

Spring 2017

PCA DIRECT

ADVOCACY | EDUCATION | INTEGRITY | SERVICE

PCA 2017 - Full Steam Ahead!

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

As we near the end of the first quarter of 2017, the PCA is 'full steam ahead' on a number of important fronts. Hopefully you, our members, had a peaceful and relatively stress-free holiday season and have been taking on 2017 with vigor.

... **Chiropractic care provides THE best solution to the opioid crisis by helping prevent it in the first place.**

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There are many irons in the fire at the PCA, ranging from legislative efforts to improved communications to enhanced member benefits to logistical improvements at the PCA office. Be confident that YOUR PCA continues its diligent work every day on your behalf to provide the best practice environment possible in Pennsylvania.

So, without further ado, let's dive in to the current happenings at the PCA and what to look forward to this coming year.

1. Advancing Conservative Care First:

Our 'Conservative Care First' message remains front and center in all of our public relations efforts. We will continue to promote our message at every opportunity - that Chiropractic

care provides THE best solution to the opioid crisis by helping prevent it in the first place. The PCA is currently working with our lobbying firm, The Winter Group, to arrange cabinet level meetings and continue to promote the advantages of our care to the legislature especially in regards to this issue.

2. Advocating on Your Behalf:

2016 was a terrific year legislatively for the PCA with the passage of 2 landmark bills that we spearheaded. The first, limiting multiple copays charged to the patient on one visit and the second, limiting 'retro-reviews' from the insurers to 24 months.



(Continued on page 4)

2017-2018 PCA Leadership

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IMMEDIATE PAST PRESIDENT

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| 4. Mike Benessee, DC | 11. Karen Giles, DC |
| 5. David Novatnak, DC | 12. Vacant |
| 6. Angelo Karakasis, DC (acting) | 13. Anthony Geramita, DC |
| 7. Jeff Snyder, DC | 14. Trevor Nash, DC (acting) |

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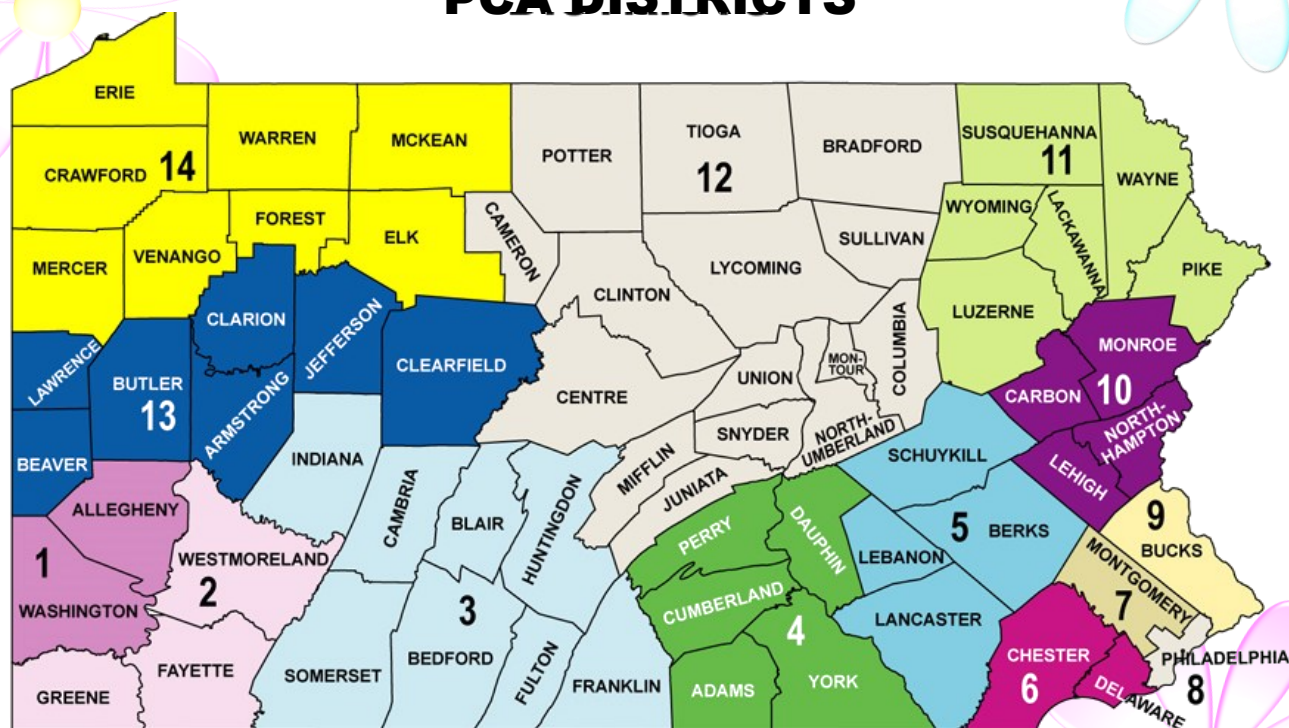
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PCA DISTRICTS



