. Look at every aspect of what comprises your fixed and variable overhead and reduce it as much as possible.

Once you've minimized your overhead, you can determine if you are able to set cash fees reasonable enough for your community.

Whether you are starting a new cash office or transitioning to an existing one, set fees that would make sense to those who have insurance just as much as they will to those who don't. If you are great at selling chiropractic, perhaps your fee structure can be higher.

While charging more per visit and seeing fewer patients seems like it makes sense, it overlooks many components of success when approaching a chiropractic business. A proven cash-based practice may not have the same level of annual gross revenue as an insurance-based one, but it can still turn a stellar net profit.

Clearly, every top-performing, high-volume practice has someone running it who is excellent at communicating the importance of regular chiropractic care for healthy aging. Nevertheless, no matter how good you are, you cannot overcome a fee schedule that doesn't fit your socioeconomic market. ☑



DARON STEGALL, DC, is the founder of Express Chiropractic Franchising and COO of Pivotal Practice Solutions, specializing in developing cash-based chiropractic wellness care practice models with prepayment and membership payment options. He is also cofounder of successfulchiro.com, providing chiropractic business and marketing solutions since 2001. He can be contacted at team@practicepivot.com or through practicepivot.com.





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On the same page

Does your practice really need written procedures?

BY KATHY MILLS CHANG,
MCS-P, CCPC, CCCA



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I F YOU WANT YOUR EMPLOYEES TO BE CONSISTENT IN THEIR HANDLING of customer interactions and office policies, then written procedures are necessary for your practice. You don't need a procedure for basic office protocol, but tasks that are complex, involve multiple steps, or deal with compliance should be carefully documented. Make sure your employees are properly trained on these written procedures, too.

Getting started

If tasks or procedures are in writing, they can serve as a catalyst for performance-improvement conversations

and, if necessary, disciplinary action. Some of the tasks you might consider for written procedures are compliance regulations, protected health information, claim filing, billing and collections, documentation, state and federal regulations and safety concerns (e.g., hazmat, fire and disaster response, and workplace injuries).

It might also be necessary to write a new procedure if you notice an unacceptable trend in the office, such as clients left unattended at the front desk while employees are chatting or taking personal phone calls. Well-written procedures can help your

office run efficiently, keep your clients happy and give your staff confidence in their work.

Keep it simple

Effective written procedures clearly explain how to perform a task. They may be in the form of a step-by-step walkthrough, and include tables, diagrams, or pictures to enhance the explanations. You might need videos with visual aids to help demonstrate complex procedures.

Whatever method you choose for your documented procedures, keep them succinct and to the point. As not all people learn the same way,

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keeping procedures simple and including some visual supplements will help you reach your employees at their own level and encourage them to stay focused.

Organizing your ideas

Before you start, think through the process. A mind map can help you create a visual snapshot of the task before you start listing its compo-

nents. A mind map serves as an outline, and it helps you organize your thoughts and lead them in the right direction. You can create your mind map on a piece of paper or place words and ideas on index cards or sticky notes. If you do make your mind map on sticky notes, it is easy to rearrange the steps and add in new ideas.

You can work with others in the


office who are skilled at this task, and enlist their help with building the mind map. Once you are satisfied that your map is accurate, transfer the steps to your procedure document. If any of the steps would be easier to understand with a visual aid, consider adding a diagram, picture, or flowchart to boost the reader's understanding.

English 101

As you write the procedure, follow the basic rules of writing:

- ▶ Keep language simple and direct.
- ▶ Use active verbs and terms.
- ▶ Be consistent with verb tense.

If you use an acronym, or an in-house term, be sure to explain the term in the text. Before publishing your procedure, give it a dry-run with an employee who has never performed the task. After the employee has completed it, ask for their feedback. Look to identify missed steps, places that were unclear or lacked enough detail.

Once you are confident that the procedure is performing the way you intended, introduce it to the rest of your employees. Include a discussion about your expectations for adhering to the new procedure, and then make it a regular part of your training program. 



