

Insurance OR
Cash-Based:
Cash Flow Is
King!

Presented by:
Kathy (KMC) Weidner,
MCS-P, CPCO, CCPC,
CCCA

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Today We'll Cover...

How failure to properly define medical necessity and clinical appropriateness confuses both YOU and your PATIENT

Why it's not necessary to say NO to insurance to attract more CASH based patients

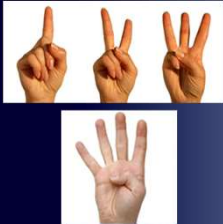
How to explain both the clinical and financial facts whether you're cash based, insurance, or a combination of the two.

Maximizing every opportunity with your patient to "sell" them on complete healthcare

Expand the ways for your patient to be able to say YES to all the care you're recommending

2

It's as Easy as 1-2-3.....4



1. Know what should be billed to insurance and what is patient responsibility

2. Define your best recommendations for your patients, regardless of coverage

3. Explain them clearly

4. Have affordable options and payment plans

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A group of scientists placed 5 monkeys in a cage and in the middle, a ladder with bananas on the top.

Every time a monkey went up the ladder, the scientists soaked the rest of the monkeys with cold water.

After a while, every time a monkey went up the ladder, the others beat up the one on the ladder.

After some time, no monkey dared to go up the ladder regardless of the temptation.

Scientists then decided to substitute one of the monkeys. The 2nd thing this new monkey did was to go up the ladder. Immediately the other monkeys beat him up.

After several beatings, the new member learned not to climb the ladder even though never knew why.

A 2nd monkey was substituted and the same occurred. The 2nd monkey participated in the beating for the 2nd monkey. A 3rd monkey was changed and the same was repeated beatings. The 4th was substituted and the beating was repeated and finally the 5th monkey was replaced.

If it was possible to ask the monkeys why they would beat up all those who attempted to go up the ladder...
"I am not the owner made me."
"I don't know - that's how things are done around here."
Does it sound familiar?

What was left was a group of 5 monkeys that even though never received a cold shower, continued to beat up any monkey who attempted to climb the ladder.

Don't miss the opportunity to share this with others as they might be asking themselves why we continue to do what we are doing if there is a different way out there.

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What's the HEALTH of Your Cash Flow?

- Does your cash flow depend upon a person collecting at the front desk or from insurance?
- Do you automate payments from patients or is it pay by the visit?
- Is your PVA as high as you would like it to be?
- Is your care affordable for both insurance AND cash paying patients?
- Do you only recommend care for insured patients that will be paid by the carrier?



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Do You Play in the Insurance Sandbox?



- You are electing to be subject to their rules
- Insurance can help with NP marketing
- Once they are in the door, now YOU must tell it like it is
- What do you HAVE/WANT?

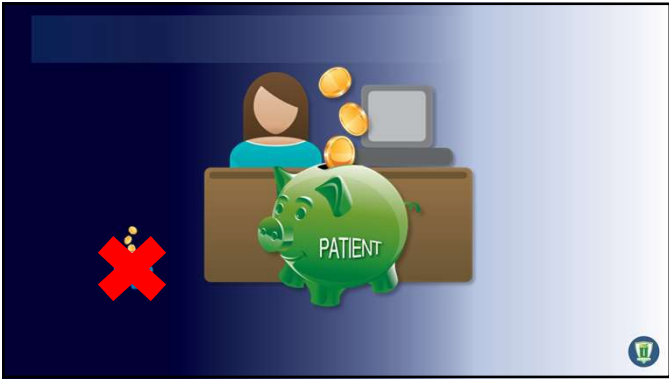
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What Most THINK It Means to be a “Cash Based Practice”

- Third party payers are not billed directly by your office.
- Medicare patients are told that Medicare will not be billed.
- All inbound money from the practice is paid across the front desk.
- Oops, well, maybe we bill PI or WC.

A photograph of a man in a dark suit and white shirt sitting on a large pile of US dollar bills. He is looking off to the side with a serious expression. The background is a cloudy sky.

10

A photograph of a man in a brown suit and white shirt pointing his right index finger towards the camera. He has a serious expression.

The Reality of a “Cash Based Practice”

- If you treat Medicare patients, you must bill Medicare on behalf of your patient for active treatment.
- If you allow patients to bill their own insurance, or you submit for them, you're still bound by certain 3rd party rules of billing.
- If you bill PI or WC when you feel like it, you may be engaging in dual fee compliance concerns.

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Best of Both Worlds?

- Can you be a cash practice AND still say “Yes” to insurance?
- Is it possible to do both?
- Proper use of third-party insurance AND proper patient education is the name of the game!