Pennsylvania Chiropractic Association

1335 North Front Street • Harrisburg, PA 17102

Phone: 717-232-5762 Fax: 717-232-8368

Website: www.pennchiro.org Email: pca@pennchiro.org

Hours: Monday-Friday 9:00 AM - 5:00 PM



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MEMBERSHIP APPLICATION

Full Name: _____ Practice Name: _____

Primary Practice Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: () Fax: () Email: _____

Referred By: _____ Chiropractic College: _____

Graduation Date: _____ PA License #: _____ Date PA License issued: _____

*By signing, I agree to abide by charter provisions and bylaws of the Pennsylvania Chiropractic Association during my membership.

Signature _____

TYPE	ANNUAL	QUARTERLY
<input type="checkbox"/> 1 Year License	\$72	—
<input type="checkbox"/> 2 Year License	\$150	—
<input type="checkbox"/> 3 Year License	\$300	\$75
<input type="checkbox"/> 4 & 4+ Year License	\$600	\$150
<input type="checkbox"/> Group Primary	\$600	\$150
<input type="checkbox"/> Group Associate	\$200	—
<input type="checkbox"/> Student	\$15	—
<input type="checkbox"/> Retired	\$30	—
<input type="checkbox"/> Semi-Retired <i>(Semi-retired works less than 15 hrs./wk.)</i>	\$300	\$75
<input type="checkbox"/> Non-Resident	\$60	—

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\$ _____ Check # _____

☐ Please bill my credit card:

☐ Visa ☐ MasterCard ☐ Discover

Credit Card# _____

Exp. Date _____ Validation Code: _____

Name on Card _____

Card Zip Code _____

(if different from above)

Signature _____

If paying by credit card, you may fax your application to: 717-232-8368.

Make check payable and mail to:
Pennsylvania Chiropractic Association
1335 North Front Street
Harrisburg, PA 17102

SAVE TIME AND GO TO
www.pennchiro.org/become-a-member

Up next – an “Any Willing Provider” bill which will help to eliminate our doctors from being shut out of closed insurance networks and open up access for our patients by allowing their doctor to join a particular network. Our legislative committee has been working diligently on this effort including collaborating with other states that have had similar bills signed into law.

3. Improving PCA office efficiencies and member communications:

Hopefully you’ve already noticed that one of my main goals for 2017 was and remains improving communications with PCA’s members. To keep you more personally apprised on the latest within the PCA, I periodically email a short video (*5-Minute Update*) to keep you up-to-date with information you need and have come to expect from the PCA.

PCA also continues to increase usage of social media platforms like Twitter, YouTube and Facebook to enhance member engagement and general communications. If you are on Facebook and have not yet done so, please join your local district’s Facebook group page and engage often.

An exciting upgrade for the PCA is the implementation of a new Association Management Software (AMS) system at the PCA office which should be completed any day (literally). This will reduce much redundancy and automate many of

our functions, improve record keeping and streamline accounting. Bottom line – operational efficiency will be markedly improved at the PCA office which will free us up to be better at our most important job-serving YOU, our members.

