Mastering Your Clinic's Medicare Practice: How to See Medicare Patients on Your Terms - While Staying Compliant and Profitable Transcript

(Transcripts are generated by AI and may contain errors)

Introduction and Speaker Background

Hello, everybody. This is doctor Bob Hoffman from the mass, the Circle Global. It's so nice to have you on to the practice upgrade summit. This summit has just been amazing with one unbelievable, implementable, exciting, inspiring speaker after the next.

And I can assure you that this class will be no different. Today we're going to have the absolute pleasure of hearing from an icon in our profession. This is Kathy Weidner.

Better known professionally as Kathy Mills Chang. I don't know if you know this about Kathy, but she's she's a Colorado girl residing there with her husband and our two beloved basset hound.

Kathy started as a CA in chiropractic way back in 1983 as and has been providing health care providers and their teams with hands on training, advice and tools to improve their financial and compliance performance of their practices.

Ever since Kathy is known as one of our professions premier Medicare compliance, billing and documentation experts, she knows her stuff. Believe me, we refer to her in our company all the time and consistently rates as one of the most informative and entertaining speakers we have.

Kathy is a Certified Medical Compliance Specialist, a Certified Professional Chiropractic coder, and a certified Clinical Chiropractic Assistant. Kathy's superpower is that she makes these difficult subjects simple, easy to understand, and most important, easy to implement.

Way back in 2007, Kathy founded KMC University, their profession's go to for practice analysis and training on all of these subjects. Our team is the largest team of certified specialists under one roof in the profession, and has over 250 years experience in chiropractic, including Kathy's 37 years of service to our profession.

You can find out more about KMC University at KMC university.com, and I would urge you to check them out. Welcome on to the Practice Upgrade Summit. Kathy. What a pleasure for you.

A dear friend, an old friend of mine, you and I have shared the stage and many events over the years all over the country. I'm just honored to have you on the Practice Upgrade Summit.

Welcome. Thank you so much. I'm sure that will be the worst part of this interview. Having to hear all that about me. And I love when you refer to us as the God mother and Godfather of chiropractic compliance, I love that.

Thank you. We have been around a while. Yeah, that that's relating to a story. I'm guessing now, three years or so ago, you and I were speaking together in Parker.

We were standing in the exhibit hall and a doctor walked by who, quite frankly, I don't even know that I remember who it was. He said, oh my God, it's it's the Godfather and the godmother of compliance and looked at you and said, you're the compliance queen of chiropractic.

We all need you. And then looked at me and said, I'm the compliance patient compliance king in the profession, which was just such an honor overall, but a bigger honor to be linked to you.

senior population, but is either afraid of Medicare, doesn't understand Medicare or Medicare drives them crazy?

What do you say to someone like that? Well, the truth is, that's a lot of doctors. That's a that's a sore. There's a big wide supply. And that's why I started there of our profession.

And and I think that some of it unfortunately comes from doctors that have been scared by other teachers or something they heard or something they saw, and then they make up a story about it in their head and go with it.

Why Chiropractors Should Not Fear Medicare

And what I guess the first thing that I would say is don't be afraid. 10,000 people per day are aging into Medicare, probably a high percentage of your existing practice if you've been in practice for any length of time.

And the last thing that you want to do is shy away from what this is, especially because even now, opportunities are coming forward and who knows what will happen in the in the coming months, where perhaps all of the services that are within your scope of practice in your state license may very soon be covered under Medicare, and you wouldn't want to close yourself out from that.

So first, don't be afraid. Learn the basics. They're not hard. Learn the basics correctly. Make sure you've got a strong staff to support you. And then from there, frankly, I just think it's important to, you know, to go forward.

And when you have a question, get the question answered by someone reputable and take care of these people. A lot of doctors who wish and pray for more of a cash based practice, moving away from insurance.

Medicare is is the dream for that. And I think once we understand how it works, we see that that can be the crux of your practice. Well said. Very well said.

You know, I think it's human nature, Cathy, that people are afraid of what they don't know very well. So it's learning. It's it's doing your due diligence, getting some research done, learning the fundamentals.

And of course, to me one of those fundamentals is to enhance your team by hiring people or working with people like Cam. See university who know Medicare backwards, forwards, upside and down.