A photograph of a round cake with white frosting and colorful fruit toppings. A hand is holding a slice of the cake. The text 'HAVE YOUR CAKE AND EAT IT TOO!' is overlaid on the image.

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Make Your Best
Recommendations
...Regardless of
Coverage



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All Patients Should Be Considered Equal from a Clinical Perspective

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Quick Questionnaire Treatment Protocols

Please answer the questions below, and when complete, return to KMC University via fax at 800-555-1000 or via email at kmcuniv@kmcuniversity.com

Name of Office: _____ Name of Provider: _____ Person(s) doing research: _____

Severity of Presenting Condition	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	WEEK 9	WEEK 10	WEEK 11	WEEK 12	TOTAL
Severe	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	1200%
Moderate to Severe	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	1200%
Moderate	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	1200%
Mild to Moderate	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	100% 100% 100%	1200%

Define Your Protocols of Treatment

	# WEEKS	# VISITS
Severe		
Moderate to Severe		
Moderate		
Mild to Moderate		

Define Your Passive Therapies

	# WEEKS	# VISITS
Severe		
Moderate to Severe		
Moderate		
Mild to Moderate		

Define Your Active Therapies

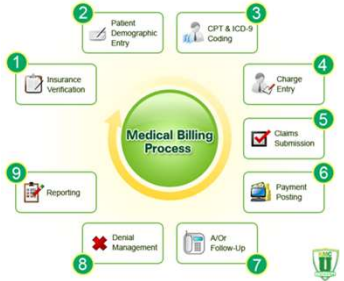
	# WEEKS	# VISITS
Severe		
Moderate to Severe		
Moderate		
Mild to Moderate		

26 Adjustments
8 Ext Adjustments
5 Ultrasound
4 EMS
23 Therapeutic Exercise
3 Re-exams

15

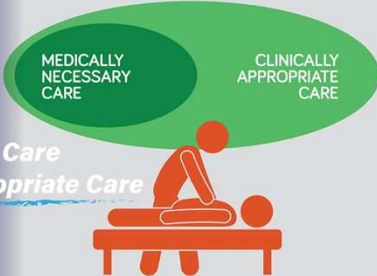
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- Insurance can help with NP marketing
- Once they are in the door, now YOU must tell it like it is
- What do you HAVE/WANT?



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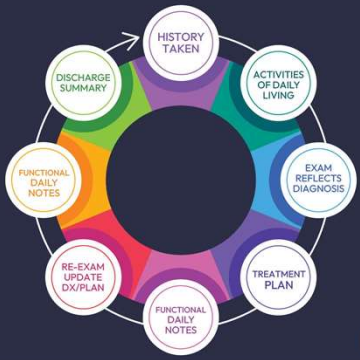
Medical Necessity Care vs. Clinically Appropriate Care



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What Medicare and Other Payers Want to See

- Prove Medical Necessity
- Cause and start date
- End date of care
- Diagnosis match patient complaints, does that match billing and coding
- Is patient on/following a treatment plan?



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How is care defined?

CLINICALLY APPROPRIATE

MEDICALLY NECESSARY

MEDICALLY NECESSARY PER 3RD PARTY CARRIER

MEDICALLY NECESSARY PER MANAGED CARE

[illegible]

Treatment Plan vs. Treatment

Frequency & Duration

ST and LT Goals

Types of Treatment

Rationale for Treatment

Home Instructions

Evaluation of Effectiveness

PLAN

[illegible]

***Treatment Plan
vs. Treatment***

TREAT

Technique

Which Bones?

Which Therapies?



For How Long?

What's Next?

Patient Response?

Let Them Know What to Expect

- Teach your patient to be observant about their functional performance
- Let them know that will help you document their progress clearly and easily for their Insurance company



4



Explain Your
Recommendations
Clearly

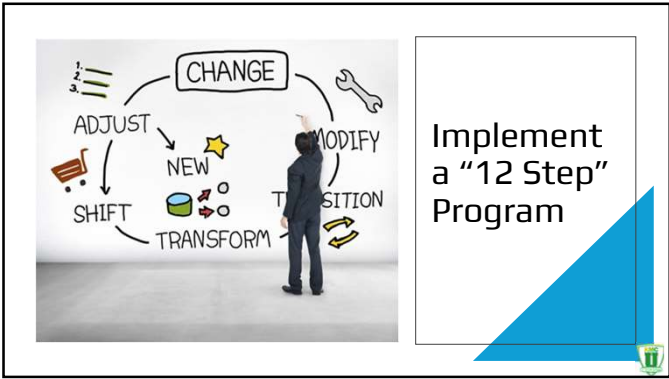
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Begin With Patient
Education