... we are in the final stages of consolidating our current district structure (14 districts, in varying states of activity) and format to more effectively organize and support PCA’s districts, while concurrently allowing for more autonomy at the local level, especially the social aspects of member engagement.

4. District Structure:

Lastly, we are in the final stages of consolidating our current district structure (14 districts, in varying states of activity) and format to more effectively organize and support PCA’s districts, while concurrently allowing for more autonomy at the local level, especially the social aspects of member engagement.

District meetings may also include ‘virtual’ formats like Go-To-Meeting that we are all now familiar with.

This ‘new look’ district structure will be finalized and presented to your Board of Directors at our April 22 meeting.

Look for continued member engagement and recruitment activities to

grow our organization, especially with a new AMS coming ‘on-line’ shortly. Likewise, you’ll see increased efforts to grow our PAC (Political Action Committee) fund to support our legislative efforts. As always, if anyone has any ideas as to how they would like to help improve our PCA, please reach out and engage with your leaders and the PCA office staff.

In closing, don’t forget to mark your calendars for our VERY family-friendly 2017 Annual Convention, convening October 20th- 22nd at the Kalahari Resort in the Poconos. If you have not been there yet, you (and your entire family) won’t want to miss it! The Kalahari Resort is America’s largest indoor water park and it promises to be a blast for kids and adults alike. So bring the family for a great weekend of Chiropractic and fun.

I look forward to seeing you and your families at the Kalahari in late October! Surf’s Up!!

Dr. Benedetto practices in Bethlehem, PA at Lehigh Valley Chronic Care.



Legal Pad

How Chiropractors Should Respond to Negative Act 6 Peer Reviews

Jason B. Martin, Esquire, PCA General Counsel



Act 6 is a statute under Pennsylvania's Motor Vehicle Financial Responsibility Law (MVFRL). The purpose of the Act 6 statute is cost containment for services provided to individuals injured in an automobile accident. The cost containment provisions include payment limitations to prohibit excessive charges and peer reviews to determine whether chiropractic services provided to the patient are "reasonable and necessary".

A peer review organization (PRO) must perform the peer review. The insurer must contract with a PRO that is authorized by the insurance department. The purpose of a PRO is to evaluate treatment, services and products provided to the injured person. If a PRO determines that services are not medically necessary, then the insurer can avoid payment for the chiropractic services. If this occurs, the provider cannot seek payment from the insured or a secondary payer either.

An insurer must notify the provider in writing when referring a bill for peer review. The PRO will then request medical records from the provider. The PRO must give the provider an opportunity to discuss the

case with the reviewer. The PRO will then make a final determination.

When a final adverse determination is made, the chiropractor can file a lawsuit in order to overturn the peer review. If the peer review determination is overturned, the insurance payer must then pay for the treatment, services and products up to the first party insurance benefit limit. If the limit is exhausted, the provider can then seek payment from a secondary payer or the insured.

A lawsuit is a legal challenge to the peer review determination. If the outstanding bills for the provider services are under \$12,000.00, the provider can sue in the magisterial district court. If the outstanding bills exceed \$12,000.00, the provider can bring an action in the Court of Common Pleas. The provider should hire an experienced attorney. Usually, attorneys charge a contingency fee of one-third of any amounts collected. Hiring an attorney is always advisable for any court proceeding. In Act 6 cases, an experienced attorney can use his or her expertise to overturn the peer review by challenging the sufficiency of the peer review, whether the insurer timely complied with all aspects of Act 6, whether proper notice was given to the provider, and so on.

Chiropractors can take steps to avoid the negative peer review. First and foremost, chiropractors should have very detailed treatment plans that are developed at the beginning of care. Treatment plans should include case history, complaints, exam findings, diagnosis, goals, clinical impressions, treatment duration, orders for tests, plan of care including the type of

Chiropractors should always fight back when receiving a negative peer review by pursuing a claim in court.

treatment, and any equipment that may be utilized. In addition, daily SOAP notes must have, among other things, comprehensive documentation of the patient's current condition, complaints, and documentation of the functional improvements. Detailed documentation can 1) increase the likelihood of a positive peer review and 2) increase the chances in court of successfully overturning a negative peer review.

