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WINTER 2016

A Moment for Reflection, Then...Advance!

Raymond J. Benedetto, DC, DACNB, President, 2016-2018

At this time of year, I, like I'm sure most of you, take some time to reflect upon and appreciate the things that we have been blessed with in our lives and practices. To name a few, we practice a wonderful and high-impact healing art that makes a profound difference in each patient's life; we serve our diverse communities and seek a

greater good for our neighbors; and, we and our families are hopefully in good health and spirit.

Likewise, the PCA also has much to be thankful for. Most importantly we are thankful for YOU – our members. You “get it.” And by “get it,” I mean that when we all stick together we can accomplish all of our goals. There is true strength in numbers and I, as well as the PCA, are grateful for your support and membership.

The top 3 significant accomplishments that we can be thankful for include:

- passing 2 bills protecting our members and their patients by outlawing multiple co-payments in a single office visit and limiting post-payment retroactive reviews to no longer than 24 months;
- promoting PCA's public policy for health care: *Conservative Care First*, which first gained traction in response to the growing awareness of the opioid crisis; and
- increasing communications to and with our members and the profession-at-large, including surveys and a unique approach to our *5-Minute Update*.

Let's briefly take a look at each of these as well as our goals for 2017.



Changing Pennsylvania's public policies and laws: In this just-ended 2-year legislative session of the General Assembly, through the continued efforts of our Legislative Committee and lobbying firm, The Winter Group, 2 of our major legislative initiatives were signed into law by Governor Tom Wolf.

The first political win was the prohibition of insurance carriers from charging their subscribers, our patients, more than one co-payment per date of service (PA Act 39 of 2015). The second and even bigger win was the passage of retroactive review limits that prohibit insurance carriers from “looking back” and recouping reimbursements that they consider to be paid in error (of course, AFTER the insurer had approved the service and payment) for any period more than 24 months (PA Act 146 of 2016).

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2016-2017 PCA Leadership

PRESIDENT

Ray Benedetto, DC

VICE PRESIDENT

Keith Miller, DC

IMMEDIATE PAST PRESIDENT

Case S. Phillips, DC

TREASURER

Valentine Guzman, DC

SECRETARY

Alison Benedetto, DC

DISTRICT DIRECTORS

1 Douglas Keim, DC

1 Vacant

2 Nancy Shaler, DC

3 John Rizzo, DC

4 Mike Benessee, DC

5 David Novatnak, DC

6 Angelo Karakasis, DC

(acting)

7 Jeff Snyder, DC

8 Jeff Sklar, DC

9 Keith Miller, DC

10 Alison Benedetto, DC

11 Karen Giles, DC

12 Vacant

13 Anthony Geramita, DC

14 Trevor Nash, DC

(acting)

PCA STAFF

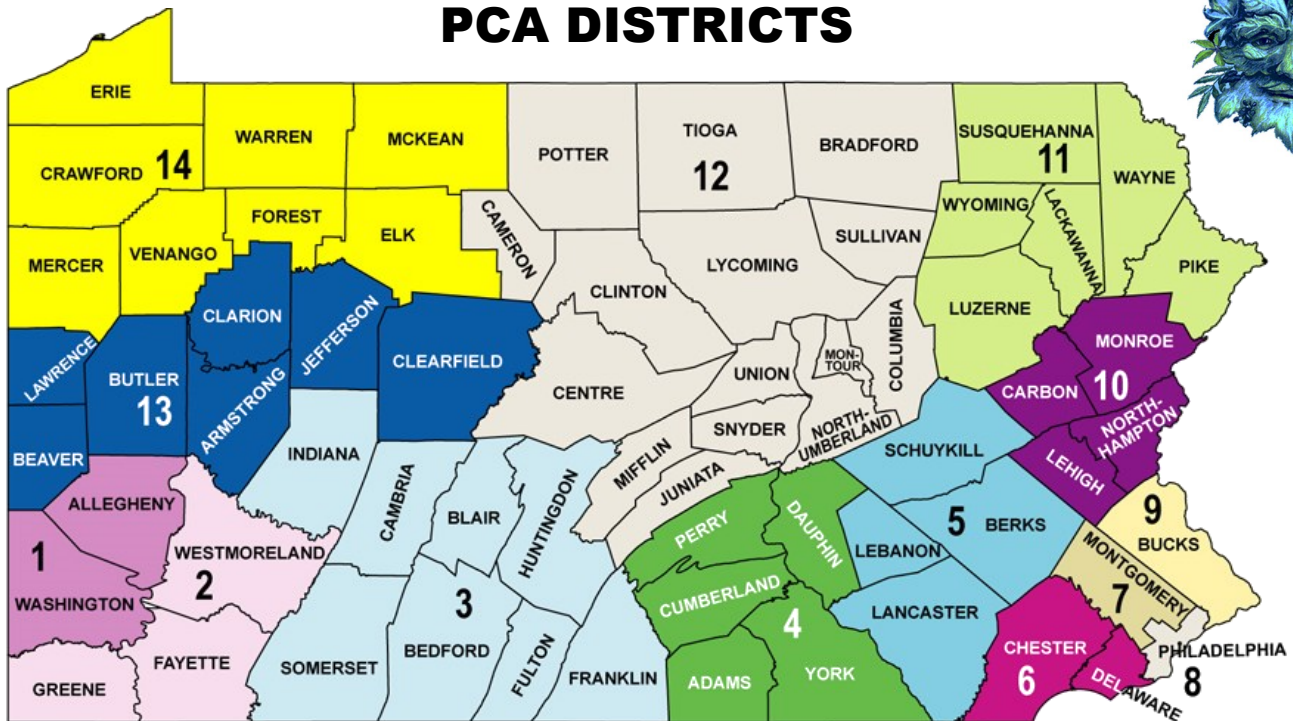
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PCA DISTRICTS



Two huge legislative victories for the PCA and our patients and, as it pertains to the retroactive review bill, the first time that insurers in the Commonwealth have EVER agreed to ANY time limits in this regard. All thanks to the initiatives taken by YOUR PCA.