Know what changes are coming, what changes have taken place so that they know proper coding and proper documentation and how they're supposed to get paid so that there isn't anything to fear at all, because they know what they're doing of knowing what they're dealing with.

Exactly. I spoke at a conference recently and some doctor said, oh, Medicare pays me about $15. And I was feeling especially spunky that day, as I sometimes do from the front of the room and thought, all right, buddy, you want to take me on?

Here we go. Awesome. Tell me what state you're in. $15. Oh, well, I'm in this state. Okay. Has anyone else in the room getting $15 for Medicare? No. Everyone shakes their head, so I did it.

I didn't do it in a snotty fashion, but I did it in a way to go talk. You're just behind now. In my location where I live, a non participating doctor billing the 3 to 4 region adjustment code.

The limiting fee is 4750. Now let me tell you, there are plenty of regular commercial payers that don't pay that much on top of the fact that if you do other ancillary services in the practice, the patient's paying cash for those.

So I've found that sometimes the Medicare patient has a higher collected visit average than even your insurance or other patients. So I think we have to set the record straight a bit about that and kind of wipe out all the stuff that we think we knew and start again.

I couldn't agree with you more, and I totally agree with you. If these people would just see the people on Medicare

as their parents or their grandparents, someone's mom or dad or grandmother or grandfather, hey, they desperately need care.

Yeah, you know, they need they need human touch. A lot of them are lonely. A lot of them have been isolated. They need to get adjusted as much as anyone.

They need good care as much as anyone. And there are a lot of doctors out there who are shying away from Medicare inappropriately. As you and I both know, who might be working with a reputable company like, chiro USA that has a legally, legal plan on how to discount.

And your discount is less than the $47 that they could be getting from Medicare. So to me, they box themselves into the corner inappropriately and they don't need to be there 100%.

And and kind of a sister. Brush up against type thing also is like the VA, the VA's fee schedule. You talk about people that need the care more than anybody else.

If a doctor is able to have referrals from the VA and be able to take care of those veterans who are probably otherwise addicted to an opioid because that's all that they can give them, what a service you're doing to the population, and they actually pay for more than the adjustment, even though it's similar to Medicare fee schedule.

What an opportunity to give someone their life back 100%. And there are there are hundreds, of veterans that are committing suicide every month because they can't take the pain, they can't take the side effects of the opioid addiction, and they don't know where to turn anymore.

And these are the people who put their life on the line for us to have freedom.

Compliance, Risk, and Documentation Basics

All we need to find ways to serve them better. We do. I agree with you 100%. Let's go in a slightly different direction. Why do you think that chiropractors who strive to be principled chiropractors and I just overall still hate the terms straight mix or principled, unprincipled or whatever you want to call them?

Why do these chiropractors who feel more principled that they're they have they get it's hard for them to get their patients to be compliant with their treatment programs, and they go wrong with the whole business side of practice, especially with a vendor like Medicare.

Why do you think that there's such a dichotomy there? Well, I think that we're seeing a lot of that in our country even right now. You know, if you look outside your window or on your computer screen, you see, otherwise very good people going in a wrong direction for some reason that's unknown.

And it's been my experience that most of the time we think we didn't have to do something that wasn't the rule or someone told us or, I mean, I find very few doctors principled or otherwise, and it is the large majority who are principled.

Let's be honest, the doctors who really otherwise run their lives in a very straight and narrow fashion, running up against rules and regulations around health care rules and compliance rules and health care and documentation and fee schedules.

Largely because they just don't know. And like with so many things, I have my own issues in this regard. What I might call a blind spot of my own is there's certain things I just would rather not look at it, but I don't have to look at it.

It's probably not there. And and I think that's what happens. There's so much to deal with in your day to day life, in your practice, dealing with staff, dealing with patients, dealing with the Covid crisis, all those kinds of things that

We're dealing with the doctor right now that has a major HIPAA breach. They were hit with a ransomware. Had not done anything to keep hipa where it needed to be.

Got hit with the ransomware. Unfortunately, they were on a server that was no longer allowed. The Windows 8 server and the Windows 7 computer systems are no longer compliant, since Microsoft doesn't support those anymore.

And you know, it's a good doctor. It's a very good doctor, a great chiropractor who, just in the day to day of their life, felt like that wasn't important enough.

