

Back to Basics: Front Desk, Consultation and Report of Findings
With Mario Fucinari DC, APMP, MCS-P, CPCO
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Presented by NCMIC

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About Dr. Mario Fucinari, DC, APMP, CPCO, MCS-P

- Graduate of Palmer College of Chiropractic - 1986
- Currently in Full Time Practice in Decatur, Illinois
- Certified Chiropractic Sports Physician (CCSP)
- Certified Medical Compliance Specialist Physician – (MCS-P)
- Certified Professional Compliance Officer – CPCO (AAPC)
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- National Speaker’s Bureau for NCMIC, ChiroHealthUSA and Foot Levelers and many state associations
- Member Medicare Carrier Advisory Committee



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THE COMPLIANT OFFICE

Step One: Risk Analysis

Required Compliance Manuals

Corporate Compliance Manual

- Policies and Procedures
- Non-Retaliation Policy
- Non-Harassment Policy
- Staff Training Required

HIPAA Manual

- Privacy Policy
- Business Associate Agreement
- Staff Training Required

Compliance Program Guidelines

Patient Protection and Affordable Care Act requires that you have the establishment of a compliance program.

It has become quite clear that the adoption of the “Seven Elements of a Compliance Program” have become a **mainstay of compliance** in the corporate world and in healthcare. To protect oneself by showing a culture of ethics, it is recommended that these elements are adopted to demonstrate the ethical culture of the organization.

Seven Elements of Your Compliance Program

1. Implement written policies and procedures;
2. Designate a compliance officer;
3. Conduct comprehensive training and education;
4. Develop accessible lines of communication;
5. Conduct auditing and internal monitoring;
 - a. Auditing
 - Implement risk evaluation and auditing techniques
 - Best if done by an outside entity so as not to be biased
 - Must be independent and objective
 - b. Monitoring
 - Based on assessment of risk
 - Used as a management tool
 - Day-to-day activities within the office
 - Scalable to the risks and resources
6. Enforcing standards through well publicized disciplinary guidelines; and
7. Responding promptly to detected offenses and undertaking corrective actions.

Policies

“The set of basic principles and associated guidelines, formulated and enforced by the governing body of an organization, to direct and limit its actions in pursuit of long-term goals.” *

Procedures

“A fixed step-by-step sequence of activities or course of action...that must be followed in the same order to correctly perform a task.”

The Eighth Element added is that all employees must be checked against the OIG Exclusion Database <http://exclusions.oig.hhs.gov/> This is recommended to be done quarterly.

Compliance Program Manual for the Chiropractic Office

by Mario Fucinari DC, CPCO, MCS-P

Step-by-Step Procedures to compliance

www.Askmario.com

Front Desk Procedures:

Lines of Communication

- What is the primary language in your community?
- You must understand them, they must understand you

www.hhs.gov/sites/default/files/resources-for-covered-entities-top-15-languages-list.pdf

HIPAA Documentation Requirements

- HIPAA Manual of Policies, Procedures and Training
- Must be available for inspection
- All documentation pertaining to HIPAA must be kept on file for 6 years, since the last date of entry.
- Training of *all* personnel at least once per year



www.Askmario.com

HIPAA Training

- *ALL* members of your office are to be trained on the HIPAA compliance rules.
- This includes doctor(s), staff, volunteers and others who come in contact with patient information
- If you hire someone new, then they must be trained within a *reasonable* time after being hired.
- You may scale the training of employees to the type of work that the employee performs
 - “Need to know basis”
- When a change is made to the HIPAA regulations, or when you have a policy change, then you must retrain the employees affected by the change.

Verify the Identity of the Patient

The Insurance Card or Medicare Card and Photo ID Required to be copied.



