Triad Healthcare processing errors – Aetna acknowledged

The Year in Review

THE ANJC HAD AN EVENTFUL 2019 TO WRAP UP THE DECADE

The association invested in a public education campaign directed to state and school retirees regarding their benefits, resulting in approximately 50,000 retirees holding on to their access to chiropractic and other important health benefits for 2019.

The state’s first licensed chiropractic assistants (LCAs) completed and earned their licenses after the ANJC helped bring the LCA program to fruition after years in the making. Six LCAs are now helping their chiropractic physicians by applying thermal, sound, light, electrical modalities and hydrotherapy. They also may instruct and monitor rehabilitative activities and perform manual muscle tests, general orthopedic and neurologic tests, and functionality and outcome assessment tests. Having licensed chiropractic assistants helps DCs save time, improve services to patients and increase the bottom line of their practices.

The ANJC completed the first licensing period processing all of its continuing education credits in-house, saving each member $170 they used to pay New York Chiropractic College for processing. Additionally, those CEUs were processed in most cases within 10 days of completion, and transcripts are always available for viewing, downloading and printing from members’ ANJC online profiles.

The association also was instrumental in several major insurance matters that will ensure New Jersey chiropractic patients have access to the care they need.

In June, the ANJC filed a complaint with DOBI against Aetna for a number of processing issues:

• Triad Healthcare processing errors – Aetna acknowledged that the transition from Triad to NIA resulted in claims processing errors and delays and reprocessed all impacted claims.

• Pre-authorization processing errors – Aetna acknowledged that the transition from Triad to NIA resulted in claims processing errors and delays, resolved the issues and reprocessed the claims with interest.

• NIA Portal Issues – Claims that were denied for no authorization after the NIA website/portal indicated that no authorization was required were reprocessed.

• Issues with Aetna’s physical medicine utilization review matrix, benefit accumulators, incorrect counting of pre-authorized visits, and denials of CPT Codes with -25 and -59 Modifiers also were resolved, thanks to the ANJC leadership meeting with DOBI.

And of course, most notably, the ANJC was instrumental in preserving patients’ access to care by launching an email campaign that resulted in more than 200,000 emails being sent to state legislators urging them to discourage the pairing of Horizon, the state’s largest insurer by far, and American Specialty Health Networks (ASHN) to oversee physical medicine services. The pairing ultimately was denied by the Department of Banking and Insurance, and ASHN subsequently filed suit against the ANJC.

What will a new decade bring?

Rest assured that in the new decade, the ANJC will continue to fight for the rights of chiropractic physicians and patients in New Jersey.
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Happy 2020, ANJC Members

As I sit down to write this letter, I have just completed my first year as the President of the ANJC. When my term began, nobody could have predicted what a year 2019 was going to be and the challenges it would bring. Truth be told, I would have been fine if the year had passed by being boring and uneventful. As you well know, that was not the case.

The proposed pairing of ASHN and Horizon BCBS was an unexpected challenge that galvanized and propelled our members into action. As a leader of an organization, you could not ask for a better response from members. The behind-the-scenes work that most members do not see was nearly round the clock for weeks on end, and it truly was a team effort. I wish I could share more specifics, but we are under litigation brought about by ASHN’s attorneys. I would like to acknowledge the efforts of Amy Boright Porchetta, our executive director; Dr. Steve Clarke, our immediate past-president; Dr. Joe D’Angiolillo, our legal committee chairman; Jon Bombardieri, our lobbyist; and Jeff Randolph, our general counsel, who put in an amazing amount of work on behalf of our ANJC member doctors.

Trying to find the silver lining in certain situations can be difficult, and everyone has a different perspective, but I’d like to share what I learned from that particular challenge, as perhaps it will help you. The lesson learned was that of balance. My practice was out of balance with too much emphasis on my in-network insurance based patients. Something I plan to change in the coming year. The new year is often a time of reflection on the past and goal setting for the future. This year, when looking ahead, look at the balance in your practices, in your lives, and in your relationships.

Wishing you all a happy, healthy and prosperous new year!

By Dr. Jordan Kovacs
ANJC President

www.njchiropractors.com
is a quarterly publication of the Association of New Jersey Chiropractors.

ANJC VISION:
To position Doctors of Chiropractic as providers of first choice for New Jersey families to obtain optimal health and wellness, while improving the quality of their lives.

ANJC MISSION:
To improve the health of patients, families and communities by promoting high standards of professionalism and patient care through chiropractic methods, education, advocacy and accountability.

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Member support of the ANJC Political Action Committee allows the ANJC to continue furthering our profession while protecting your right to practice as a chiropractic physician.
We ask that you donate towards the ANJC PAC so that we may continue fighting for the rights of chiropractors.
ANJC PAC supports legislators who defend the issues and interests of our patients and our profession.

PAC initiatives include:
• Greater patient access to chiropractic care
• Improved public relations
• Veteran’s benefits to access chiropractic care
• Opening Worker’s Compensation for chiropractic care
• Stopping improper denials of your care by payers
• And much more!
To make an easy online donation, visit: associationdatabase.com/aws/ANJC/pt/sp/pac
Executive Director’s Update

As we welcome a new year, we also reflect on the year that just ended. There is no doubt that 2019 brought with it many challenges to the chiropractic profession in New Jersey. However, the ANJC was there to lead the way, each and every step.

We worked hard to preserve patient access to chiropractic care, protecting benefits. The ANJC Board of Directors, led by Dr. Jordan Kovacs, continues to make patient care a priority. These efforts, along with so many others, are what continue to set ANJC apart from any other state association in the nation.

As we enter a new decade, we look forward to…

• Presenting top education to our members – allowing them to treat patients with cutting edge techniques and skills that can be applied in practice the very next day.

• Continuing to advocate for patient access, as well as preserving the rights of our doctors to practice.

• Supporting and furthering each of your practices through access to sponsors, vendors, and consultants.

• Fostering chiropractic comradery at our conventions, regional meetings and through technology.

It is a pleasure to serve our members. On behalf of our ANJC HQ, we thank you for the opportunity to work with you each and every day in order to help patients across the Garden State.

Thank you for your membership and support… here’s to a great 2020, and a fantastic decade!

By Amy Boright Porchetta, CFRE
ANJC Executive Director

Happy New Year!

Dr. Michele-Lynn Adams
Dr. Anthony Ambrogio Jr.
Dr. David Barrett
Dr. Ashdin Billimoria
Dr. Jared M. Duddy
Dr. Constance E. Garefino
Dr. Sooyeon Gim
Dr. Philip C. Grivas
Dr. Jeffrey Heilman
Dr. Andrew Lapkin
Dr. Joseph A. Orecchio Jr.
Dr. Leez-Betina Petit
Dr. Zair Rizvi
Dr. Paul F. Stefanelli
Dr. Marina Trzepla
Dr. Nadine Weingarten

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HYATT REGENCY NEW BRUNSWICK
EARN UP TO 12 CEUS
ANJC... BRINGING YOU FIRST-CLASS EDUCATION YOU WON'T SEE ANYWHERE ELSE!
A no-fault (“PIP”) claim I submitted for payment was denied because the carrier claimed my records violated the chiropractic record keeping regulation. Is this a valid denial and what can I do about it?

