

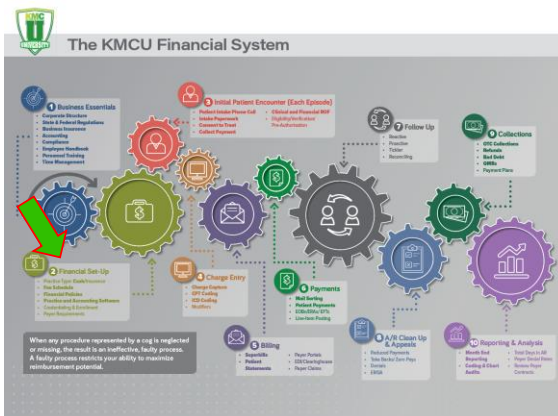


KMC University

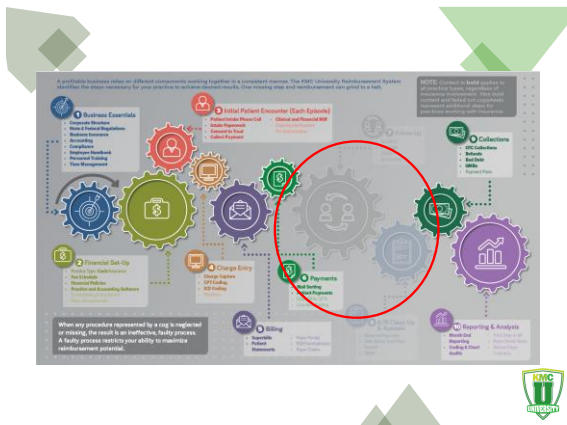
Financial Set Up



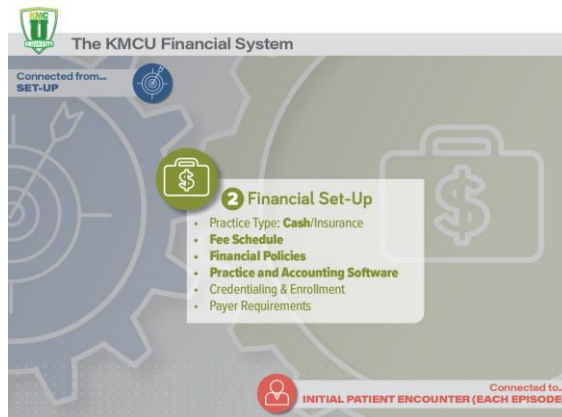
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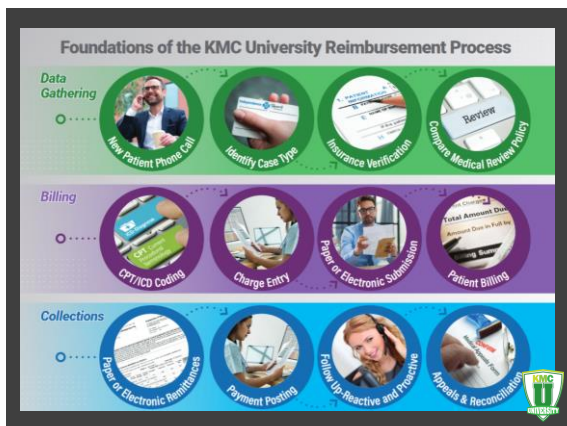
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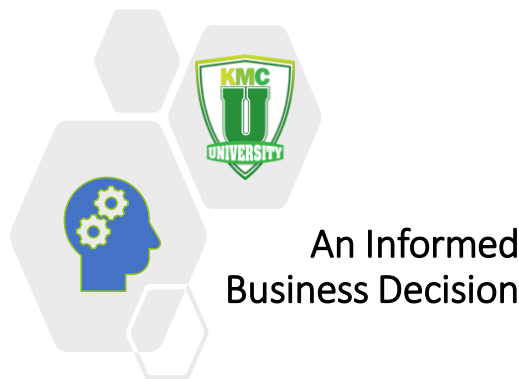
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Truly All Cash-Based Practice?