Chiropractors should always fight back when receiving a negative peer review by pursuing a claim in court. In my experience, many of the cases settle prior to the court hearing. When chiropractors hire an attorney, they are not only hiring expertise and experience; they are also hiring someone to perform the administrative tasks necessary to proceed with the claim so that the chiropractor does not have to sacrifice his or her time with their patients.

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, Act 6 peer reviews, 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>

If a PRO determines that services are not medically necessary, then the insurer can avoid payment for the chiropractic services. If this occurs, the provider cannot seek payment from the insured or a secondary payer either.

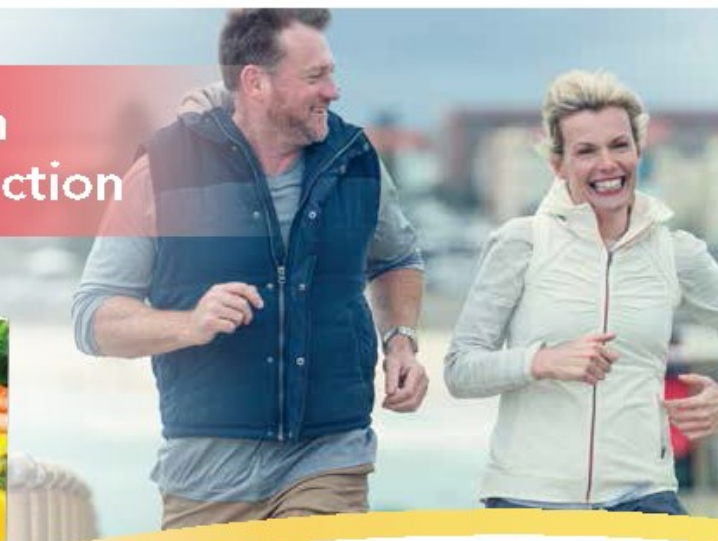


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SecureCare PCA Update

No Registration Fee...It Is Time To Join!

Eric Osterberg, DC



The Problems:

Chiropractors in Pennsylvania who want to participate with health plans have to deal with 3 significant challenges.

- **Loss of Provider Clinical Decision Making Opportunity:** Some Third Party Administrators (TPAs) managing chiropractic networks in Pennsylvania strip doctors and patients of their ability to make clinical decisions by imposing burdensome pre-authorizations and dictating what care and how much care a patient can have.
- **Loss of Provider Reimbursements:** Some TPAs managing chiropractic networks in Pennsylvania strip doctors of their hard earned income by imposing severely reduced reimbursement rates. In some plans, up to 30% of the revenue flows directly to the TPA.
- **Loss of Provider Network Access:** Some Health Plans view provider networks as either an administrative burden to be managed internally or an expensive problem to be outsourced. Their solution is to close the network to new providers and minimize their hassle and expense. As a result, many willing providers are locked out of networks and lose access to patients.

SecureCare works with your state association to support your success in Pennsylvania.

The Solution: SecureCare

SecureCare is an Independent Provider Association that provides network management for health plans. SecureCare was invited to Pennsylvania by the PCA to help providers overcome these 3 big problems. SecureCare works with your state association to support your success in Pennsylvania. This is how SecureCare solves the 3 biggest problems for providers.

- **SecureCare puts clinical decision making back in the hands of the doctors and patients:** SecureCare gives doctors and patients the ability to make their own treatment plan decisions. There is no interference in the individual doctor and patient relationship and there are no pre-authorizations or treatment plan submission requirements.
- **SecureCare creates better reimbursement for providers:** Unlike some TPAs that take 30% of the money out of the equation causing provider reimbursements to tumble, SecureCare managed health plans pay full reimbursement rates directly to the doctors. SecureCare then gets paid via a small service fee from the providers.
- **SecureCare promotes open access networks:** SecureCare handles all of the credentialing and network management for their partnering health plans, so those health plans are much more willing to open their networks to any willing provider.

They all seem to like the idea of handing their internal network administrative burdens over to SecureCare...