A

Most likely not. Doctors are permitted to use shorthand in their notes to allow other doctors or carriers to be able to decipher the shorthand. Provided the shorthand notes and accompanying key meet the minimum requirements of record keeping and provide the material information required in the standard SOAP format, a denial of this nature is not appropriate. The denial should be appealed post-service and an arbitration filed if the appeal is denied.

A no-fault (“PIP”) carrier denied my claim because I used shorthand in my notes, even though I provided a key to the shorthand, on the basis that the records were incomplete and do not support my billing. Is this proper?

A

If your license is inactive which also provides the presumption that you are not treating any patients, you are not required to take the mandatory 30 CE credits every two-year licensing cycle nor maintain malpractice coverage, as the scope of practice statute specifies these requirements apply to “active” licensees only. However, it is prudent to maintain malpractice tail coverage for a period of years following your active practice as claims could be filed against you for prior alleged acts of malpractice even though you are not actively practicing. New Jersey follows the “Discovery Rule” for malpractice cases which allows a claimant to file a malpractice action against a healthcare provider two years from the date of incident or two years from when the patient knew or should have known that malpractice occurred. This could extend the malpractice statute of limitations for many years following the cessation of active practice. In addition, if you attempt to reinstate your license, the Board of Chiropractic Examiners may require you to complete CE credits as a condition of reinstatement.

I have an inactive license to practice chiropractic in New Jersey. Do I have to complete 30 continuing education (“CE”) credits every two years and maintain malpractice insurance?

A

If your license is inactive which also provides the presumption that you are not treating any patients, you are not required to take the mandatory 30 CE credits every two-year licensing cycle nor maintain malpractice coverage, as the scope of practice statute specifies these requirements apply to “active” licensees only. However, it is prudent to maintain malpractice tail coverage for a period of years following your active practice as claims could be filed against you for prior alleged acts of malpractice even though you are not actively practicing. New Jersey follows the “Discovery Rule” for malpractice cases which allows a claimant to file a malpractice action against a healthcare provider two years from the date of incident or two years from when the patient knew or should have known that malpractice occurred. This could extend the malpractice statute of limitations for many years following the cessation of active practice. In addition, if you attempt to reinstate your license, the Board of Chiropractic Examiners may require you to complete CE credits as a condition of reinstatement.

I am closing my practice and moving out of state. What do I do about notifying my patients?

A

The regulations that govern chiropractic practice in the State of New Jersey set forth a specific procedure you must follow if you shut your practice and do not sell or transfer it to another licensee. Specifically, N.J.A.C.13:44E-2.2 requires that if you cease to engage in practice for at least three months, you must:

1. establish a procedure for patients to obtain copies of their records or acquiesce in the transfer of the records to another licensee;
2. publish a notice of cessation and the procedure to retrieve records in a paper of general circulation in your practice location once a month for at least three months following cessation;
3. file a copy of your record retrieval procedure with the Chiropractic Board;
4. make a reasonable effort to notify any patient you treated in the past six months of the record retrieval procedure.

Jeffrey Randolph, Esq. (the author of Legal Ease and Legal Q&A) is an independent person of the ANJC and his views are not authorized, sponsored, or otherwise approved by the ANJC. The information provided is for general guidance on matters of interest only and may not take into account particular facts relevant to your individual situation. The application and impact of laws and health care can vary widely based on the specific facts involved. Given the changing nature of laws, rules and regulations, there may be omissions or inaccuracies in information contained in these materials. Accordingly, the information you receive is provided with the understanding that the author and the ANJC are not herein engaged in rendering legal, accounting, tax, health care or other professional advice and services nor are they providing specific advice with regard to your practice, the treatment of any specific illness, disease, deformity or condition, or any other matter that affects trade, commerce, or legal rights of others. As such, this article should not be used as a substitute for consultation with professional accounting, tax, legal, health care, or other competent advisers. Before making any decision or taking any action, you should consult an appropriately trained professional.
Horizon Blue Cross Blue Shield of New Jersey (“Horizon”) is a health service corporation organized and operating under the Health Service Corporation Act, N.J.S.A. §7:48E-1 et. seq. and was established in 1932 as a non-profit organization that was an insurer of last resort, providing insurance coverage to residents of New Jersey regardless of their health. Over the decades since its creation, both state and federal law has evolved to require all insurers to provide insurance plans that cover insureds regardless of issues such as pre-existing conditions, rendering the structure Horizon operates under antiquated and not in tune with the modern healthcare environment.

As of Dec. 31, 2017, Horizon provided health insurance coverage to roughly 3.75 million members through commercial and governmental health plans. In the individual insurance market, Horizon’s total individual membership at the end of 2017 stood at 226,300, representing a 73.22% market share. In the small employer market, Horizon’s estimated market share was 60.94% as of 2017. With regard to school employees and state workers, Horizon’s estimated market share was a staggering 83%. Thus, Horizon is, by far, the largest provider of insurance to citizens of New Jersey of New Jersey making any significant change in its structure a matter of high public importance.

A bill introduced in the New Jersey legislature by Assemblyman John McKeon (D-Essex), A.6062, would statutorily permit Horizon to change its corporate structure to a non-profit mutual holding company, following the lead of what has occurred with Horizon Blue Cross plans in eighteen other states. The reasoning behind the change in structure, according to Horizon, is to provide it with a level playing field to compete against other insurers who are not hamstrung by its 1930s structure which subjects it to higher tax rates than other carriers and precludes Horizon from investing in any line of business other than insurance.

In general, conversion to a non-profit mutual holding company would permit Horizon to engage in new lines of business and raise capital in ways that it cannot do at present. Horizon would be permitted to start up, acquire or merge with non-insurance related enterprises such as selling vitamins, medical equipment, preventive health programs, real estate investments or any other non-insurance related enterprise. Horizon also could raise money by selling stock in non-insurance subsidiaries that it maintains a majority interest in or issue bonds, which it cannot do now. Thus, it would appear that there are a number of benefits that the new structure could provide to Horizon to expand its business and better compete in the insurance market with the intent to promote patient preventative care to prevent illness and disability in the first place as opposed to treating it after it has occurred.

However, opponents have claimed that the change in structure is not in the best interests of the citizens of New Jersey and that close scrutiny and public debate should occur before the bill moves forward. New Jersey Citizen Action and NJ Appleseed Public Interest Law Center have both publicly opposed the bill, claiming that it is not in the best interests of the citizens of New Jersey and the state attorney general and courts should have a role in approving any change in structure. Issues have also been raised as to what would happen to the billions of dollars in reserves Horizon holds if conversion is approved. Under the present structure, Horizon must pay its reserves to the state if it changes to a for-profit corporate structure. The proposed bill is silent as to what would occur with these reserves but it does provide for a series of payments mandated to the state by Horizon should the structure be changed to a non-profit mutual holding company. The initial mandatory payment is $200 million followed by an annual payment each year for six years after conversion of 2% of annual revenue up to $200 million for the first two years and up to $100 million for the remaining four years. All payments to the state for the conversion are capped at $1 Billion. Further, as the conversion is to a non-profit mutual company and not a direct for-profit conversion, the change in structure may not trigger any requirement to tender reserves to the state.

One significant issue that must be addressed in the proposed bill is the exemption it provides Horizon for any financial filings it makes with the Department of Banking and Insurance. The statute mandates annual filings but classifies them as confidential and, thus, not subject to public disclosure under the state Open Public Records Act (“OPRA”). This anti-transparency provision should be removed or modified before the bill’s final passage.