NO

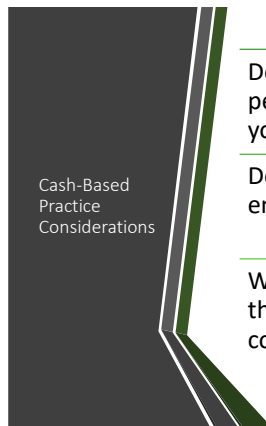
- Take Medicare Beneficiary patients and have them pay Cash
- Bill Insurance when you feel like it- i.e. Personal Injury
- Multiple Fee schedules based on variety of reasons

YES

- Turn Away Medicare patients
- Stay out of Network with Commercial Insurance (Provide Superbill to patients to submit on their own)
- One Fee Schedule for ALL- okay to have elective discounts



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Do you have a large percentage of elderly in your area?

Do you have a large employer in your area?

Workforce members- are they equipped to enforce collections for every visit?

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Insurance Based Clinic

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Payer Provider Agreements

Prior to joining a network providers should

- ✓ Determine benefit to the practice
- ✓ Evaluate the network – don't just jump in!
- ✓ Determine network requirements, additional documentation, pre-authorizations
- ✓ Understand the differences between Participating and Non-Participating

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Third-Party Reimbursement Evaluation

- ✓ Common Payers in your area
- ✓ Each payers' reimbursement policies and fee schedules
- ✓ Each payers' pre-authorization requirements
- ✓ Each payers' clinical guidelines

II. Aetna considers the following chiropractic procedures experimental and investigational:

- A. **Active Release Technique** (see CPB 0388 - Complementary and Alternative Medicine)
- B. Active Therapeutic Movement (ATM2)
- C. Advanced Biostructural Correction (ABC) Chiropractic Technique
- D. Applied Spinal Biomechanical Engineering
- E. Atlas Orthogonal Technique

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Payor Network

Review allowable fee schedule and THEN review the fine print, indicating things such as "plan will pay 60% of allowed fees per the provider fee schedule included"

Look also for statements such as "capitated plan". Capitated plans limit the total dollar amount to be paid for a visit, regardless of the dollar amount billed

Sample Payer Fee Schedule	Actual Payer Fee Schedule
98940 - \$21.50	\$12.90
98941 - \$27.00	\$16.20
97140 - \$19	\$11.40
99203 - \$41	\$24.60
99213 - \$36	\$21.60



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VA Enrollment

Provider Overview

Community providers are a vital part of VAs high-performing health care network, ensuring eligible Veterans and their beneficiaries get the timely, high-quality health care they need.

If you are a community provider interested in providing care to Veterans, [click here](#) to [apply for the VA Community Care Network](#).

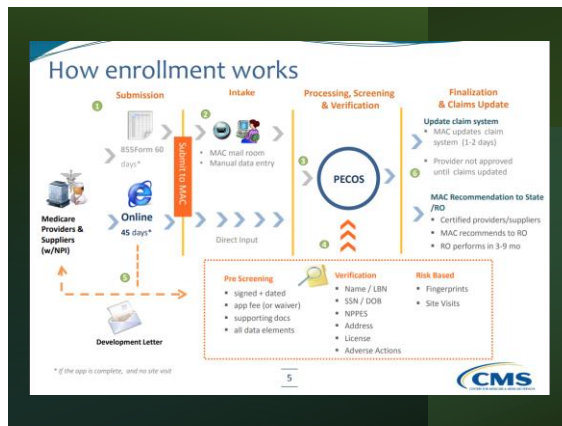


Learn about VA's new Community Care Network (CCN)

- Support
- Veteran Care Networks
- Veteran Care
- Family Member (Dependent) Care



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Can You Find Your Payer Contract or Agreements?

BLUE CROSS BLUE SHIELD OF MICHIGAN MEDICARE ADVANTAGE PROVIDER AGREEMENT

Medicare Advantage ("MA") Provider Agreement ("Agreement") is entered into by Blue Cross of Michigan, a Michigan nonprofit healthcare corporation ("BCBSM") and the provider who is fully licensed or legally authorized to practice in the state of Michigan ("Provider").