During the last 18 months I have had the unique opportunity to sit down and discuss chiropractic network management with most of the health plans in Pennsylvania. Our conversations usually begin with payers telling us how valuable chiropractic services are to their members, especially in these days with opioid abuse in the spotlight. They tell us how much they like our utilization management process which avoids all of the preauthorization hassles for doctors and patients. They all seem to like the idea of handing their internal network administrative burdens over to SecureCare and they love our business model which manages their networks efficiently while costing them nothing in return.

Inevitably there comes a point in every meeting when we discuss our current Pennsylvania provider network. You see, every health plan that participates with federal health programs (Medicare and Medicaid) has to meet minimum provider access requirements. Some of these requirements are geographic and some of them are timely access requirements. As an example, the health plan may be dropped from a federal program if every patient isn't within a certain drive time of a participating network provider or if every patient can't get an appointment within a certain period of time.

(Continued on page 8)

These provider access requirements are the biggest challenge for getting the SecureCare network off the ground with live contracts in Pennsylvania. Two years ago when PCA invited SecureCare to come to our state and encouraged Pennsylvania providers to get behind this effort, only 6% of us joined up. Those 6% have made it possible to get out and meet with all of our health plans and get the ball rolling, but those 6% aren't enough to convince payers to change their model. We simply don't have enough providers to help them fulfill their provider access requirements.

Many of our meetings end with comments like, "Sounds great, excellent program, looking forward to working with you, come back and see us when you have a more fully developed provider network."

So ladies and gentlemen, if Pennsylvania providers want to see the success that SecureCare doctors are experiencing in so many other states, we are going to need your help. You

have to join. The time for watching from the sidelines is over. We can't do this for you, but we can certainly do this with you!

To make this process as easy as possible, SecureCare has removed the barriers to network participation.

- There is no longer any registration or credentialing fee for providers to join SecureCare.
- There is no longer a requirement for providers to use the Infinedi clearing house service. Providers can use any billing service, software or clearing house that they choose.

The time for watching from the sidelines is over. We can't do this for you, but we can certainly do this with you!

I invite you to join us today. Registration and credentialing with SecureCare will cost you nothing, so take a few moments and go to

www.SecureCareCorp.com and follow the link for "Registration & Credentialing".

As a final note, let me offer some reassurance to all of the Pennsylvania doctors who joined SecureCare over the last two years. You paid a significant registration fee to join this network. Your investment has made this opportunity possible for all of the doctors in our state. We thank you for stepping up and taking the initiative, and as a founding member you will be rewarded with discounted network service fees on all future contracts in Pennsylvania. Thank you for your confidence and your partnership! Now go recruit your colleagues and help us build the network.

As always, I am happy to discuss this project with you and answer any questions you may have.

Eric Osterberg D.C. is the Director of Business Development for SecureCare East Coast. He also practices in York County, PA and serves on PCA's Executive Team.
eosterberg@securecarecorp.com
717.586.8316



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PCA on Sound Financial Footing: 2016 in Review

Valentine Guzman, DC, PCA Treasurer, 2016- 2018



One vitally important indicator of an association's organizational "health" is the ever-present and measurable bottom line. In other words, the financial position of the organization is a "health" indicator and usually tied directly to the operating budget. PCA is no different than other associations and in addition to member satisfaction, growth in member engagement, introduction of new services and programs, etc., PCA's budget also provides a numerical mirror of sorts on the association's "health."

Last December, there was unanimous approval by the PCA Board of Directors of PCA's 2017 operating budget. Likewise, the Treasurer's 2016 close-out report, reviewed by the PCA Board on the evening of March 1, was unanimously approved, with the Treasurer noting that the 2016 budget had performed well and ended up slightly on the positive side, in spite of some of the financial surprises and glitches in 2016.

Notably, there was a decrease in membership revenue but most of that was attributed to removal of billing errors and duplications in the database; we are now very confident in the accuracy and reliability of this data in serving our members.

The well-received May 2016 PCA Annual Convention in Pittsburgh, "co-partnered" with Parker Seminars, produced a financially sizable deficit which was partially offset by the outstanding revenue performance from PCA's Continuing Education Committee.