KATHY MILLS CHANG is a Certified Medical Compliance Specialist (MCS-P), Certified Chiropractic Professional Coder (CCPC), and Certified Clinical Chiropractic Assistant (CCCA). Since 1983, she has been providing chiropractors with reimbursement and compliance training, advice, and tools to improve the financial performance of their practices. Kathy leads a team of 30 at KMC University, and is known as one of our profession's foremost experts on Medicare, documentation and CA development. She or any of her team members can be reached at 855-832-6562 or info@KMCUniversity.com.

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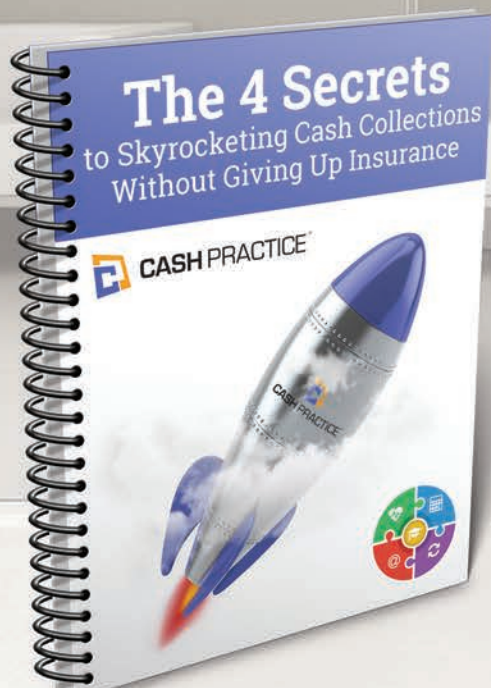
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Holly Jensen
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What lies beneath

The hidden side of compliance obligations.

BY KAITLIN MORRISON

With the range of compliance threats facing today's clinics, there's much more to running a successful practice than seeing patients. Sometimes, it seems like there are risks waiting behind every computer, billing claim, EHR system, and payer. What's a thoughtful chiropractor to do?

Being conscientious and applying sound compliance practices at your clinic may be the answer. Prevention can be cheaper, less fraught with potential legal concerns, and often better for your patients. Taking steps whenever possible to improve your compliance know-how can yield substantial returns. Strategies such as improving documentation, conducting a security risk analysis of your EHR, obtaining sensible help with IT and computer security problems and learning how to establish medical necessity in a claim can provide some protection for your clinic.

While there is no way to absolutely guarantee that a clinic is in full compliance with every rule and requirement, there are smart steps you can take to protect your patients and your practice.

First, the basics

"Compliance has five components: billing, coding, documentation, Medicare and HIPAA," says **Marty Kotlar**, DC, who is an expert on chiropractic billing and compliance issues. Of the five areas, Kotlar believes that

documentation and Medicare present the biggest challenges and areas of scrutiny for most chiropractic clinics.

Each segment of compliance is important. Other issues, such as EHR security, can also impact your practice. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 regulates how patient information is handled, and it protects patient information security and privacy as well.

Billing, coding and documentation, when properly managed by chiropractors, offer some legal and compliance protection for clinics while also helping to ensure that practices receive appropriate financial compensation from payers. Medicare is a significant source of revenue for many clinics and a big source of coverage for chiropractic patients, so learning how to work with Medicare may prove to be a vital effort for your clinic.

In each of these areas, you can benefit from regularly performing a basic risk analysis to identify threats. If you have employees, you should make sure everyone in your practice is at least moderately competent with

compliance issues, even if you have a designated "compliance czar." There is simply no substitute for self-awareness and adequate training.

Sometimes, you may find yourself in need of expert guidance. If your clinic is particularly stuck or if you are unsure of your own compliance know-how, seeking out training or consulting from a compliance professional may be warranted. Doing your own research to learn how compliance issues impact your clinic is essential. Some compliance matters are too complex, however, for generalized advice. In any case, your best bet is to investigate for yourself to discover any weak areas that may exist.

By undertaking your own research and training, you'll be on track to take charge of compliance issues before they have a chance to overwhelm your career.

Ransomware and EHR security

Ransomware is a particularly malicious type of virus, and now it's attacking health care clinics—including chiropractic practices. Essentially, ransomware locks users



Meet the experts



Marty Kotlar, DC is President of Target Coding in Weston, Fla.

targetcoding.com



Ty Talcott, DC, CHPSE, is a certified HIPAA privacy and security expert and the President of HIPAA Compliance Services in Forney, TX.