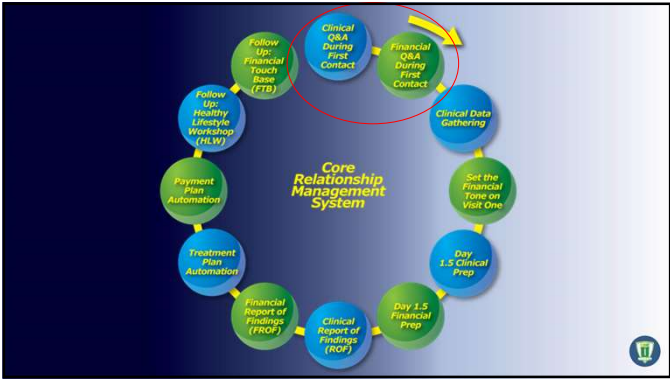
- Start with New Patients
- Re-educate returning patients
- Clean up existing relationships
- Declare your practice style to all patients and the culture of your practice

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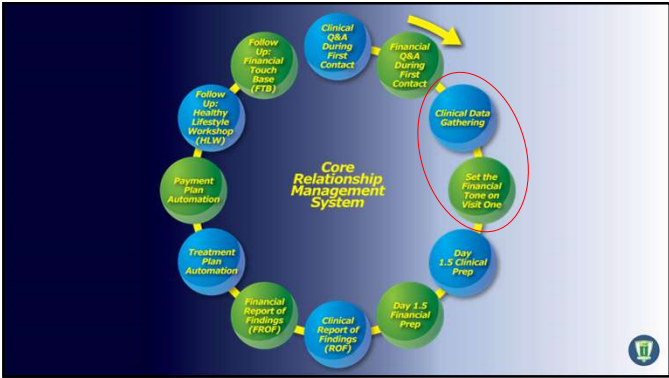


Implement
a "12 Step"
Program

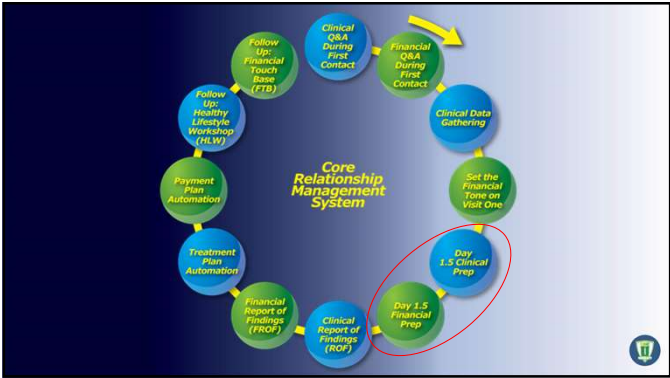
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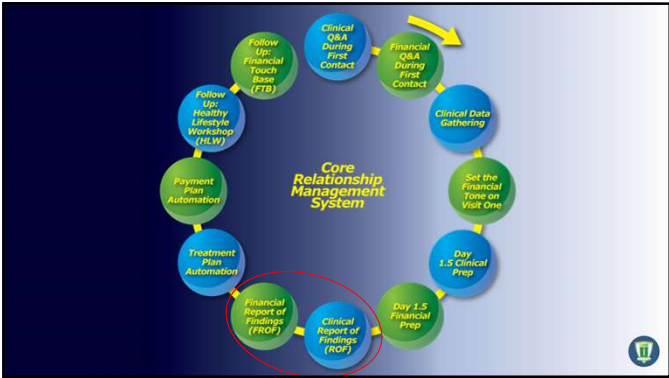
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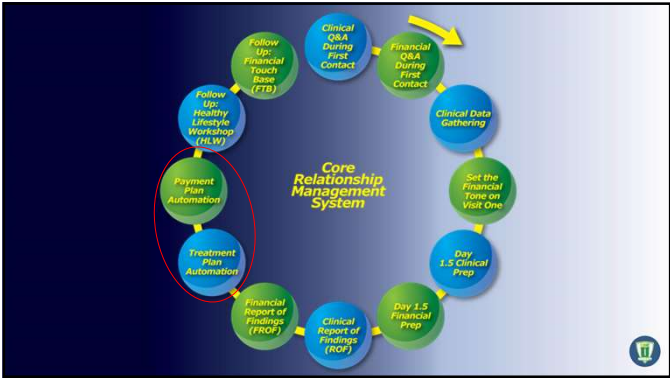
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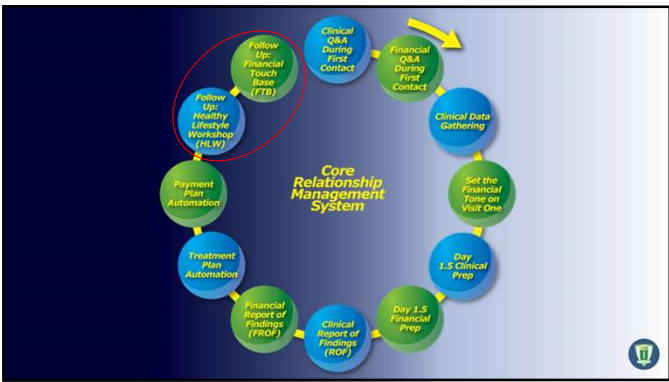
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Patients Expect Your Best Recommendations