And I even say when people ask me to teach you a person, it's not sexy, it's not really going to get everybody charged up and ready to go. It's one of those basics that have to be in place first.

And we think back to what Mr. Covey has to say about putting the big rocks in first, and then move to the smaller things. While it may seem like being able to see your patients and take care of them should always be first, which I.

I certainly agree with. If I could wave a magic wand over any doctor opening in practice, there would be so many little things I'd want them to do first, because I think that we could kind of answer that question with most of the time, doctors don't know what they don't know in that regard, and that's why a good doctor can go wrong 100%.

Listen, this is the reason your you and your company and me and my company are in business. You know, doctors, all doctors. It wouldn't matter if they're naturopaths, osteopaths, it wouldn't matter.

They spend so much time trying to improve their clinical skill, which we applaud, that they've ignored or paid no attention or regressed and withered on the business side of running their practice.

And as a result, you would think their great clinical results would allow them to have an ultra successful practice. And they don't. They just don't. They don't know how to charge.

They don't know how to collect their money. They don't know how to deal with insurance. They don't. I spoke to a doctor just last week who admitted to me, hasn't taken a coaching seminar since 2009.

And I mean, the codes aren't the same. I don't even know how he gets paid. So these are huge issues that are easy to resolve. We need to be in balance as as a chiropractor, we talk about striving for balance, achieving homeostasis.

Well, that's just as true about your business model. A strong front of the office, a strong back of the office, strong clinical skills, strong business skills one without the other is just incomplete.

And sometimes there's just one sort of thumb sticking out. I work with a practice that has five locations. There very much, adjustment only type of a practice, not a lot of ancillary services.

Many doctors and the doctor, I mean, the types of systems that they've got put into place are amazing to me. How they train, how they have an online training portal where they keep their staff up to date.

They really are impressive, but they realize this whole giant piece is missing. And I've just completed the baseline audit for their documentation and their coding.

And, you know, on a scale of A to F, they're getting a D-Minus and it's not because they're not great doctors or don't have even a good business model.

But these little pieces are so important that what it is is risk exposure. So when you're dealing with these third party payers, you step into a different sandbox that unfortunately places you in a bit of risk.

And we all I when the slides I had in my presentations last weekend. I used to love the program. You'll appreciate

this from your where your your part of the world is.

They used to love to watch Boardwalk Empire. It was a favorite show of mine. And, Nucky would say, at one point there was a quote he did that. I just glommed on to that said, we all have to decide how much sin we can live with because they were bootleggers and all these things.

So I kind of tweak that to say, we all have to decide how much risk we can live with, because there are certain people that'll go 85 miles an hour and a 55 without blinking an eye.

But then there are some people that maybe ten over is their comfort zone. So I don't judge anyone for where their risk tolerance is. We just have to know that we may be free to choose, but we're not free from the consequences of our choices.

Very good. And then there are some doctors who fool themselves into thinking. For example, I don't want to deal off insurance, I just want cash. But then they're giving out super bills with diagnoses on it, not realizing that they're in the insurance game.

So I actually advise them if they're going to be in that game. The Super Bills are the way to go. Never give them a 1500 billing form, but if you just put that information down, you can at least step back enough to remove yourself from some of that risk.

Not still ideal, as you point out, but at least it's it's providing some layers of insulation. And so to your point earlier, there's a right way to do it.

If you really want that, find out the right way to do it without shortcutting over any steps. You know, one of the things that Dennis and I pride ourselves on is staying in touch with what's best in class today, and what's best in class today is very different than what it was in February of this year, or two years ago or five years ago, and keeps changing and evolving.

We try our best to keep our members abreast of what's best in class at this moment, you do the exact same thing in your world. So how does a cash based provider make Medicare work?

Well within their practice structure? Well, first of all we would stay in a you have to be enrolled to be able to even treat the patient. So step one is make sure you're properly enrolled.

And on the heels of being properly enrolled is especially now that it's being done within that Pecos system online. You have to revalidate when they say two, which is about every five years.

Right now. That cash based practitioner, I'd want to get them enrolled as a non participating provider. That essentially means I've got a really nice slide that we created because the visual is is helpful.

You would see that there are all these things you have to do just because you're a Medicare provider. But then it splits off. Here's a non Pas and here's a Pas.