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Kathy Mills Chang, MCS-P, CCPC, CCCA, is the founder, president and CEO of KMC University in Lone Tree, Colo.

kmcuniversity.com



Scott Munsterman, DC, is the CEO and founder of Best Practices Academy in Brookings, SD.

bestpracticesacademy.com

out of part or all of their computer system by encrypting the hard drives, and makes a demand that must be answered before the perpetrator will willingly return access. Usually, ransomware asks for a sum of money

that must be paid before the attacker will supply a key to decrypt the user's data. Many would-be hackers see health care organizations of any size and specialty as lucrative sources of quick cash.

In January of last year, a practice in Irvine, Kentucky, found itself to be the target of a ransomware attack. Thankfully, they were able to quickly take down their EHR system and bring in expert help in computer forensics to determine how the attack had happened in the first place. The clinic also immediately took measures to restore patient files and strengthen their computer system security.

Reportedly, the attack affected the records of more than 5,000 patients. All of these individuals were notified by the practice and provided with credit monitoring services. In the end, the practice responded quickly and correctly, but the occurrence was costly. And in early 2016, a hospital in California was attacked by ransomware and ultimately had to pay the hackers some \$17,000 to regain control of their software.

Can these incidents be prevented? There are effective ways to combat

ransomware, says **Ty Talcott, DC**.

As a HIPAA security specialist, he helps chiropractors understand how to protect themselves against security and compliance threats such as ransomware.

"That chiropractor that got hit in Kentucky has to monitor the credit of every patient—at his own expense," Talcott says. "At \$10 a patient per month for two years, that's \$50,000."

These costs, not to mention the challenges of repairing any reputational damage for your clinic, can put added strain on your practice.

Appropriate notification of affected patients is not only standard industry practice in health care, it's also required whenever a breach occurs. And credit monitoring for affected patients can rack up a tab quickly. If additional fines, costs of resolving the issue and repairing computer systems are added on top, you may end up with an extraordinarily more expensive breach.

Staff training is an important part of ransomware and virus prevention. Clicking on a link in a malicious email, downloading a corrupted file, or allowing an unauthorized person

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physical or remote access to your computers and your network can leave you vulnerable. It simply isn't enough to install anti-virus software—you need to properly train everyone in your office on how to recognize possible attacks and prevent them before they can occur.

"Social engineering," a malicious strategy that involves tricking unsuspecting staff into helping the hacker, basically takes the work of breaking security offline. For example, hackers can call your office phone, impersonate your EHR vendor's technical support, and ask for system username and password details. If a staff member or chiropractor provides this information, that hacker can

report released by the HHS Office of Inspector General (OIG) determined that around 82 percent of this total was "not medically necessary" and therefore ineligible for coverage. A *Chiropractic Economics* staff report from October 2016 quoted Mills Chang as saying that "the challenge is not the AT modifier or the updating of 'box 14' ... the real problem is the DC understanding which care is 'medically necessary' according to Medicare's definition and which care would be defined as 'maintenance care' per Medicare's definition."

These findings don't imply that maintenance care is completely unnecessary for a patient's health, rather that the strict medical necessity

Physical, electronic and procedural safeguards must be in place to reduce risk, and practices must anticipate security and privacy weaknesses.

then begin accessing your network and installing viruses without ever breaking through your firewalls or antivirus software.

Documentation and medical necessity

Medical necessity is a more important piece of the compliance puzzle, as Talcott notes. Chiropractors are asked to prove in their billing claims that the care they are providing for patients is medically indicated and essential to patient health. Maintenance care, in other words, may be scrutinized more closely and will be denied outright by Medicare and some other payers.

"OIG issues stem from coding and billing errors. This stems from documentation issues 80 percent of the time," says **Kathy Mills Chang**, a certified medical compliance specialist and a professional coder.

In 2013, Medicare paid \$439 million for chiropractic care. A 2016

standards aren't satisfied—Medicare routinely denies such claims. Since the OIG's report, many chiropractors have made significant strides in improving documentation and billing, providing better justification for billed services.