BCBSM has, based on goals of quality, access and cost, established MA by Organization ("O") and Private Fee For Service ("PFFS"), each individual and collectively the "MA Networks", networks and wishes to maintain a panel of a to provide health care services to Members enrolled in the MA Networks through at least:

REAL Provider accepts these goals and wishes to be included in a limited panel of at least the MA Networks.

REAL Provider is able to provide health care services to Members enrolled in prog the MA Networks.

REAL BCBSM retains the right, in its sole discretion, to determine Members a area that utilizes the coverage under the MA Networks or for other programs) and to res for Providers under contract provisions pertaining to the MA Networks and other (s) and:

THEREFORE, in consideration of the mutual promises and covenants contain hereon, BCBSM and Provider agree as follows:

EFFECTIVE DATE

This Agreement shall become effective on the Effective Date as referenced Signature Document hereto. The Agreement shall remain in full force and effect until terminated by the termination provisions of this Agreement.

DEFINITIONS

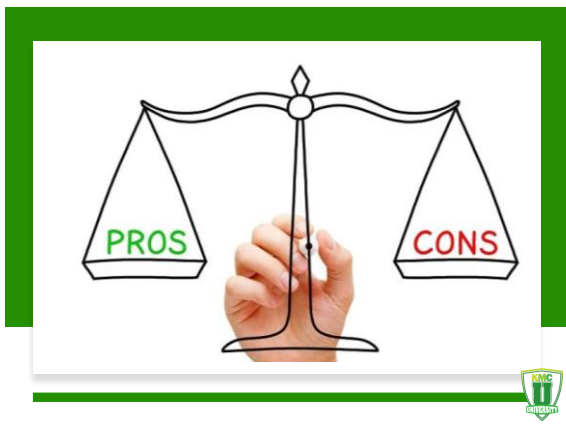
The terms included herein shall have the meaning required by law to be applied BCBSM and Provider under the terms of BCBSM's contract with Centers for Medicare Medicaid Services ("CMS") and the regulations promulgated in Title 42 CFR Parts 42, 422.

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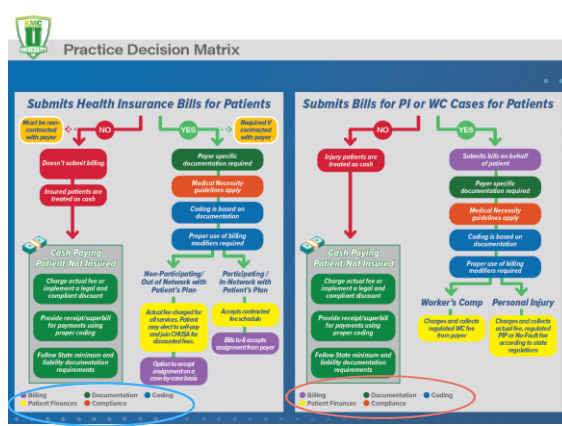
Know the Rules!

14. **Compliance.** Provider agrees to comply with BCBSM's policies and procedures including BCBSM's contract billing and reimbursement policies, the MA Provider Manual, BCBSM's contractual obligations to CMS, and all applicable federal, state and local laws, rules and regulations, rules or heretofore in effect including Medicare laws, regulations, reporting requirements and CMS instructions, including Member appeal and dispute resolution procedures related to Covered Services provided to a Member. To the extent that Provider is involved in the administration or delivery of Medicare prescription drug benefits under Medicare Part D of the MA PPO Program, Provider shall comply with federal laws and regulations governing Medicare Part D coverage determinations, grievances and appeals, and summary execution, and acknowledge that these requirements are separate and distinct from the appeals and grievance requirements under Medicare Part C of the MA PPO Program. Payments from BCBSM to Provider are made, in whole or in part, from Federal funds, and subject Provider to all laws applicable to the individuals or entities who receive Federal funds, including the False Claims Act (31 USC 3729 et seq.), the Anti-Kickback Statute (Section 11286(b) of the Social Security Act), Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the Americans with Disabilities Act, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), administrative simplification rules at 42 CFR Part 156, 157, and 164, and the Rehabilitation Act of 1973. Provider agrees to comply with all applicable laws, regulations, policies or procedures. Provider shall be subject to a 90-day period to cure any non-compliance. Failure to cure any non-compliance may result in BCBSM's exercise of its immediate termination rights pursuant to Section 8.3. Notwithstanding anything to the contrary in this Section, CMS shall retain its right to terminate this Agreement at any time.