CMS has released the Medicare Beneficiary Identifier (MBI) card. The Medicare Beneficiary Identifier card will contain a unique, randomly-assigned 11-character identification number that replaces the current Social Security-based number. Each MBI identifier will be randomly generated. An example of the new identifier would be:
1EG4-TE5-MK73

Notice of HIPAA Privacy Practices (Privacy Notice)

- Must be posted in the front office and on your website
- Patient is presented with notice to read
- Patient must sign an acknowledgement that they received the notice
- Put the acknowledgement in their file”

Patient Emergency Contact Information

- Update at least annually
- Alternate Contacts?
- Voice Mail Restrictions
- Text permission?

The following are examples of documentation that is required to be kept for a minimum of 6 years:

- Your policies and procedures
- Training provided
- Name(s) of your Privacy Officer, Security Officer and Complaint Officer
- Complaints to a covered entity and their disposition, if any

The Claim Form

Box 12 –

Box 14 –

Box 31 -

Chiropractors Think Differently!

Communication

- What is the primary language in your community?
- You must understand them; they must understand you
- www.hhs.gov/sites/default/files/resources-for-covered-entities-top-15-languages-list.pdf

Similes, metaphors, analogies, parables, allegories and fables are semantical devices that have been used by authors, writers, lyricists and storytellers for as long as there has been language.

That's because we only learn something new in relation to something we already know.

William Esteb, 50 Ways to Explain Chiropractic So People Get It, pg.2.

Speak their language

- Engineers – analytical
- Teachers – visual
- Accountants – numerical
- Scientists – cite research

Section 1557 of the Patient Protection and Affordable Care Act (ACA)

Anti - Discrimination

Title VI of the Civil Rights Act of 1964

Federal law specifically protects individuals from many forms of discrimination in the provision of health care services. For example, those who qualify for federal health insurance programs such as Medicare or Medicaid may not be the subject of discrimination based on gender, race, or national origin.

Age Discrimination and Health Care

With the enactment of the Age Discrimination Act (ADA) of 1975, the federal government prohibited age-related discrimination by health care providers receiving funds from the DHHS. The ADA covers people of all ages.

Section 1557 of the Affordable Care Act (ACA)

- Prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities. Section 1557 builds on long-standing and familiar Federal civil rights laws: Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975. Section 1557 extends nondiscrimination protections to individuals participating in:
 - Any health program or activity any part of which received funding from HHS
 - Any health program or activity that HHS itself administers
 - Health Insurance Marketplaces and all plans offered by issuers that participate in those Marketplaces.
 - Section 1557 is intended to promote equity in health care and prevent discrimination on the basis of race, color, national origin, sex, age or disability in health programs or activities that receive federal financial assistance.
 - Compliance requires posting certain notices in your office and there are consequences for failure to do so if you are not exempt.

Section 1557 Requirements are as follows:

- Having a Section 1557 compliance coordinator;
- Having a Section 1557 grievance process;
- Posting new notices - in your building, on your website and in certain publications/communications - on nondiscrimination, available assistance and patient rights;
- Posting taglines - in your building, on your website and in certain publications/communications - on the availability of language services in the top 2 non-English languages spoken in your state;
- Treating patients in a manner consistent with their gender identity;
- Not denying care to a patient based on sex, which includes their gender identity and sex stereotyping; and
- Providing equal access to communications and electronic and information technology for individuals with disabilities.

Training Materials

<https://www.hhs.gov/civil-rights/for-individuals/race/index.html>

YouTube.com video Parts 1-4, Improving Patient-Provider Communication: Joint Commission Standards and Federal Laws

DOCUMENTATION MATTERS

Good Documentation Tells a Story

Documentation must be legible.

INFORMED CONSENT

Consider informed consent when those procedures involve placement of the doctor's hands in the areas of the genitals or breasts. **DOCUMENTATION**

- Prior to treating a patient, the doctor must provide adequate information concerning the possible risks, benefits and alternatives to a particular procedure.
- Doctors must properly and clearly communicate with their patients. If called into question, documentation of the communication is vital.
- A general informed consent is recommended.

This is STATE controlled. Prior to treating a patient, the doctor must provide adequate information concerning the possible risks, benefits and alternatives to a particular procedure. Doctors must properly and clearly communicate with their patients. If called into question, documentation of the communication is vital.