- You know your protocols
- You have experience with the most common conditions
- Don't hesitate to tell your patient your clinical opinion
- Set the tone for the entire treatment protocol

A photograph showing a female doctor in a white coat and stethoscope pointing to a 3D model of a human spine. A male patient is looking at the model and listening to the doctor's explanation.

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Successfully Get Agreements

A close-up photograph of a hand holding a black pen, signing a document with a signature.

- Verbal and written agreements bring on the win-win
- Set up the financial conversation for success
- Let them know the care you're recommending will fit in their family budget

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ROF / FROF

Here are the "4 yeses" or "4 agreements" you must gather in a ROF:

- ✓ Yes doctor, I understand I have a problem and want to get it fixed
- ✓ Yes doctor, I understand that healing takes time and I will keep all my appointments, my prescription of care
- ✓ Yes doctor, I want to fully participate in my getting well, so I will attend your Spinal Care Class/New Patient Orientation/Wellness Workshop
- ✓ Yes doctor, I know I am financially responsible and will pay "X" dollars over "Y" period of time

A photograph of an older woman with short white hair and glasses, wearing a dark blazer over a white shirt. She is smiling and gesturing with her hands as if speaking.

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Offer Financial Solutions to Any Situation

- Limited coverage
- No coverage
- DMPO membership
- Financial Hardship
- Professional Courtesy
- HSA, HRA, Flex Plans
- But...not for the doctor to worry about once the solutions are in place

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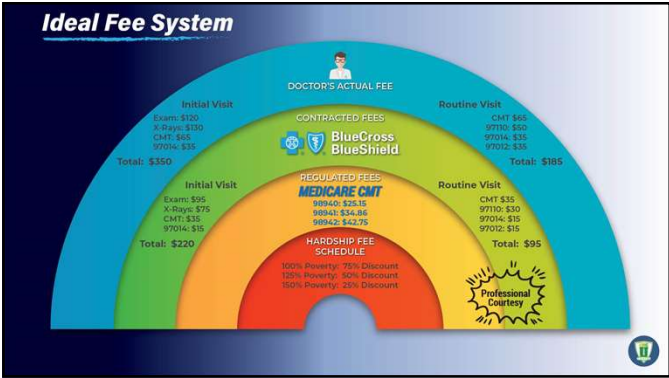
Make Care Affordable with Appropriate Fees and Payment Plans

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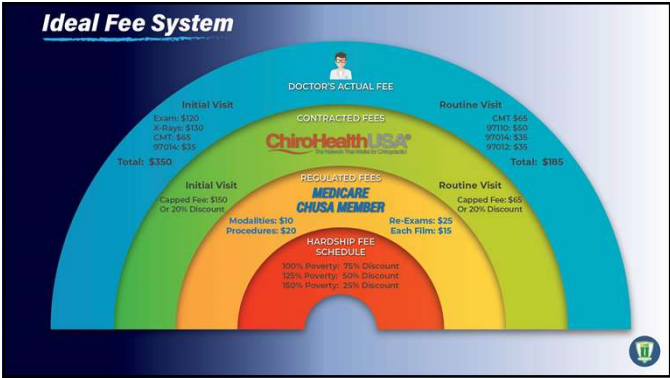
The Goal

- The "Goal" is when every New Patient accepts the entire treatment plan that the doctor recommends!
- Do you want to experience that success day after day?