You get to collect your fee at the time of service. Certainly any chiropractor can collect for the non covered or excluded services. But for your adjustment you can collect that at the time of service.

Very much like most cash based practitioners collecting over the counter. You must understand the rules of medical necessity. What is an episode of care with the beginning, middle and end?

Discharge them. Move them into maintenance care, which is also cash based. Understand when we seek third party reimbursement and when we don't, which is not super hard to do.

But under most circumstances, it's just that the doctors never practice that or understood it. I think that, we have amazing training in our library where one can do that on their own, or when there's really a struggle, we can work

with them one on one and do some private training.

It's it's not going to take a lot, but a great example to your point of staying on top of things. You know, we're big things happening. New ICD ten codes came out in October 1st of 2020.

We have a brand new ABN form that has to be used January 1st. We have brand new ENM coding rules first rules that have changed since 1997.

How Cash Practices Can Work With Medicare

And this weekend I was sharing with the audience at the event I spoke at, and I asked for a show of hands of how many felt like they were ready and no hands went up, and most people were like, what?

So ready for what it is. And it's a great reason to stay connected to people like us, people like you who are on the cutting edge of knowing what's going on out there because, you know, it's like that, that, farmers commercial, we know a thing or two because we've seen a thing or two, and you don't have to know everything.

You just have to know someone who does. I certainly would not write my text. Exactly. Right. Yeah. Let's let's try to get even more practical. I mean, this has been great so far.

You're always so great. Thank you. Could you share with me and the people watching this? A sort of a checklist that every DC should know to make Medicare easier to deal with, but still remain compliant with the rules.

Yeah. I mean, I'd start with what I said. Make sure you're enrolled. If you want to be cash based, make sure you're non PA. Because the other advantage of non participation is that you may accept assignment on a case by case basis.

So you may have little milli Medicare come in who really could not put out what it cost three times a week for her care. Out of pocket. And then wait to be reimbursed.

But you may accept assignment case by case. It gives you options which are really great. Certainly from there, the very next thing that I would say is understand the documentation requirements.

They are not that difficult to understand. In fact, we teach a Medicare standard for all payers because usually there's not a more stringent standard out there.

A few but not many understand what it takes to be an initial visit. So probably one of the most moments people have when we dig into this is the realization that while we are a close kinetic chain and you can certainly expect a full spine adjustment, I know I do, Medicare and other payers expect that there will be a complaint in the region in which you're going to treat.

That complaint is going to be quantified by examination findings. Together, the doctor will formulate an opinion in their assessment, assign a proper diagnosis, and make a plan to treat it.

That's what comes out of the ENM service. The easy part is execution of the visits from their. But understanding that at some point, based on that functional loss that we identified, can't sit as long, can't stand as long, whatever those things are, the patient's going to get back where they were and it's okay to discharge them from active treatment should they continue, which we hope they do.

Good educators certainly that that are your clients for sure. Being able to help them understand why they should want to maintain that and pay out of pocket to do so.

Those are simple things that take sometimes retraining and whenever we're going to make a quantum shift in the practice like that, I'm always a fan of, let's start with your new ones.

Let's start with new people. Exercise those muscles, get it working well, slowly but surely. Begin discharging those that have maybe been going too long on the active treatment, and then begin that new process.

Kind of like turning a big ocean liner around. It's going to take just a little bit of time, but initial visits have to look different than your routine visit.

There has to be more of a a plan and findings than just here's what I did today. Understand that difference and honestly, it's as simple as that. Yeah.

And it's just requires a little bit of documentation. Yeah. It's not a 15 minute narrative report that you have the right. Absolutely. So many doctors are still so freaked out about their notes.

And I get how how burdensome they can be, especially for a higher volume practice. But the notes, you just need to document what you found, what you're doing and why.

You know, there has to be some reason, a rationale. You know, your you not only have a doctor patient relationship, but you're you've entered into a third relationship with the carrier and you have to be responsible to them if you want them to be paying your bill.

Well, and I think you make a very good point. I had a doctor come up to me after I spoke just yesterday, as a matter of fact, and said, I'm dying with my notes.

I see 120 people a day now. I came from my very first practice, 300 a day. The doctor saw two doctors and so I know volume might come from volume, but you can be sure they were adjustments only, you know, documentation.