The surprising failure last summer of PCA's air conditioning system required an unbudgeted \$7,000

...there were significant savings and commensurate long- lasting efficiencies from reorganizing PCA's financial projections, accountability and management processes, including a clarified and re-balanced set of duties for yours truly, as PCA Treasurer and the PCA staff, as well as dramatic improvements in PCA's off-site bookkeeper services and costs.

remedy, which in the long run will result in considerable savings in electricity and heating costs and also serves to increase the PCA office's building equity.

Also, there were significant savings and commensurate long- lasting efficiencies from reorganizing PCA's financial projections, accountability and management processes, including a clarified and re-balanced set of duties for yours truly, as PCA Treasurer and the PCA staff, as well as dramatic improvements in PCA's off-site bookkeeper services and costs.

What most members do not understand is that the PCA does not have the luxury of operating on a balanced budget (money in = money out); per previous directives from the PCA Board, PCA must operate with a positive cushion because of limited access to emergency funds if some drastic event/ situation should occur, such as the HVAC system collapse mentioned earlier.

The 2016 budget, approximately \$650,000+, had a \$44,000 cushion and since our budget performed well, the PCA now has more in the checking account than it did at the close of fiscal year 2015. This revenue will go toward increasing our emergency fund, which will allow the PCA to operate 5.7 months, should all income cease, giving us more secure financial footing.

The 2017 operating budget only has a \$14,000 cushion, so it is even more critical that we perform to the levels we have projected, including aggressive growth in PCA members attending the 2017 Annual Convention (October 21-22) at the very family-friendly and reasonably priced Kalahari Resort in the Pocono Mountains of northeast Pennsylvania.

In summary, YOUR PCA continues to build on the financial footing of its past leaders and is becoming more financially sound through its investment in new ideas, increased member benefits and more member engagement.

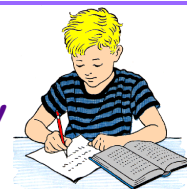
See you at the Kalahari Resort in October and stay healthy and be safe!

Dr. Guzman, practices in Folsom, PA as a Sports Chiropractor at Health Spring Spa.



Who Needs Continuing Education? WE do! Some of the Most Frequently Asked CE Questions Answered Here!

Alison Benedetto, DC, PCA CE Committee Chair



I decided to use this article as a way to highlight some of the frequently asked questions by doctors in the Commonwealth to the PCA's Continuing Education Committee.

1. Why does PCA offer non-CE eligible courses?

I know what you are thinking... you need to get your 24 hours in time for your license renewal and your weekends are booked with family events and the like. You search the PCA calendar and see a few courses that are offered on your open weekends, but no courses that are CE-approved. These non-CE seminars are not just a way for the PCA to

have you spend your money on unnecessary courses! The PCA strives to bring current, interesting and useful content to Pennsylvania's Doctors of Chiropractic, which includes both clinical and office management style courses. The PA State Board of Chiropractic has specific criteria for authorizing CE credit approvals, which are mostly related to clinical skills. Topics such as practice management, insurance law and other office management issues are typically not eligible for CE, although they are very relevant and useful to the practicing doctor. PCA's CE Committee has concluded that it has a professional obligation to PCA members to provide these types of

non-CE-eligible programs as well. For example, this past February the PCA brought the **Acts 6 and 44 Reimbursement and Peer Reviews** course presented by PCA General Counsel Jason Martin and PCA Strategic Business Partner ChiroAbility's Karin Toner-Pierce to Philadelphia and with great responses from members and non-members alike! This course, designed to meet the needs of the DC and relevant office staff, focused on how to successfully navigate the very confusing waters of the Automobile and Workers' Compensation laws. The CE Committee had such great feedback

(Continued on page 16)

2017 CE Seminar Calendar

April	May	June	July	August	September
8-9 ACRRT Limited Exam Prep	20-21 Shoulder rehab	3 Going Green - Cash Practice	8-9 Active Care & Rehab in Practice	19 Mitch Mally	9 Mastering Thyroid -An Intro
22 Neuroendocrine Immunology	20-21 Shoulder Treatment Level 1	3 Clinical Nutrition - Mod 3	15 Laser Therapy & Pain Relief		
22-23 Implementation of Rehab		10-11 Hip Rehab	22-23 Got Documentation?		
29 Clinical Nutrition - Mod 2		10-11 Got Documentation?			
29-30 Mastering the Disc					