Conservative Care First: Our message for Chiropractic Health Month (October) again centered on the PCA's *Conservative Care First* initiative. Our efforts culminated on the 24th when a small group of PCA members met with Governor Wolf for a brief "meet and greet" at his office. We were able to have a photo op with the Governor and "bend his ear" for a moment in regards to promoting Chiropractic care as the best method of solving the opioid crisis by appropriately treating common back pain, for example, as well as educating patients on how best to prevent such pain in the first place.

The PCA will continue its outreach efforts into the New Year and we're planning to arrange briefings for the Senate and House policy committees, as well as the Governor's administration, educating attendees on the CCF message and promoting the advantages of Chiropractic care to the legislature, especially in regards to the opioid addiction issue.

Strengthening and connecting with members: Hopefully you've already noticed that we've stepped up our member communications efforts moving into 2017. I hope that you have also noticed the increased social media activity, too, through our PCA and PCA District Facebook pages. You'll continue to see increased communications from

me as well as PCA board members and staff, including surveys like the comprehensive education-focused survey conducted earlier in 2016. To keep you updated on the latest and greatest within the PCA, we'll continue to shift to more of a video format, especially for the well-received *5-Minute Update* and using social media platforms like our PCA and district Facebook pages to improve member communications and engagement in the issues of our time. If you are on Facebook and have not yet done so, please join your local district's Facebook group page and engage often!

The Road Ahead: Looking to 2017, we have compelling and challenging aspirations, a clear strategic roadmap to the future in *PCA2020*, and committed organizational leaders always willing to engage in and advance the profession in Pennsylvania. We will closely scrutinize our current district structure, possibly consolidating the current 14 districts, as well as strengthening the connectivity between PCA's local, regional and state-wide initiatives. PCA's official business, usually conducted in meetings and conference calls, will include "virtual" formats like Go-To-Meeting that so many of us are familiar with and will allow for much more member involvement. Also, look for increased organizational strength-building, especially member recruitment incentives and activities that will serve to grow and solidify our membership base, as well as to grow our Political Action Committee (PAC) and Legal funds to continue our successful legislative and legal efforts to advance our profession.

As always, if you have an idea as to how you would like to advance PCA and the profession, please reach out and engage with your local and state leaders, PCA's Harrisburg staff and

most definitely, me!

When we close out 2016, let's insure that we make 3 things a reality in 2017:

1. Be genuinely grateful for all that we have. Cherish those important moments in time with our families, friends and colleagues as we end the year and look forward to the promise of the new year.
2. Let's commit to uniting our beloved profession, no matter one's "philosophy," with one LOUD voice that encourages professional strength through vision, commitment and engagement.
3. Work closely and in-synch with each other to make 2017 the best year yet for our profession, our patients and our PCA!

Looking to 2017, we have compelling and challenging aspirations, a clear strategic roadmap to the future in PCA2020, and committed organizational leaders always willing to engage in and advance the profession in Pennsylvania.

Enjoy the holidays and our best wishes for a healthy and prosperous New Year!



PCA's New Member Campaign Includes Recruitment Incentives

INCENTIVE ENDS JANUARY 31, 2017

PCA WANTS YOU!

A mailer with a membership application was delivered over the Thanksgiving holiday encouraging non-members to become part of PCA in 2017. Each PCA DC could potentially get their entire 2018 dues paid for with recruitment credits.

How it works: PCA members will receive \$150.00 credit toward their 2018 annual dues when their new recruit completes payment for her/his 2017 dues. So, when one PCA DC member recruits four new, full dues-paying members for 2017, their 2018 membership is paid for – that's a \$600 value!

Commenting on the recruitment incentive, PCA President Ray Benedetto, DC said, "This is a very unique experiment for PCA and while I cannot say that this new

member incentive will become permanent, if our current members respond to this significant incentive, I can easily envision this as a fixture in PCA's future membership campaigns and a significant member benefit to our current members."

...when one PCA DC member recruits four new, full dues-paying members for 2017, their 2018 membership is paid for – that's a \$600 value!

Dr. Benedetto continued, "PCA leaders realize and appreciate that in order to have a relevant and meaningful place in health care, including handling the diverse 'interests' that impact our profession and our highly fluid health care delivery system,

PCA needs to increase its strength by recruiting and retaining Pennsylvania-licensed DCs. This current recruitment campaign is designed to attract those PA-licensed DCs who want to make a difference for the better in their profession, with their patients and in their communities. If you want to make that kind of difference for our profession and patients, you most definitely want to take advantage of this incentive."

In order to qualify for this incentive, the applicant must note the PCA member who referred her/him on the PCA member application form AND the applicant must pay 2017 dues in full before the incentive will be applied to the recruiting PCA member's dues for 2018

([click here](#) for link to mailer, including application)

Sports & Life—A Fresh Perspective

Lindsay Walter, MS, BS, PCA Staff

I am a staff member at PCA, as of October 24th, and I am thoroughly enjoying my role as CE & Convention Coordinator. I have earned both my master's and bachelor's degrees in Sport Administration and I have held various positions within the sports industry.

