

MEDICARE LEGISLATION RE-INTRODUCED



In January 2023 Doctors of Chiropractic from around the country met in DC to advocate for improved coverage of chiropractic services in Medicare

Earlier this year, OSCA leadership attended meetings in Washington DC as part of ACA Engage to advocate for improved coverage of chiropractic services by Medicare. On Tuesday, March 14th, the US House of Representatives and Senate each introduced legislation that would do just that. The legislation (HR1610/S799) is a reintroduction of the Chiropractic Medicare Modernization Act and would improve conservative, non-pharmacological treatment options to reduce pain and improve function and quality of life for Medicare beneficiaries. When passed, this legislation will not increase services covered by Medicare, but will allow services already covered by Medicare to be covered when rendered by a Doctor of Chiropractic (DC) up to the full scope of DC's state license.

Coverage of chiropractic services has not been updated since its initial inclusion in Medicare in 1972. Not only is this change long overdue but would bring Medicare coverage better in line with best practice recommendations for payors to remove barriers and improve access to cost effective, conservative treatment options.

One of the most notable things about the Chiropractic Medicare Modernization Act introduced during the previous, 117th Congress was the strong bi-partisan support. It will be imperative for Ohio's elected congressional representatives to understand the significance of this bill and sign on in support. The OSCA is committed to this important work.

Over the coming weeks, the OSCA will be preparing a Voter's Voice platform that aligns with this version of the bill. The platform can be used by Ohio DCs to send a quick but detailed letter to their Congressional Representatives updating them on the importance of this legislation and including a call to action – asking for their support by co-sponsoring the bill. It will take an all hands on deck approach to ensure success!

Stay tuned for updates and actions you can take.

NEW BENEFITFOR OUR MEMBERS



The Clinical Compass Evidence Center Available to Ohio State Chiropractic Association Members

For the past 2 years, a conversation about disease prevention, health promotion, and public health has penetrated nearly every aspect of society. We don't need to get into all the specifics and nuances, but suffice to say, the conversations have been illuminating in several ways. From our very inception, Chiropractic has been helping patients with not just musculoskeletal pain, but all matters of health, wellness, and healing. We now see our age-old philosophy come full circle with the rise of the biopsychosocial (BPS) approach to patient care. Public health should be no exception to this paradigm. Most Chiropractors encounter public health through the startling statistics regarding lower back pain and how it drives pain, disability, missed time at work, lost income and revenue, as well as other factors like opioid usage and depression. It's abundantly clear that we can contribute to the overall health of populations and make enormous positive impact.

But why stop with lower back pain? There is evidence that smoking and pain levels are linked. There is evidence that lack of exercise and pain are linked. There is evidence that elevated blood pressure can make many other conditions worse. We absolutely have the education, experience, and relationships with our patients to raise these issues.

What other factors can WE have an impact on in order to raise the health of not just our individual patients, but on the population at large? This was the starting point for the Clinical Practice Guideline (CPG) recently published by the Clinical Compass, The Role of Chiropractic Care in Providing Health Promotion and Clinical Preventive Services for Adult Patients with Musculoskeletal Pain, which can be viewed here.

Of course, the larger question is: Can the Chiropractic profession add to these conversations and discourse in a way that best serves our patients as well as the public at large? AND, can we do it in a manner consistent with the highest ideals of EVIDENCE BASED PRACTICE?

In light of these questions, the Ohio State Chiropractic Association is proud to support Chiropractic research through the Clinical Compass and provide our members with access to their Evidence Center, where the most recent Chiropractic research is housed. To take advantage of this great member benefit, click this link for instructions to set up your Clinical Compass User Profile.

Our patients deserve the very best evidence-based care we can provide. A huge thank you to the Clinical Compass for providing the tools needed for us to do just that!