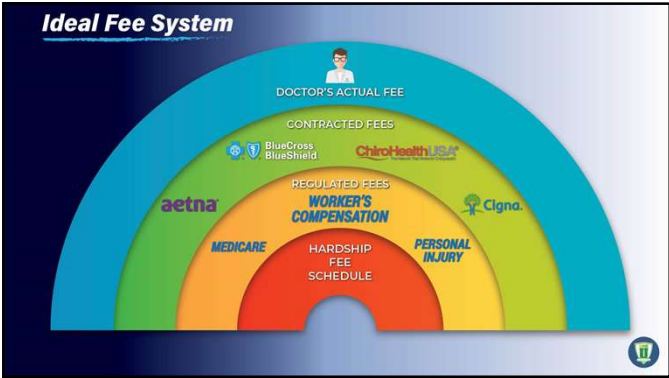
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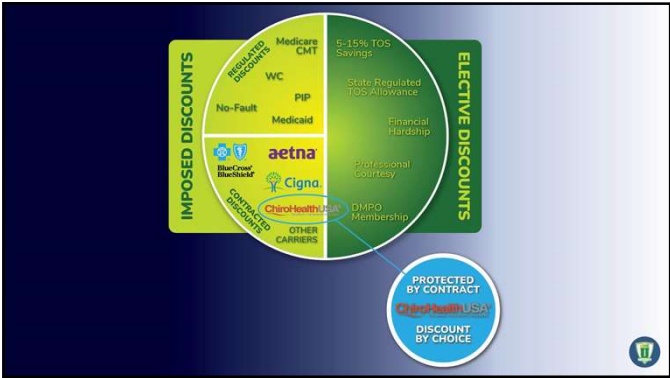
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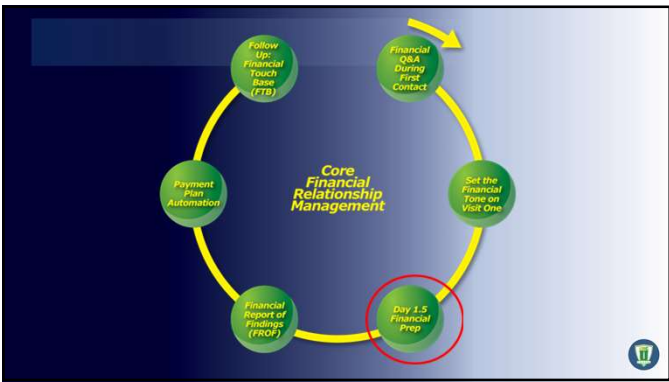
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Compliant Care Plans

- Has all services and fees clearly itemized.
- Applies compliant discounts to non-covered services only.
- Has a compliant Terms of Agreement, including how refunds are handled.
- Includes all Good Faith Estimate Disclaimers

CASH PRACTICE

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Services	Units	Fee	Total
Adjustments	55	\$ 45	\$ 2,475
Progress Exams	6	\$ 75	\$ 450
Progress Films	2	\$ 60	\$ 120
Orthotics	1	\$ 250	\$ 250
Cervical Traction Unit	1	\$ 57	\$ 57
Cervical Pillow	1	\$ 47	\$ 47
			\$ 3,399
Discount	15%		\$ 2,889
Payment Options	Total	Down	Recurring

DANGER!

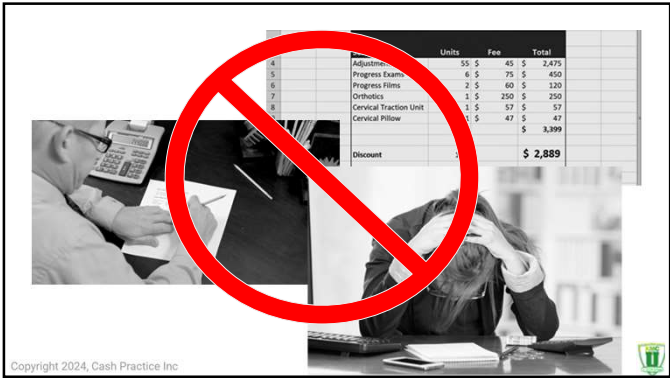
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What are the consequences of Improper Finances?

Hi Dr Bodzin
My name is [redacted] and I'm a chiropractor in [redacted]. I have spent over 25,000 dollars going to court defending UCAFF. When all is said and done I will probably have spent 70,000. It's total BS that I am fighting this. I need some advice and I hoping I can have a few minutes of your time for advice. I am set to go to court some time in the spring regarding a patient who's money I would not return. I practice in [redacted] suburb and I am in jeopardy of a 20,000\$ fine, 2 year probation if found guilty. Please call me back! My cell phone is [redacted] and my office number is [redacted]. This ordeal has destroyed a great family wellness subluxation based lifetime chiropractic practice. I hate practice now! Only because of how my practice now runs. Visit to visit. I have a vulture of a chiropractor who has been called as an expert witness who will testify to the UCAFF on how it's unethical and unprofessional. My email is [redacted]. Thanks for taking the time to read this!