Coach Summit asked you to not just fulfill your potential, but to exceed it. She challenged you, but also wanted to see you succeed – regardless of your role or your title. Everyone mattered to her.

While I am proud of my accomplishments, my most notable and rewarding experience has been my involvement with the Tennessee Women's

Basketball program. For three years while I attended UT, I assisted with the Pat Head Summit Basketball Camps and played on the practice squad. This provided an incredible opportunity to witness and learn from the greatest women's basketball coach of all time, the late great Pat Summit.

For those of you who don't know, Pat coached the Tennessee Lady Volunteers for 38 years and became the winningest coach, male and female, in NCAA Division I history, amassing an incredible 1,098 victories. She passed away on June 28th this year at the age of 64 after a five year battle with early-onset Alzheimer's.

Coach Summit was recognized by her accomplishments as a coach, but

I will always remember her for her character, her work ethic, and her empathy towards everyone she met. Coach Summit asked you to not just fulfill your potential, but to exceed it. She challenged you, but also wanted to see you succeed – regardless of your role or your title. Everyone mattered to her.

Coach Summit was an inspiration, to say the least, and often taught by example, but also utilized her own "Definite Dozen" as principles to live by. She said, "Long-term, repetitive success is a matter of building a principled system and sticking to it. Principles are anchors; without them you will drift."



(Continued on page 5)

I believe in her Definite Dozen and have learned much about myself and my approach to life through those principles, and for that I am grateful. I encourage you to read more on each principle at PatSummitt.org and hopefully you, too, can gain a new perspective on your own life and

possibly even your business.

I will leave you with my favorite Coach Summitt quote and my focus for 2017:

“In order to grow, you must accept new responsibilities, no matter how uncertain you may feel or how un-

prepared you are to deal with them. Unless, of course, you want to do the same thing day after day, for the rest of your life. If comfort is what you're seeking, then don't aspire. Ambition is uncomfortable by definition.” - Pat Summitt

PAT SUMMITT'S DEFINITE DOZEN

- Respect yourself and others
- Take full responsibility
- Develop and demonstrate loyalty
- Learn to be a great communicator
- Discipline yourself so no one else has to
- Make hard work your passion
- Don't just work hard, work smart
- Put the team before yourself
- Make winning an attitude
- Be a competitor
- Change is a must
- Handle success like you handle failure

Source: PatSummitt.org

USA TODAY SPORTS

PCA Board Passes 2017 Operating Budget No PCA dues increase for more than 20 years

PCA's Board of Directors met December 14 and passed PCA's 2017 operating budget. Lost to many PCA members is the fact that the nearly \$700,000 budget, for the second straight decade, did not call for a membership dues increase. In the last twenty years, the cost of living in the USA has increased dramatically for all Americans and the cost of conducting business has likewise skyrocketed, yet PCA's dues have remained at \$600 for the full dues-paying DC. How long PCA will be able to hold off on a future dues increase remains to be seen...

For historical perspective, the US Census Bureau reports that the average price of a new home in July 1994 was \$144,400. According to the inflation calculator, that price today is approximately \$232,141. The same report places the average sale price for July 2014 at \$339,100, however, more than 46% higher than the price

when accounting for inflation alone. A gallon of gas in 1994 cost \$1.20, making it \$1.93 in July 2014, when adjusted for inflation. The actual average price, as of July 2014, is \$3.69, nearly twice what it would be if inflation were the only cause for the increase.

In the last twenty years, the cost of living in the USA has increased dramatically for all Americans and the cost of conducting business has likewise skyrocketed, yet PCA's dues have remained at \$600 for the full dues-paying DC.

Commenting on the budget's passage, PCA President Dr. Ray Benedetto said, "PCA has many issues and activities in-play within the association, all of them mission-critical and tied to advancing the profession, as well as our members' interests and

needs here in the Commonwealth. I was surprised and pleased at the dedication of those involved in developing and presenting the budget, especially ensuring that members' annual dues would remain stable, during a very unstable and somewhat economically and politically challenging time in our nation."

Dr. Benedetto concluded by lauding PCA Treasurer Dr. Valentine Guzman's efforts of the past year as the keeper of PCA's finances: "Val Guzman has fervently continued to build upon his predecessors' thoughtful efforts to effectively and transparently manage PCA's fiscal state, from operating budget to managing expenses, constantly improving the quality and usefulness of PCA's financial reports and documents, to transparency. We all owe a debt of gratitude to Dr. Guzman for his ethical and professional leadership of all things fiscal."

PCA-initiated Victories Result from Collaborations

Recap of Keystone State's 2015-16 Legislative Session and a Look Forward

Mark Singel, President, The Winter Group

The Pennsylvania Chiropractic Association (PCA) has established itself as a premiere advocacy group in Harrisburg. By collaborating with other health care provider groups and by making ourselves available as a constant resource to decision makers, PCA has achieved several milestones for our patients and the profession. We make a strong case that it remains in the forefront of advocacy.

Some of our legislative initiatives and on-going challenges include:

Medicaid Expansion: A Win for PA Consumers

Early in his administration, Governor Wolf announced that the Commonwealth made the transition from the previous administration's "Healthy PA" plan to a more conventional roll-out of Medicaid expansion in Pennsylvania. This change added 800,000 patients in need of medical services with the federal government absorbing the costs under provisions of the Affordable Care Act.