It appears that the bill is supported by Senate President Steven Sweeney (D-Gloucester) but opposed by New Jersey Governor Philip Murphy, which could set up a prolonged political battle regarding its passage and signing into law. Overall, some change in the corporate structure of Horizon appears to be long overdue, as the structure it operates under at present was created fifteen years before New Jersey’s modern constitution was adopted in 1947. There have been myriad changes in health care and insurance since then, including major changes under the Patient Protection and Affordable Care Act, that protect insurance consumers. Thus, after full public hearings and provided amendments are made to ensure full transparency, a change in Horizon’s corporate structure is long overdue.
New Jersey’s largest health insurance company wants to broaden its business portfolio and gradually reduce its tax burden.

Legislation, A-6062/S-4296, introduced by Assemblyman John McKeon and Senator Nellie Pou, would allow Horizon to reform its corporate structure that will enable it to modernize and improve care for its current policyholders, save on healthcare costs over time, and provide economic and public health benefits to the state in general. Further, the proposed law would allow Horizon to become a not-for-profit “mutual holding company,” and create for-profit subsidiaries in businesses outside commercial insurance. It is the intention of the legislature to move this bill quickly and get it on the Governor Murphy’s desk before the end of this lame-duck session.

Assemblyman McKeon released a statement saying, “Increasing access to health care, bolstering affordability, and ensuring the delivery of quality care throughout New Jersey has always been a top priority for the state. By moving Horizon toward a not-for-profit mutual holding structure, this legislation expands the corporation’s opportunities for investment in new technologies and other healthcare avenues. With an increased flexibility to provide its policyholders with more innovative products and services, Horizon would become more competitive, putting it on equal footing with industry competitors. It’s a win-win for Horizon policy holders and all NJ residents to assure access to affordable, quality healthcare.”

Horizon is currently a not-for-profit health services corporation, a corporate form that restricts its ability to invest in technologies and innovations that support its goal to improve healthcare cost, quality and consumer experience. Senate President Steve Sweeney said that he supports the legislation and stated that “this bill will help Horizon to move forward with reforms that aid healthcare consumers and enhance the quality of care they receive. These changes will better enable New Jersey’s only not-for-profit health insurer to modernize the way it is organized so it can invest more in member benefits, including consumer technology and preventive care.”

The Murphy administration has not publicly stated their position on the legislation; however, they have expressed some concerns to the sponsors, including their opinion that this would only be beneficial to the executives of the company. While they are open to discussion on this legislation, they feel that there needs to be more thoughtful debate on this issue before the Legislature moves forward with a vote.

Healthcare advocates agree that lame duck is not the time to be fast-tracking this legislation, because it is too broad and complex to try to move through the Legislature without the proper time to pore over the issue.

During a press conference on December 3rd, New Jersey Citizen Action Health Care Program Director Maura Collinsgru said, “A change of this magnitude cannot be undertaken without all the facts. A comprehensive analysis of Horizon’s current assets and an independent health and rate impact assessment need to be done before legislators and the public can consider any such change.”

As of yet the legislation has not been posted in committee for discussion.
Movement analysis has been proven to be an effective measure of injury prevention in athletes. Many forms of analysis have been developed over the last several decades in hopes of uncovering movement faults that may lead or have led to injury. An important consideration in utilizing these tools, however, is that structural deviations are evident in a large percentage of all humans. Each person is uniquely equipped with variations from the norm as far as structure and function of the human frame.

The Art and Practice of Children’s Orthpaedics demonstrates a two standard deviation variable that constitutes normal in the growing child (Image A). This is a very important concept when assessing and implementing training regimes or corrective exercise for an athlete. We need to be careful not to “cement in” the problem. It also is reasonable to consider that an athlete may need to stray from the “perfect” form in order to compensate for inherent structural deviations. In doing this, it is conceivable that an injury could be avoided. Caution, however, must be made as to how that change in technique or form may affect the chain above and below the change.

Image B demonstrates a positive Craig’s test in this powerlifter that reports with chronic right-sided low back pain. In making the allowance for femoral anteversion on the right by having the athlete externally rotate is foot roughly 15 degrees while squatting, his back pain is significantly reduced. Dynamic video analysis of this patient also demonstrates how the muscle activation is significantly more efficient from the very first corrective repetition.

The first step in assessing an athlete in this manner is to begin with a thorough patient history and evaluation. Accurate diagnosis is critical in order to even consider if this model is appropriate for your patient. A proper care plan for the primary diagnosis is still paramount prior to beginning to introduce a corrective movement as the athlete returns to sport. Of equal importance is the proper return to corrective exercises and sport protocol in order to protect the athlete from reinjury. Lastly, proper care guidelines and precautions when guiding an athlete need to be strictly adhered to as this protocol is put in place.

Considering structural variants in assessing gait, functional performance or even specifically sport performance is critical to properly apply the laws of kinematics to movement. The first step in assessing this begins with an accurate diagnosis and treatment care plan. As corrective exercises are introduced, the movement variation will be incorporated into the training regime in a safe way. Feedback from the athlete as to the effectiveness of the new movement pattern is a key aspect of the overall success of the progression. Further research as to outcomes of this concept is needed specifically in injury prevention and sport performance.

Christine Foss, MD, DC, MSEd, ATC, DACBSP, ICCSP, is past president of the NJCCSIR and an ANJC member. She is co-owner of Advanced Sports Medicine and Physical Therapy in Riverdale.
Technology Can Help Drive Practice Efficiency and Compliance

By David Kein
ANJC Coding & Compliance Consultant

As the founder and chief operating officer for a top chiropractic electronic health record/spine medical record (EHR/EMR) system that includes integrated billing functions, I have had the opportunity to work with many clinics as they strive to streamline their documentation and billing tasks. Great software can simplify documentation and billing workflows, link to a patient portal, help track patient accounts, get bills out in a timely manner, scrub claims for accuracy, integrate with clearinghouses for electronic claims submission, accept payments, integrate with credit card merchants, set up payment plans, generate financial reports, and track demographic and insurance information.

One of the biggest benefits of integrated software is the reduction or elimination of errors. There are a lot of places for things to go wrong in the billing processes of a chiropractic clinic, some involving user-error and some involving procedural error. A single mistake can lead to erroneous claim/coding issues and in some instances, legal issues, especially if it causes the practice to be reimbursed incorrectly. Such errors can also lead to denied claims, which in turn slows down payer reimbursement and overall collections. For example, if a -59 modifier is inappropriately added to a service that doesn’t warrant the modifier, or it is not added when needed, it can lead to denied claims; and if done consistently, can result in an audit.

I used to be the compliance and billing director for a multi-practice clinic with over 40 doctors and more than 30 offices. We used a documentation software that was separate from the billing software. The practice incorporated a system utilizing “super-bills” to record diagnoses and services that the doctors provided to patients. These were then faxed to the billing department, and a biller would key in the diagnosis codes and CPT codes into the billing software to send to the payers. This system was time-consuming and inherent to potential errors. The faxes would sometimes be difficult to read, keying errors would happen all the time, modifiers were often either left off or not appended correctly and diagnoses were often mis-reported. Having an integrated system would have significantly reduced the time and effort to send out claims and eliminated many of these issues. With the time savings associated with an integrated software, staff and providers can reduce administrative burdens and spend more time with patients and collections. Many chiropractic offices are one-man/woman shows, so an effective and efficient systems can make a huge difference on where the provider spends his or her time.