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NSA - Good Faith Estimate Requirements

This Good Faith Estimate Care Plan was created by Dr. Miles Bodzin as a licensed member of CPT for Mrs. Allison Andrews and printed on Monday, April 18, 2022.
Riverside Chiropractic Four Month Corrective Care Plan ID: C546203-45503293 V1.2

Four Month Corrective Care Plan
The purpose of this program is to provide an affordable and inclusive program of chiropractic care with the goal of spinal correction/stabilization. Based on the recommendations of Dr. Miles Bodzin, the following four month corrective care plan has been outlined for you:

	Actual Fees	ChiroHealthUSA Plan
1: Mrs. Allison Andrews		
Adjustments/Not Covered by Insurance 90941	34 @ \$65.00 = \$2,240.00	\$1,770.40 (8.84%)
Progress Exams 99212	3 @ \$75.00 = \$225.00	\$8.55 (3.80%)
Therapies 1.97012	35 @ \$35.00 = \$1,225.00	\$71.35 (5.83%)
Visits: 34	\$2,965	\$1,818

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Good Faith Estimate Disclaimer

This Good Faith Estimate only provides an estimate of the charges for those items or services reasonably expected to be furnished to you upon your receipt of the scheduled treatment protocol (plan or protocol). There may be additional items or services which the provider deems necessary as part of your course of care that you will be expected to schedule and pay for. The actual charges for these services may exceed our estimate by the greater of 10% or \$1,000. If we will provide a written explanation as to why the charges exceed the estimate. This Good Faith Estimate is not a contract and does not require you to obtain any of the items or services from any of the providers or facilities identified in this Good Faith Estimate. If you are unsatisfied or do not intend to submit your charges to your health plan ("self-pay") and you are billed at least \$500 more than this Good Faith Estimate, you have the right to dispute the bill.

If you are uninsured or self-paying, you may contact the health care provider or facility to let them know the bill charges are higher than the Good Faith Estimate and ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill or ask if there is financial assistance available.

Uninsured or self-paying individuals may also opt to dispute resolution process for uninsured with the U.S. Department of Health and Human Services (HHS). If you choose to file, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill. There is a \$25 fee (submitted annually) to use the dispute resolution process for uninsured and self-paying individuals. If the agency reviewing your dispute agrees with you, you will have to pay the price on the Good Faith Estimate. If the agency disagrees with you and agrees with the health care provider or facility, you will have to pay the higher amount. To learn more and get a form to start this process, go to www.hhs.gov/healthcare/whistleblower or call 1-800-985-5847.

Dr:10000
Tax ID: 34-022404
NPI: 10348484
Signature: _____ Date Signed: _____

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Plan Enrollment

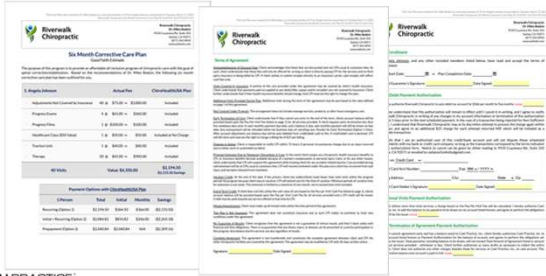
I, Mrs. Allison Andrews have read and accept the terms of agreement.
Plan Members: Mrs. Allison Andrews DOE 02/03/1987
Plan Start Date: _____ Plan Completion Date: _____
Signature: _____ Date Signed: _____


Auto-Debit Payment Authorization

I hereby authorize Riverside Chiropractic to auto-debit my account for \$425 per month for three months. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Riverside Chiropractic in writing of any changes in my account information or termination of this authorization at least 5 days prior to the next scheduled payment. In the case of a transaction being rejected for insufficient funds, I understand that Riverside Chiropractic may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be included as a separate transaction.

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Forecasting Care with Care Plans