So was a slash on the card that said they were here. There wasn't much else. And and we're in a different world. But I will tell you that one of the things that I've had the most success with clients around in those high volume practices is hire a scribe.

We can train a scribe so easily to support you and to be, in the room documenting, as you're saying it out loud. And now at the end of your shift, you're going through and just looking it over and tweaking and checking and signing off.

You're not spending all of that extra time. And I think it's one of my favorite things to make a shift in a practice. When it comes to documentation, we make the same recommendation to some doctors.

We're on the exact same page here. Kathy. I've had doctors who take their patient files home when they're a new client, and we start asking them about their practice that we can develop a customized coaching curriculum specifically for them.

They take their files home at the end of the day and spend 2 or 3 or four hours at home instead of family time or downtime or recovery time, trying to remember what they did on every visit to put into their notes.

It. That's a crazy concept. So not everybody needs a scribe. Not everybody has enough volume for a scribe, but to hire and train somebody who's doing the notes while you're doing it.

Not only will you get paid better, but your insulin and protecting yourself, you're covering yourself. You're doing the right thing for the patient. It's a win on every possible level.

And I'm sure you tell your clients this as well. But if somebody is having to do that, something's wrong. Sometimes. Great. There's something wrong with the documentation or your expectation of what's required of you.

And, you know, we're a big fan of, we call ourselves kind of the white hats. You know, where the side's my white hair. I have white hat. And the idea behind that is that, anybody at any time can send a chart to be reviewed by a certified auditor under our team and pay a little bit of money to get that opinion.

Now, with everything that we've found, so that you can know what somebody else would see. And, we do have a lot of them that happen, but I'm surprised at how many doctors are kind of afraid of that.

You're much better off having us look at it in a safe environment than just all the records requests you get, and sending them out and not knowing what will happen after that kept, you know, we all have strengths and we all have weaker areas.

A weaker area isn't a weakness, it's just an area that's not as strong as your strengths. Yes, a part of human nature is we all like to expose our strengths because we feel good about them and hide, ignore or bury our weaker areas because we don't like that very much at all.

But part of the key to growth is to turn some of your weaker areas into strengths. You have to be able to do that. You have to be willing to do that. So if a doctor's notes is potentially a weak area, having world class experts like you and your team evaluate and point out what they're doing well and what they can be doing better, is the short road to fixing that.

Instead of just hoping that someday I never get over it in, 100%. And to piggyback on the original question about sort of the checklist, I would put near the top of the list, invest some time training your team.

This practice I mentioned requires everyone to spend an hour a week on the training topic of the week. You know, that's a big practice with five offices.

Even in a smaller practice, if we're not always sharpening our saw, as they say, where, you know, we expect sometimes. And I can tell you, as a CCA, I worked for doctors that thought that I would get this stuff by osmosis or I needed to go find it.

Doctors. I had someone in 1983 who invested in me and who taught me things that I never heard before. I'd been to college and had never heard them before.

And by learning those things and then encouraging me to learn more, I knew that he knew it would ultimately just help him. And so it did.

Part C Plans, Hardship, and Financial Rules

Because it's not one plus one equals two. It was one plus one equals five. When we put that together. And I will tell you that that I hear from your team members and they want to serve you and help you, but we've got to give them the right tools to do that.

And certainly the Medicare training that's even do it yourself in our library is sufficient to do that with a live help desk for them to call if they have a question.

What's support are you providing them to help you? And my goodness, for $99 a month that your members get, I mean, that's a small investment to know that you've got somebody covering your high knee.

You're right. And and it's an investment. It's not an expense. It's an investment. That investment will help you make money over and over again and prevent you from having to give money back that you've already collected.

And I always hope that if a doctor ever gets a records request, please don't just set about sending off what you have. Did you know that you could send it in to us and have a consultation?

Let us look at it with you and at least prepare you for what may be happening, or assist you with addendums, or assist you with the bit of a case summary on it.

It is one of the biggest mistakes we see made where, record request comes in a car, fills it out, sends it in, and now

So ask the expert. And that's part of the key of this entire conversation. Kathy, I've heard that some patients are starting to move away from the traditional Medicare Part B and are now moving to the part C plan.

How do our providers who are watching this stay current if they're not participating in these types of plans? Well, there's good news about that. More and more are actually moving over there.