Regulatory agencies are cracking down more than ever on healthcare providers. Healthcare is ever-changing and requirements only seem to be getting stricter. The right integrated EHR/EMR can help keep a practice up to date by automating certain functions that ensure compliance with federal law, Medicare requirements and insurance company reimbursement policies. For example, the right software could prompt a provider when services bundle and identify when a modifier is required with certain code combinations, such as reporting manual therapy at the same encounter as a chiropractic manipulative treatment. It can even help the provider link the diagnosis to the correct procedure. This of course would all be based on the provider’s documentation. Integrated software can include features such as:

Generating claims:
More sophisticated systems can read the notes, determine what codes can be billed and create claims automatically, and then push them directly to an integrated clearinghouse without having to upload a batch.

Processing insurance payments: When a payment is received from an insurance company or other third-party payer, some programs include Electronic Remittance Advice (ERA) or “auto-posting” where an electronic version of the EOB is essentially posted to each patient’s account (line by line) with the push of a button. This can be a huge time saver.

Processing patient payments: In today’s business world, patients nearly always have to pay some, if not all of their healthcare costs from their own pocket. Many billing systems can integrate credit card processing to facilitate smoother payments. Some can even compliantly save credit card data and set up payment plans, saving even more time.

Practice management: The reporting features included with billing software can help a practice track critical statistics so that the owner can keep a finger on the pulse of his or her business. This could include aging reports, day sheets, deposit details, claims submissions, code usage, patient visit averages, and much more. Exporting these reports to other programs for further manipulation can also be very helpful.

When looking for an integrated system, efficiency is important but compliance is key. Documentation should drive the coding and billing, not the other way around. Having an integrated system that still requires separate input for codes and modifiers limits the ability to reduce coding and billing errors and adds to inefficiency. The provider’s documentation should match the claims that go out, and a fully integrated system can keep checks in place to...
make sure everything lines up, thus helping to eliminate things that could go wrong. Double entry should be a thing of the past. When the provider signs off on what was done, the billing should be complete.

It is also important to be aware of the implementation processes associated with moving to a new program. Integrated EHR/EMR systems are, by necessity, complex, and anyone that says that the initial set up doesn’t take a bit of work may be leading you astray. Security is also critical. There are advantages and disadvantages to going with server-based systems versus cloud-based systems, but the trend in the industry is to go with the cloud. Just make sure your vendor has taken all these considerations into account.

Chiropractic is unique from other types of health care. Those who bill for it need to be aware of the nuances. Compared to other healthcare disciplines, relatively few services are performed in a chiropractic setting, however, the rules are very specific. This is due in part to the fact that chiropractic is typically delivered in an episode of care. This episode is often documented as an initial evaluation with a care plan, then a series of visits where the care plan is carried out, often over several stages of care delivered in various intervals. Then, ideally, the care ends when the patient reaches maximum therapeutic benefit as measured by the goals established when care began.

When documenting and billing for chiropractic services, consider the advantages available with today’s technology. Look at how the right program can save your practice from expensive mistakes and give you more time with your patients. Then be sure to figure out the rules and expectations of payers such as Medicare and private payers. It doesn’t have to be hard to treat patients, document it right, bill, and get paid efficiently and in a compliant fashion.

David Klein, CPC, CPMA, CHC, an ANJC coding and compliance consultant, is the co-founder of PayDC (www.paydc.com), a web-based EHR/Practice Management system that focuses on documentation, compliance and reimbursement. He is a certified professional coder and auditor through the American Academy of Professional Coders (AAPC), and is certified in healthcare compliance through the Health Care Compliance Board (HCCB). He is the founder and president of DK Coding & Compliance, Inc. a healthcare consulting firm that focuses on audit defense, education, compliance and reimbursement issues.

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**ANJC Membership is Important – Now More than Ever!**

The Association of New Jersey Chiropractors is one of the largest chiropractic associations in the nation, and certainly the strongest, with 1,900 members dedicated to improving the health of New Jersey’s residents.

**Membership includes access to:**
- **Continuing Education** – Superior continuing education to strengthen your skills and expand your knowledge base delivered via live and recorded webinars as well as in-person seminars
- **Consultants** – Access to world-class consultants, with focus areas in coding, billing, legal and insurance
- **Advocacy & Legislation** – the ANJC has a dedicated government affairs counsel pushing for the best interests of our doctors, their practices and their patients in Trenton

The ANJC is the only chiropractic association in the nation to offer its members the benefits above plus CE processing, transcripts, a marketplace, a member perks program, access to health insurance. The ANJC is proud to be able to offer all of these benefits, and more, all included in your membership dues.

We continue to face each fight, day after day, to do what is best for our membership and the profession. Those fights include:
- Defending patient access to chiropractic care through campaigns and lawsuits
- Fighting for veterans’ access to chiropractic care
- Helping stop improper denials of your care by payers

There is strength in numbers. If you are not currently an ANJC member, please join us! Don’t miss out on being a part of the greatest association in the country!

Visit us online – [www.anjc.info](http://www.anjc.info) and click Membership to join today!
Winters in the Northeast have been nothing short of treacherous in the past decade. As the days get colder, most people fear a repeat of last year’s arctic winter weather. The hazardous snow and ice cause many accidents and serious injuries including permanent spinal injuries.

Chiropractors may see an increase in patients this time of year, but as property owners or leaseholders – specifically business owners – they need to keep in mind that there comes a responsibility to prevent slip-and-fall risks. Under certain circumstances, a person who slips or falls and suffers an injury due to ice and snow may sue the property owner and hold that owner liable for medical expenses and other losses. In some cases, a contractor responsible for clearing snow and ice may also be held liable.

Generally, a snow and ice liability case may proceed if the injured person had the right to be on the property, was reasonably careful as he or she walked, and if the property owner was negligent in responding to the buildup of snow and ice. Typically, under premises liability law, property owners have a duty to ensure their properties are safe for those who visit. Property owners need to eliminate or mitigate any snow and ice dangers – by shoveling or spreading salt or sand – in a reasonable amount of time in order to prevent slip-and-fall accidents. This includes snow and ice on sidewalks, steps, parking lots and other walkways.

The burden of providing safe premises falls more heavily on business owners than on residential property owners. This is because businesses essentially invite people to enter their properties. New Jersey courts have indicated that businesses have an “absolute” duty to the safety of the public, whether or not they were customers. Similarly, operators of places that are open to the public such as parks, shopping centers, hospitals and apartment complexes with “common” areas also have a duty of safety toward visitors that is typically higher than that of a homeowner.

However, in addition to the property owner’s responsibilities, the person who has slipped and fallen and suffered an injury has a responsibility for his or her own safety as well. Even an invited visitor to a business or another property is obligated to exercise care to avoid reasonably foreseeable risks. Snow and ice are understood to present a slip-and-fall hazard, particularly right after winter weather events. However, someone who was running when he or she slipped and fell on a patch of ice – to cite an extreme example – may be found to have contributed to their accident, which may reduce their damages.

If you or any of your patients have any questions about their rights or responsibilities during snow and ice season, please do not hesitate to contact me directly at 201-907-5000.