The American Chiropractic Association (ACA) offers guidelines for documenting medical necessity appropriately. And taking documentation changes to heart may help chiropractors get more of the reimbursements they need.

HIPAA issues

"I think, from a compliance point of view, one of the most underrated and ignored compliance issues now is the issue of HIPAA," Mills Chang says. "The majority of doctors actually don't think about it." Sadly, she also adds that these mistakes are common and she sees them constantly among chiropractic clinics.

In particular, Mills Chang is concerned that some doctors are relying too heavily on their self-perceived HIPAA knowledge or on outdated, inaccurate information. These chiropractors are setting themselves up for potential disaster, she says.

Essentially, HIPAA focuses on two major rules, the Security Rule and the Privacy Rule. The first regulation standardizes how patient protected health information (PHI) is handled and transferred electronically. In contrast, the Privacy Rule regulates how patient information is protected and used.

Specific guidelines are in place for “covered entities,” such as chiropractic clinics and other health care providers. Patient information must be kept confidential and properly managed so that unauthorized people don’t have access to it.

Physical, electronic and procedural safeguards must be in place to reduce risk, and practices must anticipate security and privacy weaknesses. Staff need to be familiar with these policies, and regular audits and risk assessments should be conducted to ensure compliance.

You need a plan for HIPAA compliance. It certainly isn’t an area you want to leave to chance. Although Mills Chang has hope for practices seeking to stay compliant with the HIPAA rules, she’s disappointed in what she sees occurring at some practices right now.

“I see at least one HIPAA violation every day,” she says. “No joke.”

When errors become fraud

Talcott notes that billing errors can sometimes paint a negative picture of the profession, even when chiropractors don’t intentionally make these mistakes. In some cases, chiropractors are asked to repay reimbursements made for these claims.

“Investigations by the Office of Inspector General specifically into the

chiropractic profession have declared chiropractic is the No. 1 Medicare fraud profession,” he says, “Much of this is due to some billing errors being reclassified as ‘fraud.’”


Scott Munsterman, DC, agrees.

Munsterman leads a chiropractic consulting group that educates practices on compliance issues. “Initial visit and subsequent visit must-haves within the note, and other key components are typically missing, and that’s what leads to issues in being denied care. The OIG is big on this. And other payers are beginning to do more reviews to determine medical necessity.”

Getting the billing right is an essential part of building solid revenue for your practice. If you get it wrong, you can end up with flat billing even if you’re seeing more patients each year. At that point, you’ve begun to actively lose revenue as your patient load grows and billing remains the same. Even worse, if you have billing errors that are caught late after you’ve received reimbursements, you could be liable for these totals and be required to return them.

Getting (and staying) compliant

If you’re unsure about compliance at your practice, you need a solid game plan to protect your practice. Compliance is an ongoing process, and the risks of ignoring potential penalties are far too great to leave to chance.

“This is as simple as knowing the rules,” Chang says, referring to the steps chiropractors can take to proactively protect themselves. “And having your compliance plan in place shows that you’re doing something.” 



KAITLIN MORRISON is a freelance writer in Washington, and she specializes in health care and technology issues. A frequent contributor to this

magazine, she can be contacted at kaitlin@kaitlinmorrison.com, or through kaitlinmorrison.com.

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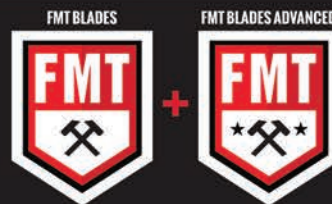
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The ABCs of functional health recovery

The failure of modern health care offers you an opportunity.

BY BILL HEMMER, DC

STOP ANYONE ON THE STREET, AND THEY WILL BE HAPPY TO TELL YOU how broken today's health care system is. Huge premiums, rising copays, poor quality care and lack of communication from both providers and insurance companies are just a few of the issues they complain about.

This state of affairs offers you a golden opportunity as a holistic health care provider. With the skills you already possess, you can become the local authority for functional health recovery. Your reputation and local influence can expand your practice within your community exponentially.

Not since the introduction of X-ray analysis has there been such a shift in chiropractic. Functional health (the use of adjustments, whole food supplements, herbs, lifestyle, exercise, diet and common sense) is practicing

much like the medical doctors of the early 1900s.