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Good Faith Estimate

1. Mrs. Alyson Andrews	Actual Fees	Payment Plan	ChiroHealthUSA Plan
Adjustments Not Covered by Ins 98940 Series	40 @ \$65.00 = \$2,600.00	\$2,470.00 + \$11.71 = \$2,481.71 \$115.00 Savings	\$1,976.00 + \$514.40 = \$2,490.40 \$900.00 Savings
Exams Not Covered by Ins P9212	4 @ \$75.00 = \$300.00	\$285.00 + \$15.00 = \$299.00 \$105.00 Savings	\$228.00 + \$77.00 = \$305.00 \$70.00 Savings
X-Rays Not Covered by Ins 72040	1 @ \$150.00 = \$150.00	\$142.50 + \$7.50 = \$150.00 \$7.50 Savings	\$114.00 + \$36.00 = \$150.00 \$36.00 Savings
Healthcare Class (\$50 Value)	1 @ \$50.00 = \$50.00	Include at No Charge	Include at No Charge
Therapy (Traction) P7012	10 @ \$35.00 = \$350.00	\$332.50 + \$17.50 = \$350.00 \$17.50 Savings	\$266.00 + \$83.00 = \$349.00 \$94.00 Savings
Therapy (Heat) P7010	10 @ \$25.00 = \$250.00	\$237.50 + \$12.50 = \$250.00 \$12.50 Savings	\$195.00 + \$55.00 = \$250.00 \$55.00 Savings
Therapy (Electro) P7002	10 @ \$40.00 = \$400.00	\$380.00 + \$20.00 = \$400.00 \$20.00 Savings	\$304.00 + \$96.00 = \$400.00 \$96.00 Savings
Visits: 40	\$4,100	\$3,847 \$252.50 Savings	\$3,078 \$1,022.00 Savings


The estimated costs of this good faith estimate are valid for up to 12 months.



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Offer Affordable Payment Options

Payment Options with <i>ChiroHealthUSA Plan</i>				
1 Person	Total	Initial	Monthly	Savings
Recurring (Option 1)	\$3,078	\$513	\$513	(\$1,022.00)
Initial + Recurring (Option 2)	\$2,924	\$964	\$392	(\$1,175.90)
Prepayment (Option 3)	\$2,739	\$2,739	N/A	(\$1,360.42)



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Good Faith Estimate

1. Mrs. Alyson Andrews	Actual Fees	Payment Plan	ChiroHealthUSA Plan
Est Adjustments to Meet Deductible 98940 Series	15 @ \$65.00 = \$975.00	\$870.00 + \$105.00 = \$975.00 \$105.00 Savings	\$692.00 + \$283.00 = \$975.00 \$283.00 Savings
Est Adjustments Co-insurance 98940 Series	15 @ \$51.00 = \$765.00	\$682.50 + \$82.50 = \$765.00 \$82.50 Savings	\$536.00 + \$229.00 = \$765.00 \$229.00 Savings
Adjustments Not Covered by Ins 98940 Series	15 @ \$65.00 = \$975.00	\$928.25 + \$46.75 = \$975.00 \$46.75 Savings	\$741.00 + \$234.00 = \$975.00 \$234.00 Savings
Exams Not Covered by Ins P9212	4 @ \$75.00 = \$300.00	\$285.00 + \$15.00 = \$299.00 \$105.00 Savings	\$228.00 + \$77.00 = \$305.00 \$70.00 Savings
X-Rays Not Covered by Ins 72040	1 @ \$150.00 = \$150.00	\$142.50 + \$7.50 = \$150.00 \$7.50 Savings	\$114.00 + \$36.00 = \$150.00 \$36.00 Savings
Healthcare Class (\$50 Value)	1 @ \$50.00 = \$50.00	Include at No Charge	Include at No Charge
Therapy (Traction) P7012	10 @ \$35.00 = \$350.00	\$332.50 + \$17.50 = \$350.00 \$17.50 Savings	\$266.00 + \$83.00 = \$349.00 \$94.00 Savings
Therapy (Heat) P7010	10 @ \$25.00 = \$250.00	\$237.50 + \$12.50 = \$250.00 \$12.50 Savings	\$195.00 + \$55.00 = \$250.00 \$55.00 Savings
Therapy (Electro) P7002	10 @ \$40.00 = \$400.00	\$380.00 + \$20.00 = \$400.00 \$20.00 Savings	\$304.00 + \$96.00 = \$400.00 \$96.00 Savings
Visits: 40	\$3,650	\$3,478 \$171.20 Savings	\$3,078 \$569.00 Savings


The estimated costs of this good faith estimate are valid for up to 12 months.



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Offer Affordable Payment Options

Payment Options with <i>ChiroHealthUSA Plan</i>				
1 Person	Total	Initial	Monthly	Savings
Recurring (Option 1)	\$3,018	\$503	\$503	(\$632.00)
Initial + Recurring (Option 2)	\$2,925	\$960	\$393	(\$724.15)
Prepayment (Option 3)	\$2,815	\$2,815	N/A	(\$834.67)