NEW BENEFIT FOR OUR MEMBERS

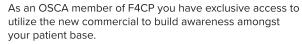


OSCA members have the added benefit of being able to access a membership with F4CP for only \$20 annually. If you've opted in for this benefit, make sure to set up your profile on F4CP (click here for instructions). F4CP has recently published two commercials as part of their *Naturally, Chiropractic* campaign and as a member, you can use them to promote chiropractic and your office.



The first commercial features 89-year-old, Mavis, who credits chiropractic for her healthy and independent lifestyle. This commercial highlights the importance of chiropractic care for older adults.

The second and most recent commercial highlights the benefits of natural, safe and effective chiropractic care for pregnant women.



HOW TO USE THE COMMERCIAL:

- Play it on your clinic monitor
- Post on social media
- Put it in your patient newsletter
- · Add to your clinic's website



UPDATE ON E/M PROCESSING THROUGH TRADITIONAL MEDICAID

As previously reported, Ohio Department of Medicaid continues to work on configuration updates that would allow proper processing and payment of E/M codes effective 6/13/2022. ODM states that the changes have been approved by leadership and should be implemented and completed in the near future. We will update members on when to send previously denied claims to ODM for reprocessing and payment as soon as we receive final confirmation.

MEMBERS Q&A CORNER

Q: I AM CONSIDERING PASSING ALONG THE MERCHANT PROCESSING FEE TO MY PATIENT. IS THIS SOMETHING I'M PERMITTED TO DO?

A: The short answer is that practices can charge surcharge fees for credit cards but not HSA cards. Also, there are quite a few rules providers need to follow before charging a surcharge. Note that Ohio doesn't have its own laws on *this so federal rules apply here*.

Surcharging Rules and Best Practices

- Practices intending to surcharge must notify Visa and Mastercard 30 days in advance of beginning to surcharge (may also be required for other credit card companies)
- Surcharging is limited to credit cards only; the practice is not allowed on all debit cards
- The amount of the surcharge must not exceed the amount it costs to process that card (this needs to be assessed on a card-by-card basis, not a general charge for all cards because different cards have different processing costs)
- In no case may the surcharge exceed 4%
- Clearly notify patients of the surcharge at the time of payment and with signage at the practice's offices
- Use a payments system that calculates the total amount of the payment after the surcharge is added; do not simply provide a surcharge percentage and require the patient to do their own math
- Provide a receipt with the surcharge amount clearly identified

VISA



MERCHANT FEE RESOURCES

Visa has a website specifically for businesses who want to provide a surcharge that includes template signage and notification here.

Here is a similar site for Mastercard.

Note that debit cards can never be surcharged, even if "run as credit." HSA and FSA cards cannot be surcharged in any state. The cards are considered debit cards, and adding a fee for customers paying by debit card is never permitted, even if the card is "run as credit" or the customer authorizes with a signature instead of a PIN. However, debit cards are often lower cost to process, so the fees you pay to accept them may not be as large as the fees you pay to accept credit cards.

Q: I CHARGE A NO-SHOW FEE IN MY OFFICE. AM I ALLOWED TO CHARGE MY MEDICARE PATIENTS A NO SHOW FEE AS WELL?

30.3.13 - Charges for Missed Appointments (Rev. 3510, Issued: 04-29-16, Effective: 10-01-16, Implementation; 10-03-16)

CMS's policy is to allow physicians and suppliers to charge Medicare beneficiaries for missed appointments, provided that they do not discriminate against Medicare beneficiaries but also charge non-Medicare patients for missed appointments.

The charge for a missed appointment is not a charge for a service itself (to which the assignment and limiting charge provisions apply), but rather is a charge for a missed business opportunity. Therefore, if a physician's or supplier's missed appointment policy applies equally to all patients (Medicare and non-Medicare), then the Medicare law and regulations do not preclude the physician or supplier from charging the Medicare patient directly.

The amount that the physician or supplier charges for the missed appointment must apply equally to all patients (Medicare and non-Medicare), in other words, the amount the physician/supplier charges Medicare beneficiaries for missed appointments must be the same as the amount that they charge non-Medicare patients (whatever amount that may be).

