



SAVING THE PROFESSION FROM TYRANY

Over the past few years, we have seen a major increase in the willingness of third party payors to start recoupment procedures against providers based on the profile that is created by the normal process of claims submission. With the average post payment audit repayment request now reported at over \$200,000, the time is now upon us to move forward with our skills required to run a business.

In school we were faced with poor quality classes on business and it was even worse when it came to training on medical necessity and how it related to the contracts we would someday sign. From doctors in the field to the students I work, there is an atmosphere of apathy and even worse outright ignorance when it comes to this issue.

With reduced training and lack of credible continued education on the subject of compliance, necessity and documentation, the chiropractic profession has become low hanging fruit for third party payors to harvest. As easy pickings, we have been the main target of everyone from the Medicare review nurses to the Office of Inspector General.

We have traded in our need to follow contracts and necessity rules because we want to help as many people as possible. Helping people with chiropractic is noble and a worth while goal, but getting paid (and keeping the money) for our services is necessary to be able to help more people down the road. But, where do these two points come together?

We have now come to a point where we need to move people quickly to create profit based on volume and because of this our documentation of the necessary information required to pass an audit has suffered. And, while our efforts to become compliant with the contracts we have signed over the years have suffered, this leaves us with a long claims history that follows around allowing for repayment to an insurance company long after we have cashed the check and spent the money. Please remember, Medicare can audit claims that were paid up to seven years after they were paid even if you are not participating.

What would happen if your practice implemented a system that allowed you to monitor your claims history and modify it every 90 days? How would that impact your practice? How

would that change the way you look at Medicare patients or the liability that comes with insurance cases?

There is hope! The CSSi compliance matrix allows your practice to change its billing patterns as you monitor the past claims history of your clinic so you can avoid tripping the wires that would initiate an insurance audit. This process is completed by implementing internal audits, consistent staff training and rock solid compliance advice to ensure your business practices comply with all of the insurance companies you deal with while you retain the ability to help patients as you always have.

If we were able to get our profession to understand that compliance is not just good business but a profitable move for their clinic, we would be able to save ourselves from the tyranny that audits have created in our profession.

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