Most doctors stay in the same community for their entire career treating generations of families. This is a sustainable model for the future of health care. Therefore, doctors of chiropractic are the ideal practitioners to accept this role.

The ABCs of functional health recovery

Attitude: Your community needs to understand how modern health care got so bad in the first place. Unless they can compare their current state of dis-ease to a state of wellness, how can you expect them to make an informed decision about taking control of their health?

The story begins with the birth of medical insurance as we know it. It

started during the Civil War to cover injuries related to travel on railroads and steamboats. This "sickness" insurance wasn't designed to reimburse people for medical expenses, much like today's disability policies. It was designed to pay supplemental income to cover everyday expenses while the patient recovered.

In 1954, the U.S. Congress made contributions to health plans exempt from taxes, and in the 1960s, business groups began to develop relationships with health care providers for fee-based medical contracts. This led to the medical reimbursement model of medical insurance as it is known today.

Once medical reimbursement for expenses for sickness care became the norm, "health care" was forgotten. When you got sick, you went to the

The final components to balance in functional health recovery are at the systemic level. The nervous system, musculoskeletal system and immune system need to be balanced and maintained.

doctor to get fixed and your insurance company paid the bill. This led to patients having less sense of having power to make their own health decisions.

Now, unless a person has an active disease process, they only see their medical doctor to screen for disease, not to assess health. This is why so little money has been spent on prevention over the last 70 years. Conversely, the U.S. has the best system in the world to rescue people from trauma and acute infections.

As the focus has been on acute sickness, chronic disease has taken

over. Patients get sicker until they reach the threshold of “sickness care,” and then they seek to be rescued.

Once your patients understand how we got here, then they can make an informed decision to participate in online and in-office assessments to quantify their current level of health, not disease. They can be given a report to motivate them into action, and then they can make the decision to take control of their own health care or not.

Balance: Once patients decide to become their own health care

advocates, you can guide them through the entire process. This is what differentiates you from the other practitioners in your community. The counter-intuitiveness of training your patients to heal themselves will get you noticed quickly.

For most patients, a functional protocol for digestive health will be appropriate. Other functional protocols to restore fluid messengers (blood, hormones and neurotransmitters), glands, organs and body systems should be identified and addressed based on each patient's needs.

Up to 80 percent of people need digestive help, and some studies have reported up to 75 percent of people have asymptomatic reflux, 50 percent of people over the age of 50 suffer from achlorhydria—reduced hydrochloric acid for digestion. And autoimmune and inflammatory disorders are linked to a leaky gut. As you

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know, proper digestion is paramount for health recovery.

Once digestion is successfully addressed, fluid messenger protocols are the next order of business. This is how nutrients and signaling molecules are delivered to the cells and heal the body as health begins to move up the chain of the body. These are not disease-based protocols. They are designed to normalize tissues and allow the body's innate intelligence to oversee the healing process.

The glands and organs are addressed in the same way. They are provided with the nutrients, hormones and other substances necessary to rebuild and renew themselves. Then allostasis can occur, which is the process by which the body responds to stressors to regain homeostasis.


The final components to balance in functional health recovery are at the systemic level. The nervous system,

musculoskeletal system and immune system need to be balanced and maintained.

Community: A 2010 study revealed social isolation as the No. 1 cause of chronic disease-related mortality.¹ It can be deadlier than smoking, drinking more than six drinks per day and physical inactivity.

Chronic illnesses, such as diabetes, heart disease, obesity, high blood pressure and arthritis can decrease social interactions and mobility, creating social isolation. These diseases are on the rise and you routinely see patients with these conditions. Their chiropractic visit in many cases may be the only social interaction they have. This state of affairs positions you perfectly to be a healthy lifestyle specialist.

This is an exciting time to be a chiropractor. This is the only profes-

sion that has the skill set necessary to stop the runaway train of chronic disease using functional health recovery techniques. Seize this opportunity with technology, low-cost marketing and relationship building, and your practice can soon be filled with patients who are ready, willing and able to become your tribe. Are you ready to accept them? 



BILL HEMMER, DC, has been in private practice for nearly 30 years. His passion for chiropractic began with a cervical compression fracture at age 15. He has expanded his practice to include customized health recovery plans to meet the needs of a changing health care environment. He can be reached at drbillhemmer@hotmail.com.