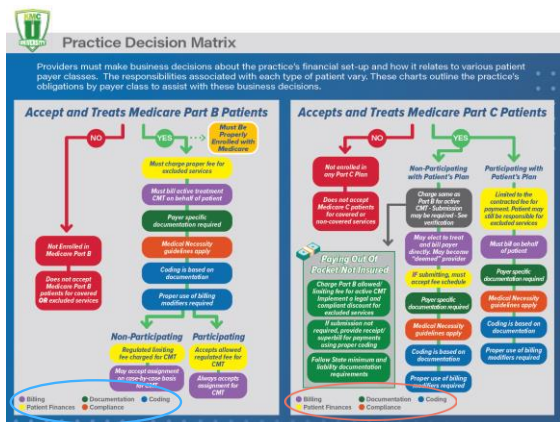
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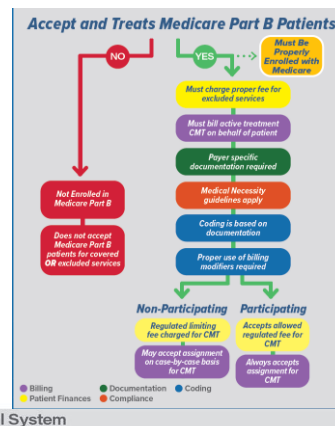


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Obligations of DCs When Agreeing to Accept and Treat Medicare Part B Patients



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Do the Math – Is It Worth It?

- Cost Per Patient Visit Total Monthly Expenses (fixed and variable) ÷ Total Patient Visits during the month = Your Cost Per Patient Visit

TIP: Use a 3-month average as these are variable

Example:
 Total Monthly Expenses: \$18,500
 Total Patient Visits: 440 = \$42.05 (Cost per visit)



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Do the Math – Is It Worth It?

- Revenue Per Patient Visit
- Total Collections ÷ # of patient visits = Revenue Per Patient Visit

Tip: Use a 3-month average

Example:
 Total Monthly Collections: \$29,000
 Total Patient Visits: 440 = \$65.91 (Income per visit)



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Do the Math – Is It Worth It?

- Profit Per Visit
 Income per visit minus cost per visit

$$\frac{\text{Total Monthly Collections}}{\text{Total Patient Visits}} - \frac{\text{Total Monthly Expenses}}{\text{Total Patient Visits}} = \text{Profit per Visit}$$

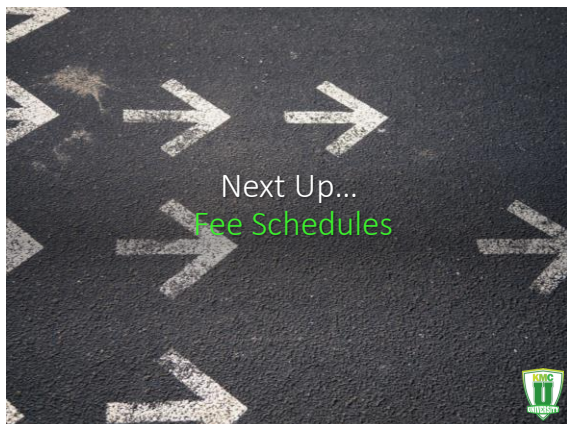
Example:
 \$65.91 - \$42.05 = \$23.86 (profit per visit)