*Happy
Spring!*

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Acronym Soup: CCF, AWP, TPAs & WC Top PCA's Legislative Program

Case S. Phillips, DC, PCA Legislative Committee Chair & Mark Singel, President, The Winter Group

The first quarter of 2017 has been widely characterized as an extraordinary social and political “shift” within the American culture, especially at the federal level, but now trickling down to the state and local levels, too.

The “repeal and replacement” of the Patient Protection and Affordable Care Act (aka, ObamaCare) and the introduction of the American Health Care Act (aka, TrumpCare) continues to be intensely and passionately debated. The political “theatre” currently playing out in Washington is now infiltrating many state capitals. Only time will tell if the GOP can produce legislation that will fit the needs of all Americans’ interests, including those of patients, payers, regulators and health care providers.

...PCA's public policy/ legislative agenda is aggressive and continues to advance the profession's interests...

On the state level, Pennsylvania's Senate and House of Representatives are engaged in hearings on Governor Wolf's proposed FY 2017-18 budget, which is due by July 1. With the Commonwealth facing a projected deficit of more than \$2 billion, the Governor and legislative leaders have already signaled that there will be extraordinary measures taken to reduce costs in an effort to avoid increases in current taxes, as well as the potential introduction of new taxes.

In the context of the federal shifts, state shifts and the political reality of

With the growing focus on opioid abuse and addiction in Pennsylvania and throughout the nation, it is time for our health care delivery system to accept common sense approaches like Conservative Care First.

limited revenue and the need for cost-containment, PCA's legislative agenda is aggressive and continues to advance the profession's interests, even as the Governor and General Assembly focus on the budget.

For the 2017- 2018 legislative cycle, PCA's priorities include:

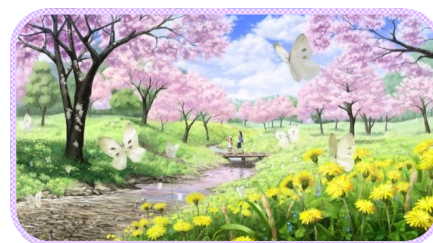
Conservative Care First (CCF) briefings: PCA continues its outreach to Governor Wolf and his administration's senior staff to promote the concept of *Conservative Care First*. We expect to present the CCF vision to the Senate and House leadership and all appropriate committees in both chambers (e.g., health, insurance, consumer protection, etc.). As all DCs already know, *Conservative Care First* embraces Chiropractic care.

Such an approach to needs and demands on our health care system has proven effective in addressing patients' needs while containing or costs. With the growing focus on opioid abuse and addiction in Pennsylvania and the nation, it is time for our health care delivery system to accept common sense approaches like *Conservative Care First*. PCA remains convinced that as this social

and political shift plays out in the coming months, there needs to be a concurrent shift to health care approaches that appropriately address health problems. CCF holds the promise of clinically effective and cost-efficient care BEFORE the more traditional medical interventions, which often include costly, unnecessary and potentially life-threatening drugs and surgeries.

Any Willing Provider (House Bill 345): To date, eight health care associations, some of which are members of the Alliance of Health Care Providers, have joined PCA in advocating for removal of barriers to care that negatively affect patients and providers alike, and especially new providers seeking to participate in various health plans. Representative Tony DeLuca has introduced HB 345 in this legislative session and PCA, serving as a catalyst for change, is rallying support for this important legislation.

Third Party Administrators (TPAs): PCA continues its fight for relief from the excessive overreach and too-often inept interventions coming from third party administrators that compromise patient care, frustrate providers and generally erode the integrity of the health care system in order to increase the already massive profits of many insurers.