Reference

¹ Holt-Lunstad J, Smith TB, Baker M, Harris T, Stephenson D. Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science*. 2015;10:227-237.



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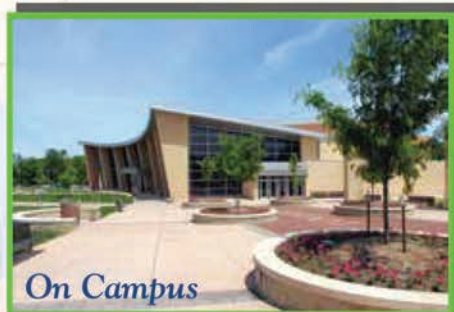
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Patient financing fundamentals

Consider the benefits of working with a patient financing company.

BY MICHAEL ABRAMOVIC

YOU MAY HAVE PATIENTS WHO USE THIRD-PARTY PAYERS, usually insurance companies, and some of your patients may be paying you in cash. But there's an alternative option available—a patient financing company.

In this model, the financing company pays the chiropractor within a few days of the provision of services and bills the patient separately. Some potential clients coming into your office may have sticker shock when they see the costs involved to rehabilitate or correct years of spinal misalignment. It may cost thousands of dollars to provide short and long-term health care.

The cost of these health care packages is more easily managed when broken up into monthly payments. The financing company may also extend a new revolving line of credit to the potential client. This service can maximize customer retention, mini-

mize staff time to set up and collect in-house payments, and strengthens your practice's cash flow.

Risk management

Costs to the chiropractor can vary depending on the patient financing group with whom they choose to partner. Costs can be broken down into three categories: Upfront payments, monthly fees and processing fees per client. The financing company may charge for any combination of the three.

Upfront payments are not typical but you may come across them when there is a longer process to get you set up with software or connected to multiple lenders. Monthly fees usually come from patient financing groups that are trying to minimize the practice's processing fee per client. Monthly fees are usually associated with companies providing larger software packages.

The main cost to the provider is a processing fee for each patient who is financed. This is similar to a credit card transaction where the office is paying 0.5 to 3 percent per transaction.

The patient financing fee to the chiropractor can range from 0 to 30 percent. Most transactions tend to be between 2.9 to 15 percent. The sliding scale is associated with the patient's credit history and how many months you offer 0 percent financing to your client.

Clients with low credit scores are considered high risk and the patient financing company charges more to the practice to provide the funds for this service. With most patient financing companies, you have the option to provide 0 percent interest to the patient for six to 24 months. This is usually referred to as a promotional period. The longer your promotional period, the higher financing fee.

MONEYMANAGEMENT

What the patient pays: Costs to the client come in two categories: origination fees and the annual percentage rate (APR). Origination fees can cost 1 to 5 percent of the total loan. APR can range from 0 to 36 percent.

During a promotional period, the APR is 0 percent. If the balance is paid off within the agreed-upon timeframe, there is no APR. But if the balance is not paid off in its entirety by the due date, the patient financier either charges deferred interest or simple interest. This can mean a big difference in payments for your patients, so take this into account when partnering with a patient financing company.

Credit requirements: This will depend on the patient financing company, but it is safe to assume all clients with prime credit scores (680-plus FICO score) and good debt-to-income ratios will qualify for an unsecured loan. Providing options for clients with lower credit scores or higher debt-to-income ratios requires partnering with the right company.

Differences between financing companies: Usually, the terms of the loan and credit requirements are where financing companies start to differentiate themselves. All patient financing companies will lend to patients with prime credit scores and good debt-to-income ratios. A 2016 study by FICO.com put the number of adults with prime credit scores at about 50 percent. There are patient financing companies that will lend to clients with credit scores below prime, but they charge a higher fee for their services because such loans tend to have a higher default ratio.

Loans and credit cards: Loans have a fixed term and a fixed APR. Credit cards (or revolving credit) will come with no definite term length and

have variable APRs. Loans are more practical for one-time higher-priced services. Credit cards or revolving credit are better used for ongoing services.