With respect to Part A providers, in most instances a hospital outpatient department can charge a beneficiary a missed appointment charge without violating its provider agreement and 42 CFR 489.22. Because 42 CFR 489.22 applies only to inpatient services, it does not restrict a hospital outpatient department from imposing charges for missed appointments by outpatients. In the event, however, that a hospital inpatient misses an appointment in the hospital outpatient department, it would violate 42 CFR 489.22 for the outpatient department to charge the beneficiary a missed appointment fee. Medicare does not make any payments for missed appointment fees/charges that are imposed by providers, physicians, or other suppliers.

Charges to beneficiaries for missed appointments should not be billed to Medicare.





IMPACT OF INFLATION IS IT TIME TO RAISE YOUR FEES? by Kristi Hudson

Chiropractors are in the business of caring, naturally looking for any way to keep that care affordable for current and prospective patients. Sadly, harsh financial realities can and do come, forcing healthcare providers to charge more for their services.

Two of those realities in 2023 are the ever-present force of inflation and the latest rules from the Centers for Medicare and Medicaid Services (CMS). Inflation affects your fees because it simultaneously impacts a chiropractor's personal finances and their professional income; the former due to a higher cost of living, and the latter to the public's hampered ability to pay for care services and health insurance. How much have prices increased? According to one article, school lunches saw an increase of 254.1%, fuel increased by 65.7%, and eggs, 49.1%.

Dr. Mario Fucinari voiced his concerns last December, spotlighting how a CMS final rule – now in effect – decreases reimbursement rates for 2023 and reduces Medicare payments by almost 4.5 percent. Chiropractors thus entered the new year with reduced financial prospects as practitioners and a higher cost of living as people.

Those in the healthcare sector are painfully aware that millions of Americans struggle to meet ever-increasing medical expenses. Such compassion for community discomfort is at the heart of chiropractic, a fact that can make some practitioners and business owners resistant to raising "How much of an increase is fair?"

This is the big question! Chiropractors must ensure that "fair" applies primarily to them. You can't help patients if your practice falls into debt or closure. Help yourself by accurately calculating and then covering overhead and operating costs.

Whatever amount is necessary to meet those two ends will help you finalize your fee rates and fight inflation. Our President and founder, Dr. Ray Foxworth, D.C., FICC, defined the five essential factors necessary for successful fee calculation:

- · Your fixed monthly expenses
- The average number of monthly office visits over the last year
- · The average income per visit
- · Average monthly income
- · The average cost to deliver care

These should reveal how much you need to break even. From there, you can set a percentage markup that creates a fair profit for you and still provides value to your patients. Reviewing the market average for services in your zip code is another fee-setting step. Finally, you could use tools such as the *chiropractic fees calculator* from ChiroCode or *fairhealthconsumer.org*, a valuable resource for calculating per-code market values in your area.

ChiroHealthUSA offers a **free overhead calculator** that your business can use to start reviewing your yearly income and expenses and begin adjusting your fees accordingly. Remember: if you're raising prices to stay in business while providing value through high-quality care, you're doing all you can. Contact us to learn more about what ChiroHealthUSA can do to help you, your practice, and your patients.

ABOUT THE AUTHOR

Kristi Hudson is a certified professional compliance officer (CPCO). She serves as the Vice President of Business Relationships for ChiroHealthUSA, Director of Marketing for ChiroArmor, and Administrator of the Foxworth Family Chiropractic Scholarship. She serves on the leadership board for the Chiropractic Future Strategic Plan and ChiroCongress Cares. She speaks nationally on the topics of billing, coding, documentation, ethics, practice growth, and more.

You can contact Kristi at Kristi@chirohealthusa.com

More patients FOR YOU.

Growth not only means more patients and more revenue, it also means more Americans choosing Chiropractic as part of their routine healthcare.