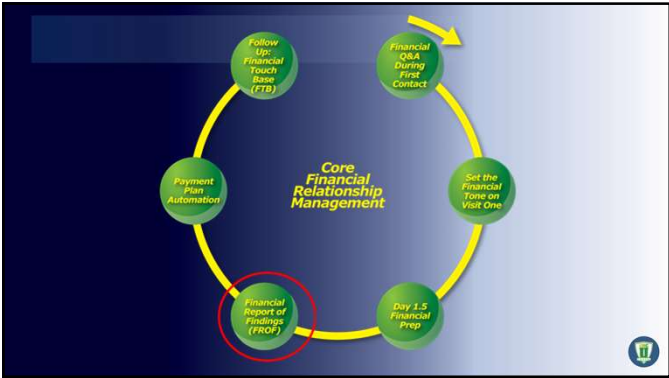


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Let's Take a Poll



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Highlights of FROF

- Confirm appointments for entire care plan (At least to first exam)
- Confirm HLW appointment
- Work with the patient's budget
- Get agreements
- Set up a payment plan
- Offer choices

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FROF

- Review the benefits or lack thereof
- Review the plan they just got from the doctor
- Estimate to the best of your ability
- Explain your processes
- Visit by Visit vs. payment plan

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Common Objections

- Not every patient will just comply with your financial requests or financial policy.
- Patients have their own ideas about what might work for their budget
- They can object to your options and give you resistance
- What do you do then
- Be prepared!

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Overcoming Common Objections

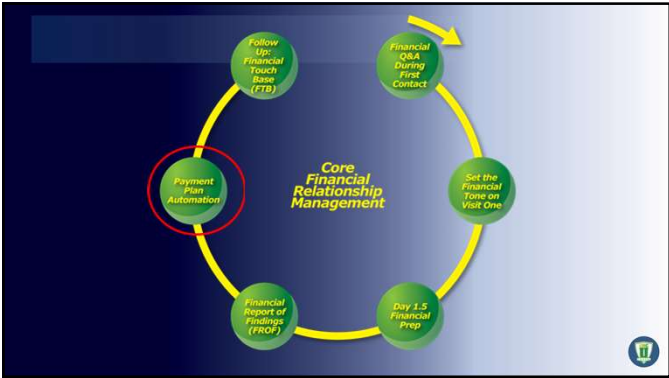
- Wants to wait until next visit to decide
- Wants to only do insurance visits
- Too far out of the family budget

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Making It Work

- Patients must understand their financial responsibility,
- They must work that responsibility into their family budget,
- and know who their connection is in your office.

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Automation

- Scheduling and payments should be handled
- Every time one must stop at the front desk, it's an opportunity to make a choice
- Front Desk CAs need to be able to serve, love, and nurture

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Set Your Policy!

(Insert Practice Identifying Information)

Sample Policy for:

Performing Financial Report of Findings

It is the policy of this office to prepare and perform a Financial Report of Findings (FROF) for every patient who considers accepting recommended treatment for their healthcare condition in our practice.

Our FROF will always be prepared as completely and as accurately as possible using the information available concerning any third party benefits the patient may have available as well as the doctors prescribed treatment plan.

We will offer several options to patients to allow them to choose which would work best for payment of their financial responsibility. We realize that the easier it is to fit their payment within their family budget, the more likely the patient will continue treatment and complete the full prescription of care. When patients follow the doctor's recommendations, they get better faster and stay well longer. We understand that by having a sound financial policy that is used in conjunction with our formal FROF we are helping the patient to get well, which is our mission.

Should a patient not have third party benefits available to them for the recommended services or if they are under insured or partially insured like Medicare patients, we will always suggest membership with the ChiroHealthUSA (or list the DMPO with whom you have membership) to ensure care is affordable and guarantee the patient has the best chance of completing their full prescription of care. We are network providers with ChiroHealthUSA (or list the DMPO)

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Enrolling Patients Into Care

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Expert Endorsements

Kathy Mills Chang
MCS-P, CCPC, CCA
CEO KMC University

"I'm honored to have the opportunity to serve on the board of advisers of a company like Cash Practice. I am dedicated to the concept of offering payment plans to patients to get them committed to care while making access to treatment affordable. Cash Practice has created the ideal programs that assist doctors with the implementation of such a thing, such as the Care Plan Calculator, and even the Auto-Debit System."

Ray Foxworth
D.C., FIC, MCSP
President of ChiroHealthUSA

"Cash Practice Systems solved a problem that we didn't address for doctors: how & when to collect from the patients. ChiroHealthUSA eliminates all the concern about which discounts are legal in which state, & how much is considered a "reasonable" discount by regulators. And Cash Practice Systems has the best system for collecting cash we've ever seen."

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7 Elements of a Financial Report of Findings

THE FINANCIAL
REPORT OF FINDINGS



DR. MILES BODIN HOLLY JENSEN

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