Recourse for patient defaults: Recourse is the ability of the patient financing company to hold the chiropractor liable for loans that default. You may find tricky contractual language around first-payment recourse. This contract will allow the financing company to claw back the full payment if the patient does not make their first payment. Most patient financing companies will provide programs with no recourse to the practice. Be sure to look around to find a program that fits your practice best.

The application process for the chiropractor: This will usually include a business credit check (or a personal credit check if the practice is under two years old). All legal documents and insurances will need to be provided as well.

The application process for the patient: Applications are usually web-based and approval or denial can be made within a few minutes. For patients who prefer paper applications, most financing companies will have that as an option. A soft credit pull can usually provide a pre-approval or denial for that specific lender. But once the patient signs the final terms, a hard pull on their credit history will take place. ^{CE}



MICHAEL ABRAMOVIC has a storied startup and technology background. His resume includes an acquired clean-tech startup and Google. He has spent most of his professional career asking questions. The riddle Michael is solving at this time involves combining social responsibility, healthcare, and financial technology. He can be contacted at michael@lendoption.com or through lendoption.com.

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A creative way to structure care.

BY DEBORAH GREEN, ESQ.

Q *My practice is located in a mid-sized community and is doing well. I would like to give back to my community but, at the same time, I need my income to pay for overhead, marketing and salaries. Any thoughts?*

A President Trump has announced that the opioid epidemic is a national public health emergency. He has directed all executive agencies to use every appropriate emergency authority to fight the opioid crisis. The declaration of a public health emergency means that federal agencies can, among other things, shift some federal grants toward addressing this crisis.

Secretary Tom Price, MD, head of Health and Human Services, has announced that his department will provide \$485 million in grants to help states and territories combat opioid

addiction. The funding, which is the first of two rounds provided for in the 21st Century Cures Act (Cures Act), will be delivered through the State Targeted Response to the Opioid Crisis Grants administered by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Funding will be issued to all states, the District of Columbia, four U.S. territories, and the associated states of Palau and Micronesia. The funding will support a comprehensive array of prevention, treatment and recovery services depending on the needs of recipients.

Funds were awarded based on rates of overdose deaths and unmet need for opioid addiction treatment in the various states and territories. Florida, for example, has been allocated \$27 million; New York will be receiving \$25 million.

A brief glimpse at the internet

lists thousands of state and private grants available for opiate treatment programs. So how does this framework impact you?

Work through a nonprofit

You can give back to your community by forming a charitable corporation—also known as a nonprofit—that provides services to those suffering from pain before they are prescribed opiates if that pain is not alleviated. If the nonprofit is organized as an integrated practice, the MD can prescribe medication that can work in conjunction with chiropractic services to treat opioid addiction, and the chiropractor can provide physical treatments to deal with pain.

As a nonprofit, you may be able to run free public service announcements on local radio and television stations, because they are required to operate in the public interest and

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LEGALQ&A

can do so by giving free air time to nonprofits. In many cases, the station might even help you to produce these announcements at no cost.

A nonprofit is not the same as a regular corporation. The main difference is that a nonprofit has no shareholders. You cannot claim any of the nonprofit's surplus gains, if any (although you and your staff are entitled to receive a reasonable salary for the services that you provide to the nonprofit).

Unlike a regular corporation, the main goal of which is to make money for its shareholders, the goal of a nonprofit is its *mission*; in this case, the alleviation of pain and opioid addiction through manual manipulation and other non-opiate modalities.

The nonprofit's purpose is to serve its stakeholders. These are the people who access the nonprofit's services, e.g., patients, donors who help fund the nonprofit's operations, and the community who has to live with the scourge of drug addiction, all of whom have a substantial interest in seeing this blight resolved.

A nonprofit's major advantage is that it can apply for both federal and private grants to fund the services it provides to the community. (It's a rare thing for a regular corporation to be given money to run its business.) Start applying for grants as soon as possible, as obtaining a grant can be a lengthy and time-consuming process. If you don't have the time to do it, there are professional grant writers who can assist you.


To start a nonprofit, you need to form a new charitable corporation and obtain 501(c)(3) tax exempt status. Although forming the corporation is not a lengthy process, it may take a while to obtain the tax exempt status. Once the nonprofit is formed and tax exempt, it will be, in most cases, exempt from paying federal and state income tax, and local county, real and personal property taxes.