Garry R. Salomon, Esq., is a founding partner at Davis, Saperstein & Salomon P.C., a Premier Supporter of the ANJC. He is certified by the Supreme Court of New Jersey as a Civil Trial Attorney. If you have any questions, feel free to reach out to Garry by calling 201-907-5000, on his cell phone at 201-888-3738, or by emailing garry@dsslaw.com.
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CAUTION: PROTECT YOUR CASE!

GARRY R. SALOMON
Attorney at Law
Osteoarthritis of the knee, KOA, is one of the top causes of disability among adults with approximately 12% of all Americans over 60 experiencing symptoms. The risk of OA-associated disability is equal to that of cardiac disorders and more common than any other medical problem in older populations. We have all seen KOA and its constellation of symptoms: pain, stiffness, joint enlargement, crepitus, muscle weakness, deformity, impaired proprioception and reduced joint motion, all leading to loss of function and disability.

New evidence has emerged suggesting that moderate physical activity may be beneficial to the people with KOA. The medical literature recognizes the need to develop a more beneficial, long-term, non-pharmacologic approach for the rehabilitation of KOA with safe and effective exercises. The paradigm shift to non-pharmacologic treatment of chronic conditions is afoot and as chiropractic doctors, we are in a unique position to seize this opportunity. Let’s look at two recent studies on therapeutic exercises for KOA to restore ROM, muscular balance, and biomechanics in KOA.

Knee exercises that favor an open chain approach, where the foot is free to move and the leg is non-weight bearing, are often prescribed to strengthen the quadriceps and vasti medialis oblique in an effort to strengthen the muscles and reduce compression on an already irritated arthritic knee. Similarly, seated hamstring and gluteal exercises are also prescribed with the same rationale: strengthen the leg with minimal compression on the joint. While logical, research points to another approach.

Closed chain exercises, done in a weight bearing position with a fixed foot, are extremely beneficial for KOA for several reasons. First, they are functional and duplicate ADLs. Second, they address the entire kinetic chain, allowing re-programing of proper biomechanics as best as possible from the foot through the lumbo-pelvic junction. Third, they improve balance and joint proprioception. Finally, closed chain exercises can be dosed with body weight, which is exactly the load needed to remain functional in ADLs. In fact, the studies below only used body weight to successfully treat KOA in the adult population.

Zhao and his team demonstrated in their 2-year study clinically significant improvement against the control group with a single exercise done twice a day for 30 minutes: the Static Low Angle Squat, SLAS.

SLAS: the patient stands with the legs apart; the distance between the knees as well as the feet should be as wide as the shoulders, and then they try to squat down. When bending the knees, patients should try to keep the back straight and adjust the angle of knees from straight down as close to 90 degrees as possible but no less than 90 degrees. However, it should not reach the position that patients feel pain so that any potential damage should be avoided.

In China this exercise is called Ma Bu (Horse Stance) and is a traditional Chinese exercise (see figure 1). Notice that the tibia line and the spine are parallel with the spine in neutral. Furthermore, the anterior knee translation is controlled by a posterior shift of the hips and pelvis. In exercise physiology circles this is termed an efficient hip drive. This movement strengthens the posterior chain and allows eccentric loading of the hamstring to balance anterior shear forces on the knee. Furthermore, it is also essential the tibia, femur, hip lines are all maintained.

Zhao also examined the synovial fluid for proinflammatory cytokines at baseline and at the end of the study. He found a reduction in intraarticular proinflammatory mediators with the SLAS.

Our data suggest that low-dose long-term exercise such as SLAS can reduce the inflammatory state of the OA knee joint, which may be achieved not only by strengthening the muscles but also by soothing the microenvironment niche of innate immunity in the joint space.

The second study looked at a different closed chain activity for the knee, walking. Regular walking exercises are beneficial and are recommended to reduce pain and disability in KOA. A moderate beneficial effect of walking compared to home-based quadriceps strengthening exercises on knee pain and function has been shown in a meta-analysis by Roddy in 2005. Alghadir, 2019, established that walking backwards (retro walking) has significant benefit in restoring function and reducing pain in KOA.

Alghadir’s study had three groups: control, retro and forward walking. All received open and closed chain exercises as well as ultrasound. Retro walking was performed for 10 minutes with 5-minute warm-up and cool-down sessions three days a week for six weeks at a comfortable walking speed along with a routine physiotherapy as mentioned above. The participants were instructed to gradually increase their walking time up to 30 minutes over the six-week period, if they consistently
obtained a lesser amount of pain e.g. pain scores <3 on numerical rating scale 0-20. In the warm-up and cool-down sessions, the subjects were instructed to perform heel raise exercises, ankle toe movements, and gastrocnemius-soleus and hamstring stretches.

Biomechanically the effects of retro walking are:

- The primary power producer is a co-contraction of quadriceps and hamstring – promotes balance in the quadriceps/hamstring strength ratio
- The ankle plantar flexors work as shock absorbers – eccentrically loading the posterior chain
- Shear force at knee joint is directed anteriorly – whereas it moves posteriorly in forward walking
- Significantly reduces patellar compressive force compared to forward walking

The conclusion: A six-week retro walking program compared with forward walking or control groups resulted in greater reduction in pain and functional disability and improved quadriceps muscle strength and performance in individuals with knee OA.

As a Doctor of Chiropractic, there are several take-homes in these articles. First, you can help your patients with KOA with simple exercises, especially by strengthening their posterior chain muscles in the leg. Second, adjusting their feet, knees, hips and spine as needed will improve their response to exercise. Third, discuss lifestyle to reduce chronic low-grade inflammation. Fourth, instruct them in proper biomechanics with ADLs to maintain a proper hip, knee, foot line. These are the pillars of chiropractic rehabilitation – take the time to learn their thoughtful application to better serve your KOA patients.

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If you are presently taking or considering taking DHEA, please read this article. Many important facts about DHEA are not widely known or presented in the media. Like most compounds that have the potential for doing good, DHEA also has the potential to do harm.

First, let’s look at what DHEA is, what effects it has in the body, and how it becomes depleted. DHEA is an abbreviation for dehydroepiandrosterone. It is a hormone made primarily by the adrenal or stress glands. Hormones are messenger molecules that influence the function of cells and tissues all over the body. DHEA and cortisol are the body’s long-acting stress hormones and are antagonistic to each other to some degree. Whereas DHEA has an anabolic or building influence, cortisol has a catabolic or tearing down effect on the body. Both of these effects are essential, and these two hormones must be in proper balance for optimal health. How do these hormones become imbalanced? By stress maladaptation.

Stress maladaptation is the body’s inappropriate response to prolonged stress. The normal reaction of the body to stress is to produce greater quantities of both cortisol and DHEA. When the stress is gone, the body reduces its output of cortisol and DHEA to resting levels and everything is fine. This is what happens with short episodes of stress. However, when the stress is prolonged, the body prefers to make increasingly greater amounts of cortisol and less DHEA. How long does it take for this to occur? One study showed that after just 28 days of continuous stress, cortisol levels had climbed to 240 percent of starting values and DHEA had dropped to 15 percent of initial levels! What’s even worse is that even after the stress is removed, the body sometimes does not recover and bring these hormones back to normal levels, but instead remains in the stress response mode with high cortisol and low DHEA output.