The PCA was caught up in the original debate on Medicaid expansion when Governor Corbett first proposed to exclude chiropractic in the array of services available to participants.

The Governor presented a proclamation on "conservative care first" along with House and Senate resolutions acknowledging October as "Chiropractic Health Month."

The new model for Medicaid services includes chiropractic and is in line with federal guidelines and other state practices.

This was a major step forward for PCA and an early win in the 2016-17 session.

Conservative Care First

We continued to press our "conservative care first agenda" with the Governor and Legislative leaders. The Governor presented a proclamation on "conservative care first" along with House and Senate resolutions acknowledging October as "Chiropractic Health Month."

Governor Wolf met with key leaders of PCA in a private "meet and greet" that allowed us to convey our positions directly to him.

The "conservative care first" approach is likely to be a part of all of our initiatives in the coming session.

Workers Compensation Reform

As reported previously, the PCA joined forces with other provider and consumer groups to oppose ill-advised reform measures that would have actually limited patient choice and protections. We formally opposed HB 1800 which attempted to force "evidenced based medical treatment" into the workers compensation system. While we succeeded in defeating HB 1800 when it was considered by the House Labor and Industry Committee we anticipate another attempt will be made in 2017.

This is because Republicans in the House and the Senate added to their majorities and are likely to revisit those items that eluded them in the

past. The PA Chamber of Business and Industry continues to list WC reform as a priority for their organization and we are watching to see what emerges in the early part of 2017.

Multiple Co-Payments

PCA scored a long-awaited victory when SB 487 was enacted into law (Act 39) on July 31, 2015. This prohibits multiple copays for insured medical services. When the Governor signed the bill, the main sponsor of the bill, Sen. Chuck McIlhinney of Bucks County said: "This measure will better protect health plan policyholders by preventing insurance companies from shifting an even greater share of the financial burden onto consumers." Insurers are now prohibited from charging multiple copays to patients visiting chiropractors, physical therapists, and osteopaths. The PCA was instrumental in moving this legislation through several sessions and on to the Governor's desk. We spearheaded a coalition of health services providers including:

- PA Chiropractic Association
- PA Dental Association
- PA Medical Society
- PA Physical Therapists Association
- PA Assn of Medical Suppliers
- PA Psychological Association
- PA Podiatric Assn
- Nat'l Assn of Social Workers-PA Chapter
- PA Athletic Trainers' Society
- PA Affiliate of the American College of Nurse-Midwives
- PA State Perfusion Society
- PA Psychological Association

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We expect that this will provide an organizational model for other future legislative and policy efforts.

Retroactive Reviews

After literally years of battling with insurance interests, PCA and a host of other provider organizations changed the paradigm of insurance company reviews. After a constant series of meetings and negotiations, we established a basic new approach to retroactive reviews. For the first time in Pennsylvania, insurers must complete their review of any claims paid within a two-year time frame.

Twenty nine states have already adopted legislation limiting the review period. Pennsylvania became the 30th when Act 146 was signed into law on November 4.

Opioids

The 2015-16 legislative session saw Governor Wolf elevate the opioid crisis in Pennsylvania to emergency status. Sec. Gary Tenen (Department of Drug and Alcohol Programs) held a media briefing and called this the "worst overdose crisis in the history of humanity."

Numerous bills were introduced on best practices and new approaches to dealing with the epidemic. The PCA took a strong supportive role in legislative initiatives to move away from opioids and closer to our physical medicine models designed to curtail drug abuses.

Any Willing Provider Legislation

PCA moved legislation to require managed care plans to accept any qualified provider who is willing to accept the terms and conditions of that plan. Again, working with other

provider groups, we were able to receive the attention of leaders in the House and Senate Insurance Committees and argue forcefully that "any willing provider" policies could help stem the tide of new practitioners leaving the state for more welcoming environments. We also maintain that it will provide better access for patient care and, in the long run, reduce costs for all concerned.

For the first time in Pennsylvania, insurers must complete their review of any claims paid within a two-year time frame.

The battle continues and it is likely that it will remain a priority for PCA and other groups in the coming session.

Other Items of Note in 2016 and Beyond:

- Medical marijuana is now legal in Pennsylvania. The PCA monitored the legislation and we continue to provide updates as the regulatory process proceeds.
- PA Human Services Code revision – provided all pertinent information on major changes to the former Department of Public Welfare.
- All developments relating to the Affordable Care Act, state exchanges and Medicaid providers.
- PA Bulletin Notices affecting Chiropractic care and continuing monitoring of the Independent Regulatory Review Commission
- PA Medical Liability Case filings presented for PCA information and review.

- Anti-discrimination protection for patients and medical personnel
- Prohibition of the enforcement of covenants not to compete in certain health care employment agreements

A Word about PAC Funds

The PCA depends upon the active involvement of all of its members. Many Chiropractors have taken time out of their busy schedules to testify at legislative hearings, to visit their local legislators, or to attend various functions. All of these efforts are critical to keeping our message before Pennsylvania's decision makers.

You may not be able to leave your practice to knock on legislators' doors in Harrisburg and you may not have the time to attend every PCA function.

What you CAN do, however, is to contribute to the PCA Political Action Committee.

www.pennchiro.org/pac-donation

(see next page)

Our PAC helps us support candidates who have demonstrated their knowledge and support of PCA and the Chiropractic profession. It also allows us to present our message on an equal footing with larger, better funded groups.

The reason that PCA has been effective in recent years is because all of us are in it together.