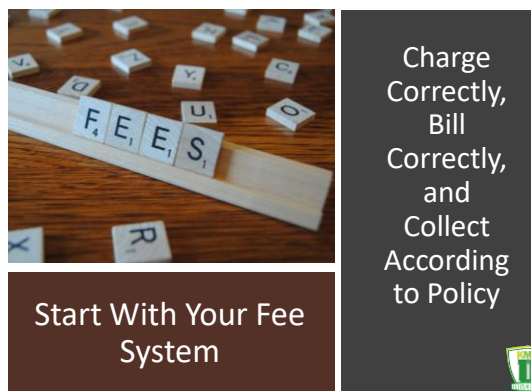
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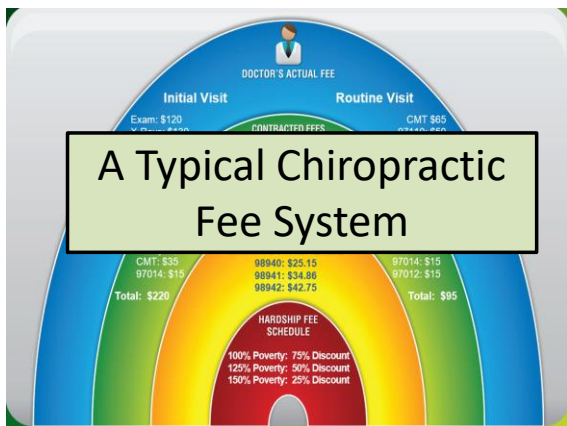
You MUST Begin By Charging Correct Fees!

- A famous person once said, "Your fee is your fee is your fee!"
- From there, who qualifies for which discounts?
- A clear understanding of fees allows for appropriate collections

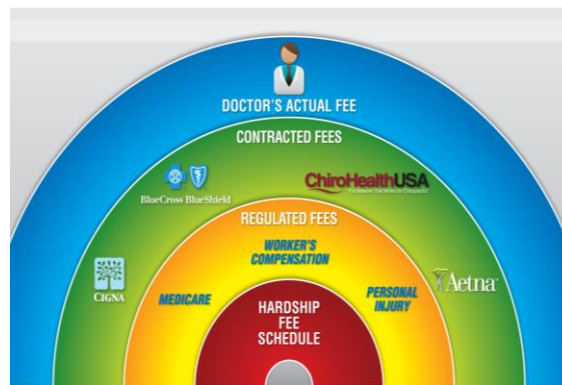
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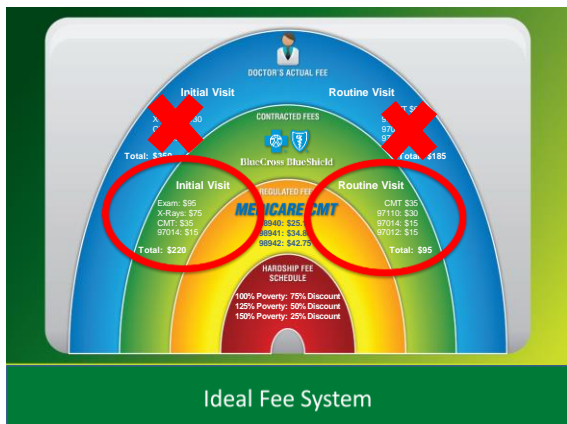
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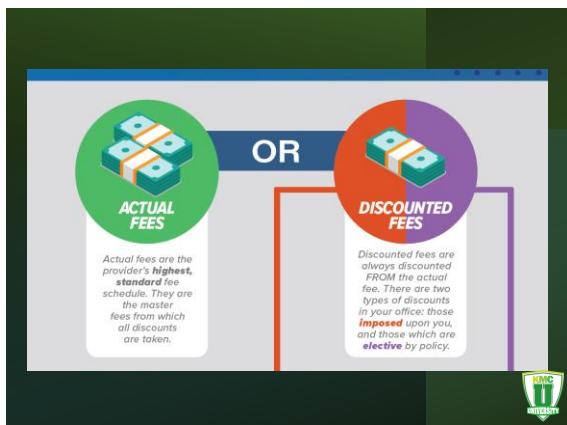
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You Get to Decide Fee Schedule Set-Up

- Do you want your patient assigned to a specific fee schedule?
- Do you want to show full fees and a specific contracted write off?