The consequences of elevated cortisol and reduced DHEA levels are devastating: The immune system is compromised with increased risk to infections, certain cancers, allergies and autoimmune diseases. Glucose utilization and insulin function are altered with resultant higher blood sugar levels. Salt and water are retained, producing tendency toward high blood pressure. Blood cholesterol and triglycerides increase and predispose to heart disease. Thyroid function becomes impaired, resulting in decreased metabolism, lowered body temperature, and reduced vitality. The body stores fat, especially around the midsection. Depression, insomnia, hunger, and PMS result. Reproductive function falters with resultant infertility and cessation of the menstrual cycle. The body becomes more susceptible to toxins and heavy metals. Stomach ulcers form. Memory and learning become impaired. The combination of reduced R.E.M. (rapid eye movement) sleep and lowered growth hormone release at night diminish mental and physical regeneration, which results in acceleration of the aging process. Protein synthesis is reduced and protein breakdown is increased, leading to bone loss, skin wrinkles, arthritis, muscle loss and weakness, and all the protein supplements in the world won’t make a difference. However, resistive exercise (like bodybuilding) can maintain muscle mass under these conditions by “stealing” protein from the internal organs. Obviously, this is not healthy. An additional strike against endurance athletes is the fact that insulin-sensitive, slow oxidative type I muscle fibers become replaced by fast glycolytic type II-B muscle fibers, resulting in poor performance. Not all of these effects of high cortisol and low DHEA occur in everyone. What does happen in each individual is dependent upon genetic predisposition and lifestyle/environmental factors.

The bad news is that maladaptation to stress with elevated cortisol and diminished DHEA is extremely common, epidemic actually. And until the body undergoes a certain degree of breakdown, there are no symptoms. The good news is that the altered cortisol and DHEA levels, and the conditions that result, can be normalized with the appropriate intervention. DHEA supplementation is only part of the solution. To fully reverse this condition, the stress that produced it must be removed – but first it must be identified.

Most people equate the word “stress” with mental/emotional strain. This is only one type of stress. The other major types of stress are body tissue inflammation and injury, and fluctuation in blood sugar levels. No matter which of these types of stress are present, the body’s response is always the same: Initially both cortisol and DHEA increase, and with prolonged stress, the DHEA plummet.

To truly correct the underlying cause, we need to reduce the precipitating stress. Meditation, tai chi, and aerobic exercise can minimize mental/emotional stress. All of these
methods have been proven to reduce cortisol levels. When cortisol levels are lowered, DHEA levels begin to increase toward normal. Inflammation in the body may be obvious, as in arthritis, or it may be hidden. There are many potential sources of inflammation. These must be identified and dealt with appropriately, which usually includes specific diet and nutritional supplement strategies. The most common cause of hidden inflammation may be dysbiosis – imbalance in the intestinal flora. Natural therapies can create healthier balance among the hundreds of species of intestinal microorganisms, thus reducing inflammation and allowing cortisol and DHEA to naturally improve to some degree. The second most common cause of hidden inflammation is an inherited intestinal toxicity to gluten, a protein found in certain grains, such as wheat, rye, barley, spelt, kamut, and triticale. To reduce this source of stress to the body, these foods must be avoided. When blood sugar fluctuations are stressing the body, five or six meals should be eaten daily, and they should have a carbohydrate to protein ratio of roughly 2 to 1 with a moderate glycemic index. All of these strategies help to correct the underlying cause of low DHEA and high cortisol.

The popular notion that DHEA levels decline primarily because of age is false. As described above, DHEA levels diminish because of prolonged stress. Many people in their twenties have low DHEA levels and some people in their eighties have been shown to have normal DHEA production.

When the body has become maladapted to stress, with reduced DHEA and elevated cortisol, in addition to dealing with the precipitating stress, it is a good idea to take DHEA supplements. It should be noted that this use of DHEA supplementation is short term (usually less than a year) and its purpose is to allow the adrenal glands to rest so they can regenerate and begin producing normal DHEA levels again on their own. In my opinion, this is the only physiologic, safe and logical use of DHEA supplements. It just so happens that a huge number of people fall into this category. However, don’t assume you are one of these people. When the maladapted stress response proceeds long enough, eventually the adrenal glands become exhausted and we get a reduction of cortisol below normal levels with DHEA rising into the normal range. To take DHEA in this state does more harm than good by further suppressing cortisol levels! To determine your body’s levels of DHEA and cortisol with greatest accuracy, you need to have them measured from saliva samples.

When DHEA levels are low, supplements should be taken for several months. When another saliva test has shown that DHEA is back in normal range, the supplements are gradually tapered off and followed by another test about a week after stopping supplementation. This is done to assure that the body has recovered and is again making DHEA on its own.

For those who are not concerned with health but take DHEA for reasons other than restoring levels to normal, beware of excessive and/or prolonged use causing or contributing to a variety of conditions (most of which are reversible). Symptoms to watch for include: abdominal pain, fatigue, hair loss, hypertension, low or high blood sugar, mania or hypomania, insomnia, irritability, headaches, acne, male pattern hair growth in women, liver dysfunction, menstrual irregularities, nasal congestion, psychosis, sexual inappropriateness, reduction in HDL (good) cholesterol, and voice deepening. Because DHEA converts to estrogen and testosterone, there is rationale to be concerned over very high doses contributing to or worsening hormone-related conditions such as prostate cancer in men and, in women: endometriosis, uterine fibroids, and cancers of the breast, ovaries, and uterus. Additionally, some animal studies found administration of DHEA induced liver tumors.

Again, I do not advocate reckless use of DHEA. I supply the following information on types of DHEA supplements to educate only.

Despite popular propaganda, wild yam is not a source of “natural” DHEA. Proponents of wild yam claim that the body makes DHEA from it as needed. Diosgenin is the compound in wild yam that the body supposedly converts to DHEA. Diosgenin can be converted to DHEA, but only in a laboratory! It does not get converted to DHEA in the human body. In addition, some wild yam products are laced with DHEA or other hormones in unknown quantities. Taking wild yam supplements is dangerous business – you don’t know what you are getting.

Some real DHEA supplements are available in a liquid form to be taken under the tongue. The peak dose used to restore normal levels is 5 to 7 milligrams twice per day. The drops (or lozenge) are held under the tongue before swallowing. Eating, drinking, brushing teeth, and smoking should be avoided for 30-45 minutes afterward. DHEA administered sublingually is usually the preferred method in cases of autoimmune disease, although studies also support use of oral capsule administration.

In order to get greater conversion of DHEA to testosterone and estrogen, it should be taken in capsule form. It should be taken in two daily doses at the beginning of meals. The meal must contain some fat for the DHEA to be properly absorbed. The peak dose of DHEA to restore normal levels is 25 milligrams twice daily. Micronized DHEA is three to four times better absorbed than non-micronized. Micronization means that the individual particles of DHEA have been reduced to very small size.

To conclude, DHEA is a powerful hormone and supplement with potential to do a lot of good. Like everything else in the body, balance is the key. If you are considering DHEA supplementation, I recommend performing a salivary DHEA-cortisol test to see if you need it.

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Horizon Inovalon Letters/Record Requests: Many members have reported receiving a letter, phone call or both from Inovalon on behalf of Horizon. Inovalon is a company that has performed what are called Risk Adjustment Reviews for various carriers over the years. There are several companies that have done these reviews for insurance carriers including Ciox, ArroHealth, Episource and others. Horizon has confirmed that these requests are for Risk Adjustment Reviews.