Unlike Medicare Part B, Medicare Part C participation is not a requirement. So where we can't even touch a Medicare Part B patient, part C is another story.

So, again, I've got a kind of a nice training that I do on this to show you have first a choice to make. Do you want to accept and treat them first, yes or no?

You don't have to. You don't have to accept and treat part B patients. You can send them away totally fine. So if you say yes, that that's what you'd like to do, do you want to be in or out of network with a pair?

No, I will say there are some payers. Let's take a blue cross of a particular state that if you want to be in their commercial health networks, they require you to be in the part C network that goes along with it.

So some doctors don't have a choice. Some doctors got in without even knowing it. I think we all need to check that out, but if you have a choice of not being in network with the part C plan, that Medicare patient is treated as any other cash paying patient in your office.

They're not Medicare because you are not a part of their plan. Now, if you make the mistake of submitting their bill because that's what you do now, you are becoming a deemed provider.

And that means you must accept the fee. You have to accept the rules because they say that you should have known that they were, because of course, huge mistake we c made a lot.

For some reason chiropractic offices are not verifying Medicare. They think they don't have to and nothing could be further from the truth. So assuming you have a part C plan that you're not in, keep them cash.

Totally fine. If you are in network, you'll need to follow those rules and sometimes they even cover all of the other services besides the adjustment, which is great.

And the patient may have a copay. A mistake we see sometimes is let's say the allowed fee is $28.10, and the patient has a $30 copay. Well, we don't charge $30.

We charge $28.10 because that's the most you can collect. And by and large, there you have your cash patient. So we always like to help a doctor analyze what plans am I in?

What are the rules of the plans? Do I want to follow the rules of the plans? And is it time to look at where my participation makes sense and where it doesn't?

So for part C, always verify. Make sure you know whether or not you're in the network. If not, treat them as cash. Interesting. I had never heard that before.

Very interesting. Is a chiropractic able to help a patient who has a financial hardship issue? Many have started to ask this question because they believe that a federal in a federal program, you can't do that.

What's the rule about that? So first and foremost, before we even talk about Medicare, if you establish a financial hardship schedule in your practice, there has to be all the components of a proper B schedule.

We get a sliding scale. It's based on something we're going to verify. There need all of that we assume is done when it comes to Medicare. Most of the time we're talking about copay deductible.

When we're worried about what Medicare thinks. Those are called, cost sharing amounts. Sometimes those that are in financial need perhaps are what are called a qualified Medicare beneficiary, or QM, B they tend to be dually eligible, covered under Medicare and Medicaid.

Now, we've recently learned something. We're constantly learning. As we began going down a rabbit hole with the new rules that came out for the new ABN, which have different rules for Q and B patients.

And we've got proof that says that even if Medicaid does not cover chiropractic in your state, for a duly eligible QM, b they have to pay and you have to be able to submit the bill to make them pay.

Very strange and different. That's all new. And so thinking about this, if they are Acme, then maybe even without financial hardship, that's another conversation to have because they're different rules.

We can't even charge them for maintenance care before it goes through. Both payers. It's awful. So, we have some training on that as well. But what I want to say about the hardship is what Medicare would prefer that you do.

And their rules are it can't be advertised. It cannot be something you only offer to Medicare and it needs to be based on financial needs. So we assume all this has happened.

The last tenant of their four bullet points say only offer hardship after other collection measures have failed. So what I interpret that to mean and how we teach it is your Medicare patients would be better off put on a $15 a month payment plan or of course, whatever payment plan towards their balance, rather than just simply wiping it off and waiving it.

That is what is preferred by Medicare. So by no means is it impossible to do hardship based on financial need. It's okay. What we want to be sure is that a doctor doesn't hear this as, oh well, for my Medicare patients, I'll just put them all on hardship because trust me, in the in the 90s, early 90s, that's exactly what we did in a practice I worked in.

We didn't know better. Everybody signed a financial hardship form with their intake paperwork because that's just what we did. Yeah, times have changed.

For the people watching this who like you and I have a love for our seniors and know how much care they need and why it's so beneficial to them. But is it possible to be profitable seeing just Medicare patients?

Well, I mean, there are a lot of doctors in Florida who have a very heavy Medicare population. I grew up in chiropractic in Arizona, where it's similar with the snowbirds.