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Sample Medicare Fee Schedule

97140	GA	Manual Therapy CASH	55.00	55.00	
96940	GA	Micare Maint Opt 1 ABN 1-2	30.00	30.00	
96940	GA	Micare Maint Opt 2 ABN 1-2	30.00	30.00	
96940	AT	1-2 Region Adjustment	30.00	30.00	
96940		1-2 Region ADJ CASH	65.00	65.00	Discallowed
96941		3-4 Region ADJ CASH	75.00	75.00	Discallowed
96941	AT	3-4 Region Adjustment	43.00	43.00	
96941	GA	Micare Maint Opt 2 ABN 3-4	43.00	43.00	
96941	GA	Micare Maint Opt 1 ABN 3-4	43.00	43.00	

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Sample Medicare Fee Schedule

98940	GA	Manipulation 1-2 Regions- MCR GA Option 1	\$48.00	\$48.00	☐
98940	GA	Manipulation 1-2 Regions- MCR GA Option 2	\$48.00	\$48.00	☐
98940	AT	Manipulation 1-2 Regions- MCR AT	\$48.00	\$26.71	☐
98941	GA	Manipulation 3-4 Regions- MCR GA Option 2	\$65.00	\$65.00	☐
98941	AT	Manipulation 3-4 Regions- MCR AT	\$65.00	\$38.47	☐
98941	GA	Manipulation 3-4 Regions- MCR GA Option 1	\$65.00	\$65.00	☐
98941		Manipulation 3-4 Regions 98941	\$65.00	\$38.79	☑
98942	AT	Manipulation 5 Regions 98942	\$95.00	\$50.45	☐
98943	GV	Manipulation Extra- spinal 98943	\$43.00	\$43.00	☑



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ELECTIVE DISCOUNTS

Generally associated with patient fees, such as cash payments and non-covered services

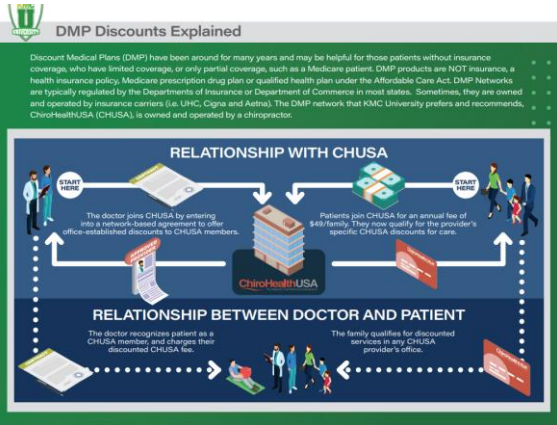
Elective discounts are up to the discretion of the owner/provider and are not mandatory. Discount options are possible by setting policy and procedure. These types of discounts must meet compliance guidelines.

5-15% Time of Service Savings
Financial Hardship
Professional Courtesy
DMP/O Membership

ChiroHealthUSA



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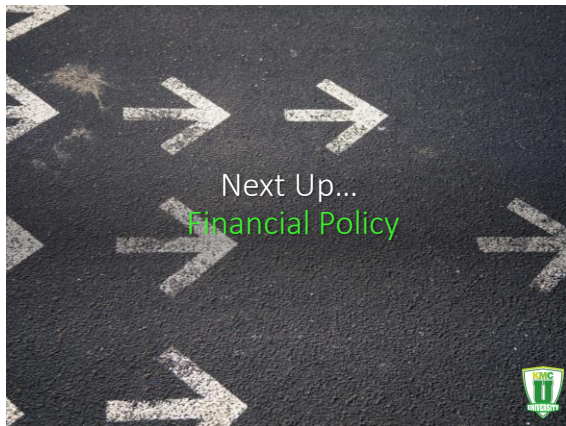


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ChiroHealthUSA

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Why Have a Formal Financial Policy?

