

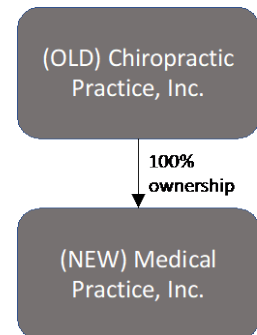
CREATING A MULTI-DISCIPLINARY PRACTICE

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LEGAL STRUCTURE

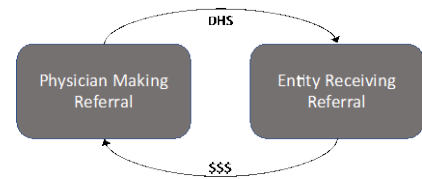
- Form a wholly-owned subsidiary entity
- Services provided through OLD Chiropractic Practice, Inc.
 - All chiropractic services
 - Medical services for
 - Medicare beneficiaries
 - Medicare Advantage beneficiaries
- Services provided through the NEW Medical Practice, Inc.
 - Commercial insurance beneficiaries
 - LOP/PIP patients
- NEW Medical Practice, Inc. is a disregarded entity for tax purposes
- Only one entity can provide DHS (including PT and imaging)



SELF-REFERRAL AND KICKBACK CONSIDERATIONS

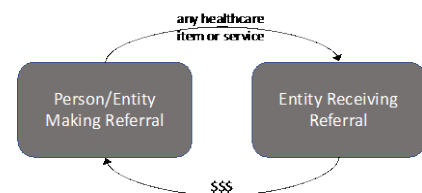
The Stark Law

- Physicians cannot refer for certain designated health services (“DHS”) to an entity that they have a financial relationship with.
- DHS includes physical therapy, lab work, pharmaceuticals, and imaging.
- Referrals within group practices (all in one EIN number) are sometimes excepted.
- Violations may result in false claims act liability, and exclusion from participation in Medicare.



The Anti-Kickback Statute

- No person/entity may pay or solicit to be paid for referring a Medicare beneficiary for the receipt of a healthcare item or service.
- “Referral” not defined.
- 37 safe harbors
- Criminal penalties and administrative sanctions for violations include fines, jail terms, exclusion from Medicare, and penalties of up to \$50,000 per kickback plus three times the amount of the remuneration.



SUPERVISION ISSUES

- APRNs acting autonomously
 - In Florida, an APRN may only establish an autonomous practice in primary care, including family medicine, general pediatrics, and general internal medicine.
- APRNs acting under supervision must maintain a signed, written protocol on site at the location or locations at which the APRN practices.
 - Must include all locations where the APRN is practicing.
 - Must include a collaborative practice agreement:
 - Describe APRN's duties.
 - Describe the collaborating physician's duties.
 - Describe management areas for which the APRN is responsible, including the conditions, treatments, and drug therapies that an APRN can initiate, alter, or otherwise order.
 - Must include specific conditions and a procedure for identifying conditions that require direct evaluation or specific consultation by the physician.
- Physician Assistants acting under supervision
 - PA supervision requires the "easy availability" (telephone) of the physician for consultation and direction of the PA's actions.
 - A physician may supervise a maximum of 10 PAs at any one time.
 - Supervising physician must file a notice with the BOM stating how many providers and locations they are supervising within 30 days of starting or ending a relationship.
- Each MD/DO may only supervise:
 - Within his/her scope of practice; and
 - 4 primary care locations outside of his/her primary practice location;
 - 2 specialty care locations outside of his/her primary practice location;
 - 1 dermatology/aesthetics/plastics location outside of his/her primary practice location (and other restrictions apply).
- Chiropractic assistants and medical assistants are not licensed professionals.

PAYOR ENROLLMENT

- It is very difficult (but not impossible) to obtain an insurance contract as a multi-disciplinary practice.
- If you are able to obtain a multi-disciplinary contract, no need to separate out into two different legal entities.
- If you are unable to obtain a multi-disciplinary contract, commercial insurance companies should be contracted through NEW Medical Practice, Inc.

BILLING CONSIDERATIONS

Consider which entity bills the first patient encounter