Risk Adjustment Reviews essentially are gathering of information on a carrier’s patient population health to report to the government, which can affect reimbursement levels of government sponsored programs such as Medicare Advantage and Medicaid managed care. The carriers are required by law to perform these reviews.

Since these reviews have been required by law following the enactment of PPACA (Obamacare), we have not seen any negative outcome for a provider stemming from a Risk Adjustment Review. Also, if you are in-network you are obligated per your contract to comply with the records request.

We have heard that many of these letters insist that you respond with the records within seven days. These companies often write very short time frames to create a sense of urgency to make sure the letter isn’t put aside and lost in the shuffle. I believe the most recent Horizon participating provider agreement allows 20 days to comply with records requests, so you should have at least that long. If you contact them and provide the records in a reasonable amount of time (under the 20 days) this will likely not be an issue.

If we become aware of any other function or outcome of these record requests, we will advise membership immediately

Medicare 2020 Fee Schedule Released: The 2020 Medicare Part B fee schedule and deductible have been released. The standard premium will be $144.60 a month. This is what a Medicare beneficiary pays per month. The deductible will be $198.00 a year. This is an increase from $185 last year. The coinsurance will remain 20 percent, as always. Below is a chart of the Medicare fee schedule for chiropractic codes in the two regions of New Jersey as well as the same codes when rendered in a setting other than an office (such as in the home or in an assisted living facility). The majority of the amounts have changed slightly from last year with some going up and some going down. Most have changed by only a few cents. None have changed more than a dollar.

Horizon NJ Health had done training webinars prior to the change to explain the process. Please see the Power Point presentation on the new process used in the webinars via Horizon NJ Health’s website here: www.horizonnjhealth.com/sites/default/files/2018-11/UM_Tool_Tutorial_2018_Update.pdf

Horizon NJ Health reps have been providing additional training to providers on this change, including on-site visits to provider offices. You can find the Horizon NJ Health provider relations rep for your county under Professional Contracting and Servicing Staff here: www.horizonnjhealth.com/contact-us/provider-contacts.

The links to both of these resources can also be found on www.anjc.info under Insurance > News and Updates > New Horizon Medicaid Pre-Auth Process or Insurance > Health Insurance Carriers & MCOs > BCBS > New Horizon Medicaid Pre-Auth Process.
Q How can I check to determine if I am obligated to participate in Medicare’s Merit-based Incentive Payment System (MIPS)?

A You can check the status of your participation by using the Participation Status Look-up tool:

1. Go to www.qpp.cms.gov
2. Click on the MIPS tab.
3. Click the Check Participation Status box.
4. Enter your NPI number.
5. Your name and NPI should appear and a circle with a line through it indicates you are exempt. Circle without the line indicates you must report.

Q Were there any changes made for 2020 with regard to the low volume threshold?

A The final rule was to be published in the federal register in November 2019, but there are no changes to the low-volume threshold. Mandatory inclusion in MIPS: You must have been enrolled in Medicare prior to 2019 and must meet all of the following criteria:

- Bill more than $90,000 in Part B covered professional services, AND
- See more than 200 Part B patients, AND
- Provide more than 200 covered professional services to Part B patients

Q Why would I want to be eligible for MIPS?

A By reporting, you would be eligible to receive a positive payment increase depending on your final score.

Q What happens if I don’t meet the final performance threshold score?

A Depending on the final score, your payment could be reduced from 1-9%.

Q If I am not eligible because of not meeting the low-volume threshold, do I have to report the codes for quality measures (ex. G-codes)?

A If you are exempt from MIPS, you are not required to report the Quality Measure codes.

Q What if I wanted to voluntarily report to MIPS, are there any consequences?

A If you voluntarily report for MIPS, you will:

- Receive performance feedback, allowing you to prepare for future years, and;
- Be eligible to have your data published on Physician Compare which helps patients find and compare clinicians and groups enrolled in Medicare so that they can make informed choices about their healthcare.

If you elect to voluntarily report to MIPS, you will NOT:

- Receive a payment adjustment based on the data submitted, so that means no increase or decrease.
- Be included in the calculation of MIPS measure benchmarks.

Q Can I elect to opt in to MIPS even if I do not meet the low-volume thresholds?

A A D.C. can opt in to report if they exceed one or two (but not all three) of the low-volume threshold criteria as long as they aren’t otherwise exempt.

If you elect to opt in, you will:

- Be considered a MIPS-eligible clinician and be required to report,
- Receive performance feedback,
- Receive a MIPS payment adjustment (positive, negative, or neutral),
- Be eligible to have your data published on Physician Compare, and;
- Be assessed in the same way as MIP-eligible clinicians who are required to participate in MIPS and are therefore automatically included.

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Have you ever been white water rafting? It is a thrill-a-minute adventure. You never know what is around the next bend in the river. There are rocks along the way and the path can be treacherous, filled with whirlpools and waterfalls. You just hope to enjoy the ride and come out the other side safe and dry. Depending on your personality, this can be a fun and exhilarating way to blow off some steam. But in the world of business, I personally prefer smooth sailing. Picture a glassy surface of water and the wind in your sails. You know what to do to get you where you want to go and you have the power to get there.

I can’t stress this enough: Without accountability, your practice will go on a white water ride and it will not be fun! Systems will dissolve, and standards will break down against the jagged rocks of adversity. If everyone in your office is not holding themselves accountable for their actions, for the processes in place, and for ensuring the systems are followed, there will be nothing but buck-passing and chaos. Everyone in the practice, from the owner to the newest employee, needs to step up and rise to the challenge. This is the foundation of a great practice. When your entire team operates through transparency and accountability, they form a cohesive unit focused on growth, service, and amazing patient outcomes.

Sailing the 7 C’s to Successful Practice Management is your guide to the culture of accountability in every aspect of your practice!

When you assign responsibility for measured result to an individual (or a clearly specified group of individuals) to create an incentive for performance, you are creating a culture of accountability. It is not just doing a job. Accountability includes the obligation to make things better, to pursue excellence, and to achieve results.

The key to a true culture of accountability is that EVERYONE in the practice is accountable. In entirely too many offices there is an unbalanced dynamic in which only the managers hold team members accountable. But in high-performing offices, team members hold themselves and each other accountable for achieving their goals, for completing their job duties, and for following through on their commitments. This is the culture we are striving for. Team members are focused on results together and success is sure to follow!

So, in order to build the whole of the culture, let’s take a look at each element individually and see how the pieces fit together. I break it down into three distinct concepts that build on each other and work together to create the overall accountability. These three areas are: self, team, and management.

**Self** - Everyone in the office must hold themselves accountable and be responsible. When staff members take ownership, and understand their role in the practice, they hold themselves accountable for their actions, responsibilities, and goals. They know, appreciate, and own their position, and recognize the important role they play in the practice and in the lives of the patients.

**Team** - Your staff practices self-accountability, and they come together as a cohesive team. The best teams can identify an issue, work toward a resolution, decide on a course of action, and execute a plan to resolve the issue. They hold each other accountable, knowing that each member of the team plays an essential role in overall success.

**Management** - When the elements of self-accountability and team accountability are firmly in place, the manager is in a prime position to execute her role as leader. Successful and accountable management is specific in the expectations, clearly stating: “This is WHAT I want you to do. This is HOW I want it to be done. This is WHEN I need to have it completed.”