- A policy sets boundaries and affirms agreements
- An informed patient tends to be a compliant patient
- Clear explanation of policies allows for flexibility (if necessary, on a case-by-case basis)



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Financial Policy

Financial Policy Questionnaire

Office Name _____

1. Which types of credit cards do you accept for payment in your office? Please check all that apply.
 Visa Mastercard AMEX Discover Other (Please specify) _____
2. How much do you charge for NSF or returned check fees? _____
3. Do you offer a legal (15% or less per the OIG) prompt payment discounts when payment is made at the time of service? Yes No
 What is the amount of your legal (15% or less per the OIG) prompt payment discounts when payment is made at the time of service? _____
4. Does your office participate in a discount medical plan organization like ChiroHealthUSA, to offer your uninsured. _____



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Customizing the Financial Policy

Office Financial Policy
(Customized for Chiropractic Practice)

Thank you for choosing [Practice Name] [your health care provider]. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our Office Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any changes to your patient information (i.e., address, phone, insurance information, etc.) prior to receiving services.

It is our office policy that payment for services rendered is ultimately the responsibility of the patient, whether you have third party assistance with your financial obligation. All payments for services rendered are expected at the time of service unless one of the following applies:

- **Agreed to a pre-arranged payment plan:** We are happy to extend a payment plan to you so that you can follow through with all the care you may require.
- **Is a member of a Discount Medical Plan Organization for services rendered at the clinic such as (DMO):**
- **To Qualify for Member Discount:** This office does not turn away any patient due to their ability to pay. If you feel you might qualify for our [Discount Member Organization], notify the office immediately so we can begin your qualification process.

Personal balances may not exceed [Amount] [in a pre-arranged payment plan]. For your convenience, this office accepts cash, checks, and the following credit cards: [Visa, MasterCard, American Express, Discover]. Should payment be refused by your bank for any check without, this office will charge a fee of [Amount] for either the charges you will incur as a result of the returned check.

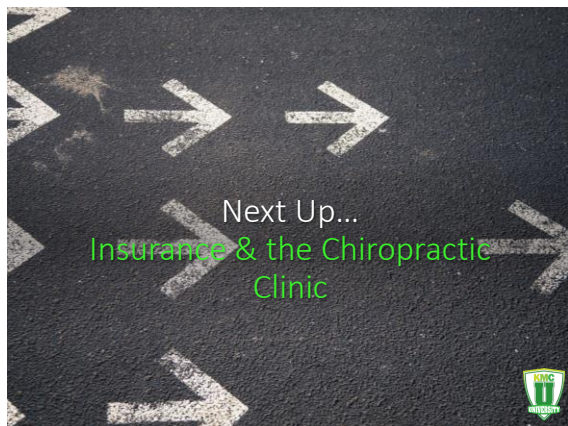
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Break Out Room



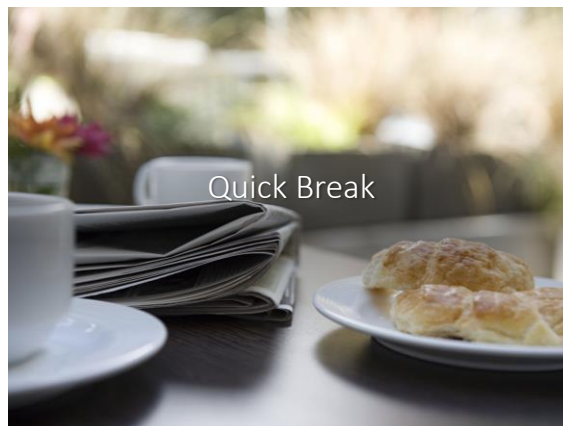
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Next Up... Insurance & the Chiropractic Clinic



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Quick Break



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