Make a difference! Contribute to your PAC today!





POLITICAL ACTION COMMITTEE

RECURRING PAYMENT AUTHORIZATION FORM

*ALL FIELDS ARE REQUIRED BY LAW

Full Name: _____

HOME Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Name of Employer (if self employed, name of business/practice): _____

BUSINESS ADDRESS: _____

Occupation: _____

*Contributions to political committees are not tax deductible for charitable, business or any other purpose. **In accordance with state law, corporate checks/ credit cards will not be accepted.** A report is filed with and is available from, the Commonwealth of Pennsylvania Bureau of Commissions, Elections, and Legislation.*

PAYMENT INFORMATION

I authorize The Pennsylvania Chiropractic Association (PCA) to charge this amount to my personal credit card: ___ \$5 ___ \$10 ___ \$20 ___ \$25 Other \$ _____

Please charge my card on a : (Start Date _____ End Date _____)

____ Monthly Basis (1st business day of every month) ____ Quarterly Basis (January, April, July, October)

Please circle the card type: Visa MasterCard Discover

Card Number: _____ Expiration Date: _____

Name on card: _____ Validation Code: _____

Start Date _____ End Date _____

*By signing below, I am confirming that the credit card to be used is not, in any way, a business/company credit card but is my personal credit card. I, hereby, authorize the PCA to charge these funds on a recurring basis for the dates indicated above. If no end date is listed, I will notify PCA in writing when to halt such charges.

*Signature: _____ Date: _____



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www.pennchiro.org/2017convention



Knowledge is Power!

"Education is what remains after one has forgotten what one has learned in school" - Albert Einstein
Alison Benedetto, DC, Continuing Education Committee Chair

Here we are with only a few weeks left in 2016. Relicensure is behind us and most people are looking forward to spending time with family and friends for the holidays and celebrating the New Year.

The Pennsylvania Chiropractic Association's Continuing Education Committee is also looking forward to the 2017 education year. We are excited to bring a host of both CE approved and non-CE programs. Our goal for the 2017 year is to make our Pennsylvania doctors *'clinically awesome'* and to prepare your office staff to make your practice run like a well-oiled machine.

Not too long ago, the PCA sent out a survey to find out what it is that YOU really want to see in a CE platform. The feedback was excellent and we are using that information to put the finishing touches on our 2017 CE year.

We are excited to bring more of the 'practice manage-

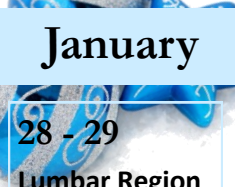



ment' style courses to PA in 2017 which will cover topics like Act 6 Reimbursement and Peer Reviews: Tips and Strategies for Chiropractors, Going Green: Cash Practice Basics, MACRA Law Compliance and many more. We will also continue to provide clinical courses to help refine your skills in topics such as spine and extremity rehab, nutrition, functional medicine and more!

The PCA Online University is also available for classes so that you can obtain your CE credits without leaving your office or home. Visit www.pennchiro.org/ce-and-events for more information.

On behalf of the PCA Continuing Education Committee, I thank you for your continued support and wish you a happy holiday and prosperous New Year!

Dr. Alison Benedetto practices in Lehigh County, and serves as PCA's Board of Directors Secretary, CE Committee chair and Director of District 10.

2017 CE Seminar Calendar

| January | February | March | April | May | June |
|---|---|--|---|---|--|
|  28 - 29 Lumbar Region Rehab Clinical Rehab Pittsburgh, PA | 16 Radiographic Findings DJD v RA Dr. Pammer Bethlehem, PA | 11 Nutrition Mod 1 Dr. Seaman Pittsburgh, PA | 8 - 9 ACRRT Seminar Dr. Pammer Harrisburg, PA | 20 - 21 Shoulder Rehab Clinical Rehab Pittsburgh, PA | 3 Nutrition Mod 3 Dr. Seaman Pittsburgh, PA |
|  18 ACT 6 Reimbursement Martin & Toner Pierce Valley Forge, PA | 18 - 19 Cervical Rehab Clinical Rehab Pittsburgh, PA | 22 - 23 Implementation of Rehab Clinical Rehab Pittsburgh, PA | 20 - 21 Shoulder Level 1 Trigenics Valley Forge, PA | 10 - 11 Hip Rehab Clinical Rehab Pittsburgh, PA | |
| 25-26 Thoracic Rehab Clinical Rehab Pittsburgh, PA | | 29 - 30 Mastering the Disc Dr. Lesch Harrisburg, PA |  | | |
| | | 29 Nutrition Mod 2 Dr. Seaman Pittsburgh, PA | |  | |

Course Info: www.pennchiro.org/continuing-education
 Online Courses: pennchiro.org/mycourse.com

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*Marc Rudin, D.C.
Lenox, MA*

When Opting Out Isn't an Option

By Kathy Mills Chang, MCS-P



Not long ago, we heard from a panicked DC who had just received a call from Medicare. EEEK!! They asked him why they began receiving itemized statements from his patients, when they couldn't find him registered in the system. He told them that his particular style of chiropractic was not classified as a Chiropractic Manipulative Treatment (CMT), as he was more of a sports chiropractor. He felt that he had "opted out" of Medicare. His logic: most of the patients in his practice were a younger, more active clientele of athletes and active adults, and he had very few Medicare patients. So mostly, he felt he wasn't really providing Medicare covered services. Evidently, these patients thought he was.