And I feel very strongly that at no time should anyone put all their eggs in any one basket. I don't think that's a good idea. As I know we teach as well.

But, I'll say with Medicare, you sort of have that advantage of cash and Medicare at the same time because the, the you collect cash for not only the adjustment if you're nonparticipating, but all of the other services as well.

I have offices that they're collected visit average on Medicare, $65 by the time they're collecting for the adjustment. And then any additional therapies or whatever else they may do.

So I think it's possible. It's possible across the board, but I would caution someone for putting all their eggs in one basket. I would to I think diversification is critical, but I think what's equally equally critical to me and our company, the Master Circle Global, is we don't turn anybody away.

Right? People need care. People have a disturbance between their brain and their body. They need to improve their health. They all deserve what we have is our gift.

You know, we we chiropractors didn't choose chiropractic. We were chosen. It's not a job. It's not a career. It's a

calling to us.

Profitability, Mindset, and Final Advice

And, we have the ten best machines on earth here. And there's certainly some great technology out there that can help us help patients. But we have a moral obligation to help these people.

And don't let not knowing the rules or the regulations or the codes get in the way of that. I mean, I just think it's silly. I personally love seniors, but I wouldn't want a whole practice of seniors.

I want I wouldn't even want to practice of 50 or 60 or 70% seniors. I like pediatrics as much as I love geriatrics. I love sports as much as I do families I get, we can have it all.

We can have it all. You go ahead. But I was just going to say, I've certainly heard you speak enough about certainty. And I think that is the piece that is perhaps so important with Medicare is once you gain the certainty or the knowledge that you can get the help you need now, all those words will just go away, and you can just be free to be with your patient and correct their supplications and give them their life back.

And and hopefully you'll never see people as dollar signs with legs. We we're in the service industry. We're here to serve people and to make a difference in their life.

And, you know, it's just getting your mind on straight, you know, I've often ended a presentation in front of a big room talking about the six inches between our left and right here and the 12in between our brain and our heart.

And this is the most important six and 12in in the world. Because we need to communicate with our heart, not our head. We need to have empathy and compassion for other people.

We need to see people as our family, people who are desperate to have greater health. We need to have the right mindset to serve and to make a difference, and then to derive our joy and fulfillment from that.

That's, you know, everyone deserves to make a a large financial windfall as a byproduct of service. But it's not the reason why we exist. The reason we exist is to make a difference in others, to know that our life matters, to leave the world better off than we found it, to leave a legacy.

And I know that that's what you're all about. And and I've heard you present many, many times. And you have a heart as big as the state of Colorado. And that's why people love and adore you so much.

So, Kathy, before we end our conversation today, because our time is running short, is there something I didn't ask you that you wish the people watching this would know?

Well, certainly about this topic, I think we've talked a lot about gain some certainty. Don't shy away from it. Don't be afraid to ask. I belong to a global organization called Entrepreneurs Organization, and one of the things I've learned as I celebrate my four year anniversary in that organization this week, this month, is that, you know, blind spots we all have, and you just have to be around people and coaches and and folks that will help you, who can help you see what that is and that all of us are better than any one of us.

And Medicare changes and Medicare, you know, adding a lot of changes. But they've done away with LCDs. We've got a new ABN. I shudder to think of the doctors that don't keep up with that, and how frustrating that must be for them.

So don't be afraid to ask. Never be afraid to ask. And as you might say to a patient, there is never a time that I would turn anyone away who needed help.

So I hope that you would never hesitate to reach out with a question if you had one beautiful well said. And if you're going to ask for help on the current you have bills

Chang, you're an expert and Kansai University is filled with experts. And make sure that you connect with this. This wizard of insurance, this wizard of compliance and documentation.

She is the. She is what's best in class in this, in this genre, in our profession. Kathy, thank you so much for your time today. Thank you so much for all you've contributed to chiropractic.

And quite frankly, I know that your best is yet to come. It's in front of you. I can't wait to see some of the things you accomplished, because every year you astound me with all the good things that you do.

I only get to hear a wonderful, positive feedback about yours and your team's work. Thank you so very, very much. You make our profession a better profession.

Thank you sir, and and right back at you. I think that you're absolutely one of the good guys. And I appreciate knowing you. Thank you so much.