Today, our network is almost 6,000 doctors strong serving more than one million families. That's over four million patients who have enjoyed access to chiropractic care by using ChiroHealthUSA.

2023 will be a year of growth and inclusion. We will not only continue as the network that works for you and your patients, but also a driving force to help America choose YOU.

Who's coming with us?



ChiroHealthUSA®

1-888-719-9990 chusa.com chooseachiro.com



THE HEARTBEAT MAR 2023

OSCACHIRO.ORG

Continuing Education Opportunities

In person and Online

Lunch and Learns take place on the 1st Wednesday of each month 12pm - 1pm and provide up to date information from expert speakers on clinical, documentation and office support topics. Dr. Gregg Friedman presented in March and laid the foundation for clinically supportive documentation. April's topic is targeted toward your front desk staff and office team.

Front Desk Education for Insurance Billing Success w/ Lisa Maciejewski West Wednesday April 5th @ Noon.





2023 EVENTS SCHEDULE

The OSCA has several in person and live webinars currently scheduled and several in the works for the upcoming year.

CLICK HERE

To visit the OSCA events page for more info or to register for an

LUNCH AND LEARN WEBINARS

12-1pm on the 1st Wednesday of the month

Comprehensive Migraine Management

featuring Dr. Adam Harcourt

Front Desk Education for Insurance Billing Success,

featuring

Lisa Maciejewski West

Documenting and Tracking Treatment Progress,

featuring Dr. Gregg Friedman

Assessment of Primitive/Retained Reflexes featuring Dr. Matthew Worth

Annual Convention -

Hilton at Polaris Columbus Ohio

Documenting the E/M Codes, featuring Dr. Gregg Friedman

NOV

Pain Reset - Neuroscience as a Chronic Pain Solution

featuring Dr. Freddy Garcia

JULY

No lunch & learn Happy Independence Day!

How To Properly Document Treatment Codes

featuring Dr. Gregg Friedman

TRI-CITY TOUR

IN PERSON Compliance and HIPAA Updates You Need to Know 2023

with Dr. Ty the Compliance Guy

May 10th - Akron/Canton

May 11th - Youngstown

May 13- Columbus

BEST PRACTICE MANAGEMENT FOR RESOLVING NECK PAIN & HEADACHES WITH DR. TIM BERTELSMAN

AUGUST

This practical and entertaining presentation will review the most clinically relevant assessments and treatments for the most common causes of neck and head pain.

Where: Location: Hilton Garden Inn, Columbus Easton, Columbus, Ohio





We have received so many requests for Acupuncture and will be starting another program this year. Acupuncture Basic 100 will kick off August 5, 2023 in Columbus, Ohio. All 100 hours will be in person and will be broken down into 4 weekends / 25 hours.

ACUPUNCTURE BASIC 100
2023 PROGRAM DATES

AUG 4-6 SEPT 8-10 OCT 6-8 DEC 1-3 Acupuncture Advanced 200 will kick off in January and will consist of 2 in person weekends plus 50 hours of online instruction.

Legislation passed at the end of 2022 reducing the number of hours required to obtain your acupuncture certificate from 300 to 200. This change goes into effect April 2023. Those still wishing to earn 300 hours will have the opportunity to do so via additional online learning opportunities through the OSCA. For more information and to register for upcoming courses, click here.

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CONVENTION AUCTION CONTRIBUTION FORMS PAC FORMS/OCF FORM

Over the past several years, the OSCA annual convention has included an auction that benefits the CPAC (Chiropractic Political Action Committee) or OCF (Ohio Chiropractic Foundation) Scholarship, or both! If you would like to make a donation for the 2023 auction, please use the linked forms. Each year, we have asked each district to contribute an item or package to be used in the auction. You can also make a donation as an individual. If you're looking for ideas, Chiropractic items, electronics, trips, gift cards, special experiences and events, are all great items. We are open to any donation you'd like to make. Thank you in advance for considering a donation to make this year's auction a huge success.