...by the time Medicare is sending you nasty grams sniffing for more info and wondering why in the world your patients are sending in their bills, you're not just in hot water, you're gasping for air.

The key word here would be "mostly." By the time we got the email, this poor guy was in a panic—and for good reason. Chiropractors can choose to be participating (par)

or be non-participating (non-par) providers of Medicare, but opting out isn't an option. He had been treating Medicare-qualified patients who thought they were seeing a typical chiropractor who was enrolled in the Medicare system. Now they were trying to get reimbursed by either Medicare or their secondary insurance on their own.

The result? The chiropractor in question was getting letters and calls from Medicare telling him that he wasn't using the proper modifiers, and the secondary insurances were demanding an "opt-out letter"—something he wasn't even legally allowed to do. He was confused and distraught. And we? We were just plain worried. Because by the time Medicare is sending you nasty grams sniffing for more info and wondering why in the world your patients are sending in their bills, you're not just in hot water, you're gasping for air.

A discouragingly large percentage of DCs still believe they can "opt out" of Medicare and demand cash from Medicare patients. Not acceptable—and not legal. Even if you are a "non-par" provider, you still must be equipped to be able to bill Medicare on behalf of the patient if they ask you to. This is as true of statutorily non-covered services as it is of covered chiropractic manipulation. The rules are simple: DCs must bill Medicare directly for *all* covered services and for the statutorily excluded services if the patients ask them to, such as for denial in order to submit to a secondary insurance.

Why? Because if a patient were to receive an excluded service—say, an exam--their secondary carrier might

pay if Medicare denied the claim. But if your practice doesn't have the proper Medicare number, then you can't submit the claim to them in the first place. Medicare can't deny the claim, because they will never see the claim. And thus there's no way to send the claim on to a secondary payer.

Even if you are a "non-par" provider, you still must be equipped to be able to bill Medicare on behalf of the patient if they ask you to.

Similarly, DCs often believe that if they get an Advanced Beneficiary Notice (ABN) signed by the patient, everyone is in the clear. But here again, if a chiropractic practice doesn't have a Medicare number, it's not entitled to even use the ABN form; the practice is not in Medicare.

Here's the straight scoop from the American Chiropractic Association (ACA): DCs can absolutely choose not to accept Medicare patients, or they can choose to limit the number of Medicare patients they accept into their practice. But if they do choose to see and treat a Medicare beneficiary, as our friend did, they *must* be enrolled as a non-par provider and *must* submit claims to Medicare on behalf of the patient. Violations of this requirement can bring about penalties of up to \$2000 for each infraction. It isn't pretty.



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Last September's changes for HIPAA Omnibus gave patients unprecedented rights and control over their protected health information (PHI).

So if you're a chiropractor who doesn't have a Medicare number and a patient walks in and wants to be treated with the understanding that the office can't bill Medicare, there's only one way around this. The patient must voluntarily restrict their protected health information by exercising their rights under HIPAA and agree that they understand—in writing—that neither doctor nor patient will be able to submit bills to Medicare. Warning: under these new HIPAA rules, you must follow the patient's direction NOT to share information with Medicare, proper Medicare number or not.

If you plan to see Medicare patients at all, just get a registered Medicare number.

When a Medicare patient receives active treatment, submit the bill and have proper documentation.

Where our friend got into trouble is that, in his mind, he absolutely believed that he was not providing a coverable service—i.e., a chiropractic manipulative treatment—but instead something closer to joint mobilization, which he was coding as 97140. The catch here is that if that were indeed true, then by law—since he by his own admission isn't providing a coverable service under Medicare—he would have to turn patients away and set up a front desk script that explains why. Alternatively he could get a number and submit to Medicare if asked.

Except for simply waving goodbye,

the front office staff would then have no choice but to offer to refer to another DC who provides a coverable service, participates with Medicare, and can bill on the patient's behalf. Again, the only way this patient could stay with the original practice is by using their new HIPAA rights and agreeing to restrict the practice's ability to bill Medicare or any other carrier. Further, they would have to agree that even though they will get a receipt, they may not send it to Medicare on their own.

There's plenty of room for trouble here. The most obvious is that even with great front office scripting and patient education in place—which clearly wasn't the case here—DCs ultimately have no control over what patients do. You can sit them down and script and straight-talk until you're blue in the face, but those patients could easily—as this DC's patients did—go ahead and submit claims to Medicare all the same.

There's a better way. If you plan to see Medicare patients *at all*, just get a registered Medicare number. When a Medicare patient receives active treatment, submit the bill and have proper documentation. If the patient receives only statutorily non-covered treatment, such as manual therapy or evaluation and management service, then get payment for those services in cash. If you *do* provide a covered CMT, submit the bill. If you provide maintenance care, get an Advance Beneficiary Notice (ABN) signed and collect cash for the adjustment. The very worst thing you can do is ignore the rules, see Medicare patients randomly, and ask them to pay cash outside the system. We're not fans of those practices who try to operate outside the rules, and here's why: even if the patient says that they want to pay cash, inevitably at

some point they or their family members or their accountant will wonder why the bills haven't been submitted. We have never seen this end well.

Warning: make sure you submit at least one bill to Medicare each year, or you will be placed on inactive status—and land yourself in the same hot water without an active Medicare number.

Don't want to see Medicare patients? Don't see them. But, we beg you, get a registered number as a non-par provider. You just might save yourself tens of thousands of dollars—and a whole lot of heart-ache.

