

STELLAR GOOD NEWS

Volume 8, Issue 7

1-800-741-4755

July 2008



Contents

- ☆ Stellar Updates
- ☆ What IS the Problem?
- ☆ Go on the Offensive!
- ☆ Saving D.C.s

☆☆☆

Stellar Software

Our Staff...

Don Tauer
Josiah Reynolds
Lori Tauer
Kim Weyhrich

☆☆☆

124 1/2 North Willow Street
P.O. Box 1045
Harrison, AR 72601

1-800-741-4755 support

1-870-741-5070 fax

www.stellarchiro.com

Stellar Updates

Recent changes and updates to Stellar:

Insurance Claims

Added Payment or Pat Part choices in Insurance File options to supply Amount Paid in box 29 on the CMS-1500 form.

Patients Quick Notes

QuickNotes now has a scroll bar (so more lines can fit in the box).

Account Aging

A new filter allows you to limit the report to selected patient types.

Main Menu

New access to view and change the Michigan Payer List under TOOLS, TECHNICAL SUPPORT.

Posting and Payments

Fixed two balance corruption problems: 1. When posting larger than expected insurance payment and automatic discount option 4 is in use. 2. When previous action was a Special Bill for the same patient.

What IS the Problem?

"No evidence of a direct effect of being uninsured on subsequent mortality" according to a recent study by Rick Kronick of the Department of Family and Preventive Medicine, University of California, San Diego.

Why? Because health and life insurance is the outsourcing of personal responsibility to another. In particular, to a soul-less, for-profit corporation. Is that Scriptural? Can you pay a third party to take on your personal

risks? Two things happen when you do. One, you become irresponsible (increased mortality). Two, the third party payer, helped enormously by limited liability and corporate insulation, becomes adept at avoiding payment.

There is no market for health insurance, if there were, the government would not have to force employers to provide it to their employees, Who really benefits from mandated employee health insurance?

Why are there numerous "grassroots" efforts to provide health insurance for the uninsured, yet none to actually provide health care for those in need? Are these efforts really "grassroots" when the only beneficiaries are the carriers?

Lack of insurance does not seem to affect access to, or quality of, health care. The unimpeded access of millions of illegals to our health care services at little or no cost is proof enough.

Does allopathic 'health' care really improve our health or longevity? I submit that, except in accident emergency care, it does not. After a major heart attack of my own, I chose alternative care and chelation combined with dietary changes. Fifteen years later, now pushing seventy, my doctor finds my circulatory system to be that of someone in their thirties.

In the late 1930's Dr. Weston A. Price became concerned over the declining health he observed in his patients. Not willing to believe this was God's design, he decided to observe native populations untouched by modern

'progress'. Investigating isolated Swiss villages a windswept island off the coast of Scotland, traditional Eskimos, Indian tribes in Canada and the Florida Everglades, Southsea islanders, Aborigines in Australia, Maoris in New Zealand, Peruvian and Amazonian Indians and tribesmen in Africa, he found and documented, in every isolated region he visited, tribes or villages where virtually every individual exhibited genuine physical perfection. PERFECTION!!

<http://tinyurl.com/2foeq6>

You can only imagine what the modern, for profit, allopathic, disease management industries think of that! The 'food' manufacturing industries feel the same! Ditto the insurance industry! They are all 'for profit', health has nothing to do with it!

What does this all mean? Simply this: Look to your own health. Only you and your immediate family really care!

Go on the Offensive!

Are Medicare Advantage (Part C) payers sending checks to you when the patient has already paid? The best defense is often a good offense. The following letter has been made available for free download on the ChiroCode website: Chirocode.com/ht/demandnotice.doc

Send them a Demand Notice!

OFFICIAL DEMAND NOTICE

Medicare Advantage Payment Error Notice

RE: Check #: _____ Amount: \$ _____

Patient Name: _____ Patient ID: _____

The above check was sent to our office in error. It is enclosed with this notice, with the demand that you reissue the check to the beneficiary, and not to our office.

This is your official notice that this patient has already paid us. Their reimbursement check should have been sent to them directly. Under your Medicare contract for Part C – Medicare Advantage, you cannot give less benefits than what the beneficiary/patient would have had under Part B. Under Part B, this reimbursement check should have been mailed to the patient. You have failed to properly honor your payment responsibilities, and have consequently violated this beneficiary's rights.

Therefore, reissue a proper check to this patient immediately. Failure to do so within 30 days from the date of this letter could cause us and/or the patient to report this aberrant practice to your Regional Medicare office as a complaint for cor-

rection.

Furthermore, your failure to correct this egregious payment error in your system for paid claims on any other patients could be evidence of your refusal to correct mistakes. Any receipt of such further payment errors (30 days from this letter) could also encourage a complaint to your Regional Medicare office.

Sincerely

Doctor name and practice

cc: Patient's name

Saving DC's

Can we, individually or collectively, do something to break the decline that has become apparent in the profession? College enrollment is declining, Half of the new grads fail within five years. Do the colleges care? They simply raise the tuition on their way to the bank. The Wilks decision (<http://tinyurl.com/6faqlu>) was supposed to break the conspiracy to destroy chiropractic, but quackwatch is still alive and well and Dr. Kissinger, M.D. recently delivered anti chiropractic presentations to at least two student Physical Therapist's classes and an open class to PT's, DO's and MD's at the Schusterman Center in Tulsa, OK.

But these are merely anecdotal. Why does Medicare pay hundreds for an office visit and spinal manipulation by a DO, or thousands for a course of physical therapy that includes spinal manipulation (Ask the local DO or PT in your town). They pay in full! Why are PTs safely shielded under the AMA umbrella and referred patients by MDs? PTs graduate with four college years, cat anatomy, watered-down science and no x-ray skills. An MS for two on-line courses. A DPT for two more on-line courses. Medicare pays them \$15,000 for a 90 day, 3 times a week treatment course. They are included in every area including Home Care and Assisted Living.

Meanwhile, chiropractors have to battle tooth and nail to get 80% of the allowed pittance on ONLY the manipulation!

Make the colleges unite, go after the legislators and get equal treatment under the law! Invoke Wilks across the board. Stop referring students to the colleges and demand that your college do something for the profession! They can and do raise millions yearly. Get creative, put the pressure on them! What good have they done DCs when you are treated like dirt? Get the students to go on strike to until they get the point.

The DCs don't need a separate Medicare law: unilaterally cancel it! DCs are as good PTs! Make it happen!! Tune in next month!