



COLLEGE OF CHIROPRACTORS OF ONTARIO

MEMORANDUM

To: Stakeholders including Members

From: Dr. Paul Groulx, Chair, Quality Assurance Committee (until August 14, 2020)
Ms Robyn Gravelle, Chair, Quality Assurance Committee (effective August 14, 2020)

Date: August 2020

Re: Amendments to Guideline G-008: Business Practices

I. Introduction

CCO has approved amendments to Guideline G-008: Business Practices related to the offering and processing of billing/financial arrangements between members and patients. These amendments were approved at the August 12, 2020 Executive Committee meeting and will come into effect on September 12, 2020.

Amendments were approved following distribution of draft amendments for feedback, a review of that feedback by the Quality Assurance Committee and further amendments which reflect those reviews and discussions. CCO thanks all members and stakeholders for their feedback and participation in the self-regulation of the chiropractic profession, and in particular the patients who provided their unique perspective on billing/financial arrangements.

Amendments to Guideline G-008: Business Practices were previously approved at the February 26, 2020 Council meeting; however, implementation of these amendments scheduled for April 15, 2020 was delayed due to the COVID-19 pandemic and the receipt of approximately 400 pages of additional feedback from members and patients. This additional information was reviewed by the Quality Assurance Committee at its July 20, 2020 meeting.

II. Summary of Amendments

The amendments to Guideline G-008: Business Practices are summarized as follows:

- A. *If offering a billing/financial arrangement, the billing/financial arrangement must be representative of a plan of care agreed upon by the member and patient.*

The primary purpose of the doctor/patient relationship is to provide a plan of care that is

intended to address the patient's complaints, symptoms and/or reasons for visiting a chiropractor, the patient's objectives and goals for treatment, and the diagnosis or clinical impression reached by the member based on the results of the consultation and examination. If a member chooses to offer a billing/financial arrangement to a patient, it must be based on the plan of care that is intended to achieve these objectives for care. The plan of care and clinical goals of the member and patient should drive any sort of fee arrangement, not the other way around. If a member offers a billing/financial arrangement, any billing/financial arrangement must be directly representative of and connected to the treatment/care plan, including wellness care, agreed upon by the member and patient.

Members are reminded that any billing/financial arrangement for a plan of care must include regular re-assessments, which must be conducted when clinically necessary and, in any event, no later than each 24th visit.

Periodic re-assessments are an essential part of a plan of care to review patient progress and outcomes, any new conditions presented by the patient, the patient's objectives and goals at this point compared to the initial presentation, further recommendations for care and/or a prognosis to reach a stated outcome of care and review of any billing/financial arrangement. Any billing/financial arrangement must be representative of the plan of care, which includes period re-assessments.

Based on overwhelming feedback from members and patients, CCO is not restricting a billing/financial arrangement to a specific number of treatments; however, any billing/financial arrangement must adhere to the above requirements.

A patient always has the right to pay for each treatment or service as it is provided, which must be based on fair and reasonable fees for services. Chiropractic care must never be denied if a patient wishes not to agree to a billing/financial arrangement, but instead opts to pay for each treatment or service as it is provided.

B. When offering a billing/financial arrangement, a member must provide the patient with a copy of the signed, written agreement relating to the billing/financial arrangement. The member must also provide the patient with an itemized account of the billing/financial arrangement upon request by the patient.

A patient must be comfortable and have an understanding of all aspects of a billing/financial arrangement. A patient must always have the choice to pay for each service as it is provided. Chiropractic care must never be denied or compromised based on a patient's preference to pay for each service as it is provided. A member must always ensure a patient is comfortable and has an understanding of any billing/financial arrangement. A member must never subject a patient to pressure or duress to agree to a billing/financial arrangement or to prevent a patient from opting out of a billing/financial arrangement and receiving a refund for any unused services. If a member and patient do

agree to a billing/financial arrangement, the patient must be provided with a signed, written copy which details the arrangement, includes a link to the CCO website and includes the rights of the patient. Guideline G-008: Business Practices provides examples of how to provide a refund to a patient who opts out.

- C. If any discount is offered as part of a billing/financial arrangement, it must be clear, agreed upon by the member and the patient and applied contemporaneously with the agreement of the billing/financial arrangement – i.e. at the beginning of the treatment plan.***

- D. Billing/financial arrangement refunds must be provided within 30 days of the request and refund calculations must use the unit cost/service as outlined in the billing/financial arrangement.***

The previous version of Guideline G-008: Business Practices included requirements and specific examples of providing refunds based on the agreed upon unit cost per service. Further amendments require this refund to be provided within 30 days of the patient request. Furthermore, members must always ensure they have the resources available to provide this refund upon request from the patient. Any fees collected for a plan of care are in a sense held in trust by the member, until the care is provided.

III. What this Means for Patients

Under existing CCO regulations and guidelines, patients have the right to choose to pay for each service as it is provided, opt out of a billing/financial arrangement and receive a refund for any unused portion of a billing/financial arrangement. Additionally, patients have the right to discuss the appropriateness of a billing/financial arrangement as it relates to their plan of care, goals and objectives for care and comfort level and not be subjected to any pressure or duress in agreeing to a billing/financial arrangement. Patients must also be ensured an appropriate refund for any unused portion of a billing/financial arrangement in the event of any incident that may interrupt a course of care, such as bankruptcy, death or dissolution of a practice.

Under the amendments, patients also have the right to be notified in advance if any services are not covered under a billing/financial arrangement, be provided with updates on the progress of the billing/financial arrangement upon request and receive a written copy of the billing/financial arrangement.

IV. What this Means for Members

Amendments to Guideline G-008: Business Practices were approved by CCO on August 12, 2020 and will come into effect on September 12, 2020. Members should review the updated Guideline G-008: Business Practices and incorporate any necessary changes into their practices involving billing/financial arrangements.

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to Members and Stakeholders

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Please note: amendments to Guideline G-008: Business Practices will only affect new billing/financial arrangements on a go forward basis following September 12, 2020. Therefore, any pre-existing billing/financial arrangements may continue through until their completion under the previous guideline.