Kathy Mills Chang is a Certified Medical Compliance Specialist (MCS-P) and since 1983, has been providing chiropractors with reimbursement and compliance training, advice and tools to improve the financial performance of their practices. Kathy leads a team of certified specialists at KMC University, and is known as one of our profession's foremost experts on Medicare, reimbursement and compliance. Kathy or any of her team can be reached at (855) TEAMKMC or info@kmcuniversity.com



PA Act 146: New Law on Retroactive Denial of Reimbursements Need remains for vigilance by providers about insurer compliance

Jason B. Martin, Esquire, PCA General Counsel

Governor Tom Wolf signed into law new restrictions on an insurer's ability to retroactively deny reimbursements to health care providers. Act 146 prohibits an insurer from retroactively denying reimbursement as a result of an overpayment determination **more than 24 months** after the date the insurer initially paid the health care provider. The law takes effect on January 4, 2017.

The new law is great news for health care providers in Pennsylvania. Limiting the amount of time that an insurer can retroactively deny reimbursement reduces the risk to chiropractors who are subject to an overpayment determination. Insurers currently make overpayment determinations as far back as 4 years. The new law reduces the exposure by cutting the time frame for these determinations in half.

The 24 month limitation does not apply if an insurer denies reimbursement to a health care provider for any of the following: 1) the information submitted to the insurer constitutes fraud, waste or abuse; 2) the claim submitted to the insurer was a duplicate claim; 3) denial was required by a Federal or State government; or 4) services were subject to coordination of benefits with another insurer, the medical assistance program or the Medicare program.

The law also expressly provides that an insurer may request medical or billing records in writing from a health care provider. The provider must respond to the request by providing the records to the insurer within 60 days of the request.

...the perils of audits and overpayment determinations are still present. Any retroactive review that results in an overpayment determination for 24 months of health care services can still present serious financial challenges for the provider.

Health care providers did score a victory through the legislature; however, the perils of audits and overpayment determinations are still present. Any retroactive review that results in an overpayment determination for 24 months of health care services can still present serious financial challenges for the provider. Moreover, insurers may attempt to exploit the exceptions to the 24 month limitation period, which would negate the positive impact of this law to the health care provider.

Health care providers should still consider compliance training and education and implement effective

compliance plans within their practice in order to avoid or mitigate the risk exposure for overpayment determinations. A comprehensive billing, coding and documentation compliance program along with the protections of the new law will help shield the health care provider from the financial risk of insurer audits and overpayment determinations.

Jason B. Martin, Esquire is the founder of The Martin Law Firm, P.C. Mr. Martin represents Pennsylvania chiropractors and other health care providers in the areas of compliance, insurance audits and recoupment, Medicare audits and appeals, licensure and disciplinary matters, and other related areas. Mr. Martin also currently serves as general counsel to the Pennsylvania Chiropractic Association.

Visit his website at <http://www.jbmartinlaw.com/healthcare-attorney>





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....ECAIPN Advances

In 2014 the Maryland Chiropractic Association, the Pennsylvania Chiropractic Association and the Unified Virginia Chiropractic Association decided to join forces for a special project: East Coast Associations Independent Provider Network (ECAIPN).

We set out on a mission to find a solution to the problems our members were having with Third Party Administrators and their heavy-handed chiropractic network management tactics. Our goal was to create a system with win-win relationships for payers, providers and patients. What this means for providers is securing a practice environment where doctors and patients get to decide what treatment is necessary and never having to request care for a patient through a preauthorization program. It also means providers getting paid directly at the payers full rates and not having to agree to deeply discounted fee schedules just to gain access to in-network patients, and it means offering extremely low cost, efficient chiropractic network management for the providers choosing to be in the network.

We spent 2014 & 2015 recruiting our initial panel of providers which allowed us to establish a viable network and begin the 3 to 5 year process of establishing contracts with payers.

After much due diligence, together we decided to partner with SecureCare. SecureCare is a single specialty chiropractic IPA based in Omaha, Nebraska with 20 years experience. SecureCare is also owned by the Chiropractic State Association in Nebraska. We spent 2014 & 2015 recruiting our initial panel of providers which allowed us to establish a viable network and begin the 3 to 5 year process of establishing contracts with payers. In November 2015 we began holding introductory meetings with payers, developing relationships with insurance companies and sharing the benefits of the SecureCare program with them. Remember, it takes 3-5 years from first contact to first contract!

We are happy to report that the health insurance communities in

Maryland, Pennsylvania and Virginia have been very receptive to our program. We have had the opportunity to meet with the key decision makers at many of the insurance companies in our region and we are working with several companies that are actively considering a partnership with SecureCare. We will announce details of each plan as the contracts are finalized and ready to launch.

Please stay tuned to your State Association newsletters for further updates. Thank you very much for your participation and your patience as we do the slow work of developing network contracts. If you have not yet joined SecureCare, you can register directly through their website at www.securecarecorp.com. Please feel free to contact me directly if I can assist you in any way.

Respectfully,

Eric Osterberg, DC
Director of Business Development,
SecureCare East Coast
Ph. 717.586.8316

esterberg@securecarecorp.com



December 2016 Insurance Committee Report

Mary Rutkowski, DC & David Novatnak, DC, PCA Insurance Committee

The past three months have been very busy for the PCA Insurance Committee. Questions from members submitted to the committee have more than doubled the last three months. There were a total of 55 questions submitted.