As with all important qualities of success, accountability doesn’t just happen because you want it to. You must actively work on a daily basis to create and maintain this positive and motivating atmosphere and Sailing the 7 C’s to Successful Practice Management is your guide. Leave the thrill seeking, whirlpools and waterfalls where they belong, and smoothly sail the path to a culture of accountability. I promise, the thrill and exhilaration of success is even better!

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**Lori W. Allen** is a practice management expert and owner of Profitable Practice Strategies, a Premier Supporter of the ANJC. Visit her website at [http://loriwallen.com](http://loriwallen.com).
In chiropractic college I was taught that one of the key features that make the chiropractic adjustment unique among other forms of spinal manipulation (SM) is that it’s specific. Specific to both the segment to be corrected, specific to the contact point on the vertebra, and specific in the line of drive of the thrust or impulse. The goal was to be a “sniper specific” marksman, as opposed to using a shotgun approach of general manipulation.

In over three decades of practice and teaching, I have come across many approaches to chiropractic adjusting that both question the assumption of specificity, and support its value. While there are some techniques which promote millimeter precision and highly controlled force delivery in the adjustment, there are others which are more global in their application.

As an “old school” Motion Palpation Institute trained chiropractor, I lean strongly on the side of adjustment specificity. But, years of experience and a review of the research have expanded my view.

Here are some of my findings:

**Specificity is by Level, Segment and Contact**

It has been shown multiple times in research studies that more than one segment or joint is mobilized when an adjustment is given, or that a segment other than the one intended has been mobilized.1 2 3 4 5 6 7 8 The concept of “moving one and only one bone” via a specific adjustment is essentially unsupported. Multiple joints, rather than a single one, mobilize and/or cavitate during a manipulation, even when it is attempted to be specific to a segment. Anderst demonstrated with biplanar X-ray during the performance of cervical SM both the targeted and adjacent joints (three joints) were gapped and had increased ROM.9

That being said, contacts at the target vertebra of applied SM, but not at an adjacent vertebra, have shown significantly decreased average spinal stiffness measured at the target vertebra.10 Furthermore, contact points on the spinous process and the lamina of the targeted vertebra also show greater reductions in spinal stiffness than other contact sites. Contacts on the target vertebra also demonstrate increased muscle spindle activity more compared to adjacent vertebra.11 12

**Regional Interdependence**

Beyond segmental effects, the force of a SM cannot be assumed to be limited to the region it’s applied to. Studies have found that forces imparted to thoracic spine during high-velocity low-amplitude spinal manipulative therapy were transmitted to the cervical spine, and affect neurological structures there as well.

Regional interdependence is neurological as well as biomechanical. MRI studies have shown that supraspinal mechanisms may be associated with thoracic thrust manipulation and hypoalgesia.13 14 They found reduced activation to areas within the healthy brain related to pain perception following thrust manipulation to the thoracic spine.

**Force Delivery is Dissipated by Anatomical Structures**

When considering “line of drive” during a manipulative thrust, much of the forces delivered are dissipated by the skin, fascia, muscle and connective tissue overlying the particular segments targeted for SM.17 Bereznick and Ross have shown that during thoracic spinal manipulation, one cannot direct a force vector to a thoracic vertebra at a given angle or direction by simply directing their thrust in that direction.18 Utilizing “torque” or a “hook” on a bony process had a negligible effect on the direction of the force applied. While delivered in a three-dimensional manner, the primary direction of SM appears to be posterior to anterior.19

This also applies to palpation. A recent study by Kawchuk and Miazga has called into question the ability of clinicians to palpate detectable small alterations in spine stiffness. In their small study, experienced clinicians poorly identified changes in spinal stiffness as measured by an objective instrument.20
Good Clinical Outcomes Can Occur with Both General and Specific Spinal Manipulation

Clinically meaningful reductions in pain and improvement in objective measure have been found with specific and more general SM, as well as SM directed at levels other than the symptomatic region.\(^1\)\(^2\)\(^3\)\(^4\)\(^5\)\(^6\) A recent RCT study in BMJ Open Sport & Exercise Medicine found that a general lumbar spinal manipulative thrust technique was as effective as a segmentally targeted manipulative thrust technique for decreasing self-reported back pain and pressure-pain thresholds.

From these and other studies and findings I have three main takeaway points to apply in daily practice:

- First, while specific adjustments are preferable, there is still good clinical value with well-delivered and judiciously applied general manipulation. Lack of specificity is no reason to conclude that your adjustment isn’t effective, or that “it’s not chiropractic”.
- Second, increase the odds of your accuracy by using more than one methodology to locate where to adjust. Put redundancy into your methods.
- Finally, since specificity is often elusive, have several well-developed methods of adjusting available to you. Don’t limit yourself to using one technique only.

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✓ Used traditionally to maintain and support healthy joints
✓ Provides antioxidant activity
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✓ Used traditionally to support healthy digestion*

Patients who may benefit from MediHerb® Turmeric Forte include:
✓ Those requiring support of the body’s normal inflammatory response
✓ Those requiring joint support
✓ Older patients, athletes and those with an active lifestyle wanting to maintain healthy joint mobility
✓ Those requiring antioxidant and liver detoxification support*

Additional Support
- Combine with Boswellia Complex tablets for healthy circulation and additional joint support.
- Combine with LivCo® tablets to support healthy liver function.
- Combine with Metabol Complex to support metabolic health.
- Combine with Vitanox® tablets for additional antioxidant activity.
- Combine with DiGest Forte tablets to support healthy digestion and intestinal function.
- Combine with Saligesic tablets to temporarily relieve exercise-related lower back discomfort.
- Consider Vascular Care Complex tablets to support healthy peripheral circulation.*

Combination of Fenugreek seed dietary fiber and Turmeric rhizome extract which works together to support a healthy inflammation response.*

Supplement Facts

<table>
<thead>
<tr>
<th>Serving Size</th>
<th>1 Tablet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Servings per container</td>
<td>60</td>
</tr>
<tr>
<td>Fenugreek seed 5:5:1 extract</td>
<td>133 mg</td>
</tr>
<tr>
<td>from Trigonella foenum-graecum seed</td>
<td>731.5 mg</td>
</tr>
<tr>
<td>Turmeric rhizome 55:1 extract</td>
<td>117 mg</td>
</tr>
<tr>
<td>from Curcuma longa rhizome</td>
<td>6.44 g</td>
</tr>
<tr>
<td>Containing curcuminoids</td>
<td>101.3 mg</td>
</tr>
<tr>
<td>Containing curcuminoids 87.5 mg</td>
<td></td>
</tr>
</tbody>
</table>

Daily Value (DV) not established.

Other ingredients: Microcrystalline cellulose, croscarmellose sodium, sodium starch glycolate, magnesium stearate, silicon dioxide, hypromellose,“Rose and dibasic calcium phosphate dihydrate.”

Suggested Use:
1 tablet 1-2 times daily, or as directed.

M1444 $60 tablets

Please consult the product packaging label for the most accurate product information.
See cautions and/or contraindications on the product label before dispensing.

*Contains dietary ingredient (formulation of curcumin with fenugreek dietary fiber), found to have enhanced bioavailability of curcuminoids over unformulated curcumin.*

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