- A general informed consent is recommended.
- Describe the procedures to be employed.
- Disclose the risks of treatment
- Inherent – foreseeable risks typically only be listed, unless the state determines otherwise.
- Answer any questions for the patient

Take Inventory of Yourself

1. What language do you speak?

- Patients have to receive unconscious assurances that they are in the right place
- A pause, a glance away or a shifting in the chair can be louder than anything you say
- You must exude confidence!
- You must believe in yourself
- Enthusiasm – “Filled with God”

Communicate the BIG Picture

- We have two ears and one mouth, so we should listen more than we say.
- The Two Most Powerful Words: “I Understand”

The Consultation:

Questions to Answer

- Can you help?
- What is Chiropractic?
- How long is treatment time?
- Appointment times
- Costs
- Insurance coverage/filing/payment options
- What are you going to do today? Each visit?
- Will it hurt?

The Examination:

- Escort the patient to the examination room
- What needs to come off?
- Unfold the gown, show them how the gown goes and explain gowning
- Show them the hook to hang their clothes
- Tell them to open the door when they are changed
- Staff to be alerted to take their blood pressure

The X-ray

- Do NOT read the x-rays in front of the patient
- Once the quality of the x-ray is confirmed, then escort the patient back to their room and inform them that you will take a look at them to see if we need any additional views
- Once approved, go back to tell patient that they can get dressed and that you will get a report on the X-rays and that they can be ready the next day, depending on their schedule and ours.
- Inform them that we will go over their exam findings and x-ray findings next visit
- “Since we will be going over all your test results and giving you your first treatment next visit, they will be there about 45 minutes to an hour next visit.”
- Since we will be going over everything next visit, it would also be a good time to bring a family member if they wish to hear what you have found.

The Report of Findings (ROF)

- Schedule the next day or at a minimum (if in extreme pain) later that day.
- Posters should be hung in a way that best explains items or facts to the patient.
- X-rays should be brought up on the computer prior to the patient coming in the room, but the monitor SHOULD BE OFF UNTIL YOU SHOW THEM THE IMAGES.

Five Questions You Must Answer in the ROF

1. Can you help?
2. What is wrong?
The Good
The “Not so good”
How does this tie into the mechanism of injury?
What are you going to do to “allow the body to heal”?
3. How long...
 - a. Until patient feels better?
 - b. Is each treatment time?
 - c. Will patient be under care?
 - d. Until re-examination?
 - e. Our office hours

4. How much...?
 - a. Insurance coverage?
 - b. Deductible?
 - c. Payment per visit?
 - d. When do they pay?
 - e. Payment options
 - f. Financial policies
5. How to prevent future injuries?
 - a. Tie in the mechanism of trauma
 - b. What are the benefits of chiropractic care?
 - c. Alterations in ADL?
 - d. Exercises
 - e. Health care class?
 - f. Pamphlets

Methods of Explanation

- Analogies
 - “Tree that has been bent by the wind”
 - “Rusty hinge”
- Visual Words
 - “Whip”
 - “Gear”
- Models, posters and pamphlets
- X-ray explanation

Report of Findings Script

Mr. Jones, I have reviewed your examination findings and x-rays. Based on your findings and my experience with such cases, I believe I can help you.

Patient symptoms

Review the symptoms, thus letting the patient know YOU UNDERSTAND their problem.

Good examination findings

- Let the patient know that not all hope is lost.
- Circulation? Disc?

“Those exam findings not quite as good as we would like them to be.”

- List significant positive findings
- Use simple terms
- Remind the patient of the orthopedic or neurologic test you did with the positive result

. Wall Charts

6. X-rays

-Turn the computer screen on.

-“I know you are not an x-ray expert, but...”

-Describe patient position to the views.

Paint a mental picture.

8. What caused the problem

9. “Mr. Jones, our first objective is to give you relief as quickly as possible. The second is to get you out of disc danger. Our third objective is to control and stabilize your condition.”

10. Treatment schedule and Recommendations

a. recommended re-examination is every 10 to 12 visits or 30 - 35 days.

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