Here is a sampling of some of the questions:

- Secondary payer issues
- Deductible and copays and discounts
- Co-treatment with PT
- Becoming a lab director
- College sports examinations
- Employment of PTA's
- Personal Choice fee cuts
- Payment for therapy under Medical Assistance Programs
- Social marketing and testimonials
- Referrals to PT
- Vaccination exemptions
- Retirement and records
- Claim diagnosis pointing

- Timetable for retention of records
- Treating at assisted living centers
- ASHN Fees for transactions
- Medicare and Non-Par fees
- Denials from Healthways
- EHR and Medicare

There have been some great questions raised that required investigation and research.

OPTUM Issues

We are looking for doctors that participate with Optum and had their claims bundled. This would have resulted in being paid one fee for all services. If you have had claims processed like this please email Dr. Novatnak (pca@pennchiro.org, ATTN: Dr. Novatnak).

OIG 2017 Work Plan

Well, we made the HHS OIG Work Plan again. There are two issues for

this year. One is the Portfolio Report on Chiropractic Services. OIG will review previous work that found inappropriate services that were not medically necessary, were not documented properly according to Medicare requirements, or were fraudulent. They are looking for trends in payments, compliance, and fraud vulnerabilities. Recommendations will be made to reduce chiropractic vulnerabilities.

The second issue is reviews of bills to determine if bills were paid correctly. The main thrust appears to be billed services that were not "reasonable and necessary" because they were maintenance therapy. So be prepared for more Medicare audits and review your documentation to make sure it complies with our Medicare medical policy.



Financial Footing Like a Mountain Goat

Valentine Guzman, DC, PCA Treasure

Well, we are not quite there yet, but in spite of several financial surprises in 2016, the thoughtfully constructed PCA Budget has led us to a stable financial point where we can address the 2017 budget with more focus on being proactive in legislative issues, public education, member benefits which include dissemination of pertinent information and coordinated member response campaigns.

The PCA 2017 Budget (draft) was distributed to the PCA Board members on November 22 and it was channeled through the budget steps which include a PCA Treasurer Base budget, a Finance Committee Budget and then resulting PCA 2017 Budget

(draft). From the time of its release, the PCA Board is engaged in an email thread conversation relating member's view's, questions and inputs concerning the 2017 PCA Budget. This process will continue until December 14th when the PCA Board will vote on the finalized version.

The conversation on the performance of the 2016 Budget and the surprise issues which posed challenges will also be made available in early 2017, as part of the Treasurer's Post-Year Budget Report.

The wonderful article I wrote on the Federal Labor Standards Act Over-

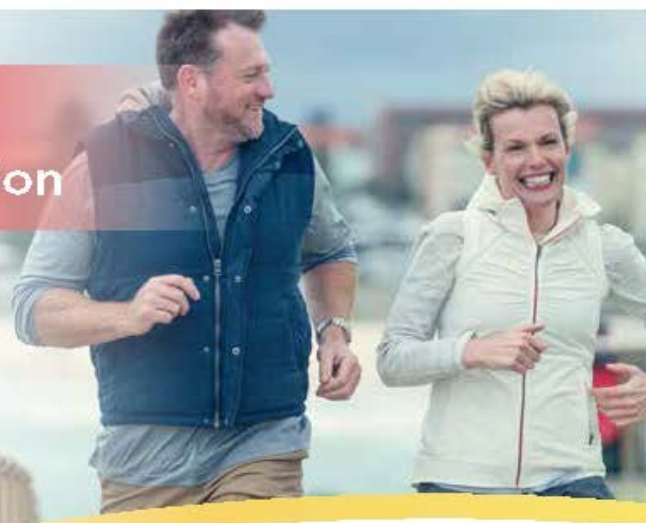
time Rule (FLSA Overtime Rule), which was designed to provide overtime protection to 4.2 million workers that are not considered eligible under the current federal law, is on hold, just like the Act, due to a preliminary injunction that blocked the rules by Judge Amos L. Mazzant III.

Please find a way to engage your Chiropractic brothers and sisters in your immediate area because we just sent out a massive membership email in late November. It would be excellent if we had more people protecting this profession and finding support and camaraderie in this wonderful profession. Happy Holidays! Be safe!

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On behalf of PCA's Board of Directors, committees and districts, as well as the 4,000+ Doctors of Chiropractic represented by the Pennsylvania Chiropractic Association, take advantage of PCA's business development opportunities. Most of our Strategic Business Partners have found that great business deals start with great interpersonal relationships. We expect that you'll find that to be true for your business as well.

- The PCA [Board of Directors meetings](#) and District meetings sponsorship opportunities in 2017, whereby a Strategic Business Partner of PCA can sponsor the meal functions at each of the meetings and have exclusive access to the PCA Board during the meeting, including a breakfast introduction of your company, a luncheon presentation and exclusive access to attendees.
- PCA's [Continuing Education programs](#) continue to expand to serve members' needs. As a SBP/BM, you have the opportunity to sponsor CE topics and speakers, as well as to introduce your company to attendees.
- PCA's 2017 Annual Convention convenes October 21-22 at the [Kalahari Resort](#), Pocono Manor, PA. The Annual Convention is planning for 200 attendees and 35-40 vendors. You, as a SBP/BM, have first selection as a vendor and a discounted rate.
- PCA's [web site](#) offers advertising opportunities in addition to the classified ads. PCA will highlight all PCA affiliated businesses to promote your business to PCA members.
- The quarterly PCA DIRECT e-newsletter has been improved to support multiple formats, including electronic versions to accommodate readers' preferences. Multiple ad sizes are [available](#).

Thank you again for your support of PCA, our profession and the patients we serve.