A good faith effort

Managing a nonprofit requires that you discharge your duties to the organization in accordance with a good faith belief that your activities serve its best interests. You must avoid conflicts of interest in any transaction with the nonprofit as you are not permitted to personally benefit financially from the relationship.

The nonprofit should have a strong conflict-of-interest policy in place to help prevent inadvertent self-dealing. Such a policy, much like a compliance program, will help protect the interests of the nonprofit when it enters into transactions that could potentially benefit an officer or director. It may also protect officers and directors from personal liability for decisions in transactions in which they have an interest.

There are other facets to the creation and running of a nonprofit too lengthy to be discussed here, but the takeaway is that by treating opiate addicts through a nonprofit you will be interacting with all members of your community; those who are directly affected and those who are trying to help alleviate the suffering of this insidious condition.

[Note: Depending on your state law and scope of practice, it may be prudent to work with patients at-risk for addiction, or who are in recovery, rather than treat those undergoing active rehab—eds.] 



DEBORAH GREEN, Esq., practices law in New York and Florida and has been a practicing attorney since 1977. If you have any questions concerning this article or other legal health care issues, she can be contacted at deborahgreen@thegreenlawfirm.net.

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Marketing on a budget

BY DREW STEVENS, PHD

MOST CHIROPRACTORS WILL TELL YOU THEY ARE IN THE business of healing. After all, they have spent years in study and clinic preparing for their practice. But all chiropractors need to understand that they are really in the marketing business. Establishing your brand in your community will spark referrals. Marketing is necessary to be heard among the competitive noise.

Before you say hello

Building your business is about relationships. Patient discussions must center on outcomes because patients want results. Focus initial and follow-up conversations on intended results and less on the prescriptions available. For example, look at a patient who suffers from personal stress stemming from work and family life. They seek less pain and more mobility. The discussion should be about decreasing their stress and not on the number or type of adjustments.

When the discussion is on value and the prospective patient is convinced of the wisdom of a relationship with you, fees are less important because the patient is now convinced about working with you. Successful chiropractic marketing is simple: What value do I bring to my patients? Who demographically fits my needs? What are the best methods to reach these prospective patients?

Low-hanging fruit

Sometimes, seeking business opportu-

nities is as simple as calling a friend or getting out of your comfort zone. You have two choices: You can sit behind a desk pondering how to get new traffic or step in front of someone's desk and request it.

Proper networking involves referral acquisition. Unfortunately, many ask for referrals the wrong way or do not ask at all. Business is driven by the ability to ask for new business. If patients are happy with your work, they will gladly and willingly provide you with referrals.

The best way to seek referrals is when you are first engaged with the patient, and they are in that emotional high. Remember there is strength in numbers. The more referrals you obtain, the fuller your pipeline.

Speak and get involved

Create a seminar based on current events to illustrate your value to patients. Invite 20 or more people to an in-house event and request that they bring a guest. This can illustrate your value and build face time with your community.

The law of attraction works when others know you. Get involved in commerce, religious, civic and athletic organizations so your community gets comfortable with you. Doctors of chiropractic who are active in community activities usually go from surviving to thriving.


Teaching is a wonderful approach to community service and a great method to generate leads. Do you

have expertise in an area that can be shared with others? Seek opportunities at community colleges or graduate programs. Universities constantly seek outside expertise to help develop learners, and many chiropractors teach at universities as a way of giving back.

Public relations is an inexpensive method for chiropractors to become known by using the media to create attention around an issue or cause. Chiropractors who use this technique are almost always booked. With a little money and just a bit of time, public relations can catapult your business.

Things to consider

One definition of insanity is doing the same thing over and over again and expecting different results. If your practice is not growing, and you continually do the same thing and do not get results, why continue on that path?

Chiropractors invest too much time into their craft and desire better rewards. Those seeking to gain maximum results need to take one resource and attempt it for the next 20 to 30 business days. Be patient, and watch your outcomes that develop from your efforts. 



DREW STEVENS, PhD, is the author of the bestselling text for chiropractors titled *Practice Acceleration*, available from Amazon. He can be reached at 877-391-6821 or through drew-stevens.com.

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