Most DCs have experiences whereby TPAs question reimbursements and treatments, usually driven by computer-generated algorithms and enforced by heavy-handed TPAs seeking their share of health care profits. These TPAs provide a buffer to the insurance industry that is disruptive to the doctor-patient relationship and in too many cases, comes up short on managing care in an effective and efficient manner. PCA continues to explore and advocate legislative remedies to the overreach of insurers and TPAs in Pennsylvania. As a side note, the overreach of profit-obsessed insurers and TPAs is EXACTLY why PCA joined forces in 2014 with Maryland and Virginia to co-found the East Coast Associations Independent Provider Network (ECAIPN); (*see the SecureCare update on page 7*).

Workers Comp “Reform” (House Bill 18): Last year, PCA successfully opposed HB 1800, legislation that sought to “reform” the workers compensation system by limiting choices for patients. Already in the 2017-18 legislative session, PCA has joined with other health providers in sounding the alarm about legislation that proposes to establish a “one-size-fits-all” approach to patient care in the WC system. House Bill 18 (R-MacKenzie) proposes a revised version of HB 1800 that would require an evidence-based drug formulary for the WC system. While the intention of HB 18 is to reduce the over-prescribing of opioids and similarly ineffective and/or addictive painkillers, PCA has seen that previous evidence-based programs have had just the opposite impact. If the intention is to reduce the use of drugs, PCA argues that the legislation should

absolutely allow for increased access and approved visits to Chiropractors and other physical medicine specialists as drug-free alternative care.

In addition, HB 18 will also require standards for UROs (Utilization Review Organizations) and PROs (Peer Review Organizations) that will impose standards on the provision of care for workers compensation patients that may or may not fit their needs – all in an effort to cut costs. The question that PCA posed to the House Labor and Industry Committee was: how does limiting choices and potentially delaying treatment and recovery reduce costs?

We consider this a “back-door” attempt to insert the flawed notion of “evidence-based” directives into Pennsylvania’s already struggling workers compensation system.

Pick up the phone or pick up a pen and let your state representative and senator know where you stand on the positions that most affect our beloved patients and profession.

A Call to Chiropractic Action

As with most non-profit organizations, the vast majority of PCA’s work is done by a very small group of DCs who not only believe in the cause of Chiropractic, but back it up with their commitment of time, effort and energies. These action-focused DCs take time from their families and practices to advance the

profession and patients’ interests and for that, PCA owes an eternal debt of gratitude to these “heroes of the Chiropractic profession.”

With that in mind, consider this both a challenge and a call to action for each Pennsylvania Doctor of Chiropractic reading this article. Pick up the phone or pick up a pen and let your state representative and senator know where you stand on the positions that most affect our beloved patients and profession. You can also contribute to PCA’s PAC- political action committee which supports those legislators who have demonstrated by their actions their support of the Chiropractic profession (*see page 14*).

In closing, there is always the politically critical importance of “strength through affiliation.” As a matter of professional integrity, ALL Pennsylvania DCs should support their profession and patients by joining the Pennsylvania Chiropractic Association, the largest and ONLY professional association that represents the interests of all licensed Doctors of Chiropractic in the Commonwealth (*see page 3*).

Case S. Phillips, DC, practices in Pittsburgh and is the Immediate Past President of the PCA. In addition to serving as PCA’s Legislative Committee chair, Dr. Phillips also chairs PCA’s Political Action Committee and serves as a member of PCA’s Executive Committee.

Mark Singel is the President of The Winter Group, a non-partisan Harrisburg-based lobbying firm that represents the PCA in Harrisburg. Mr. Singel served the Commonwealth as a state senator and Lt. Governor under Governor Robert P. Casey.





POLITICAL ACTION COMMITTEE RECURRING PAYMENT AUTHORIZATION FORM

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*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.*

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

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

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that we are pleased to announce that this course will be offered in the Pittsburgh area later this year.

On June 3rd, PCA will bring the **Going Green- Cash Practice Seminar** (Drs. Bodzin, Foxworth & Sanna) to the Valley Forge/ King of Prussia area to provide tips and tools for those doctors looking to move their practice more towards a cash-based model and away from insurance-based payments. You won't be disappointed, but space is limited, so sign up for this program ASAP to ensure that you have a seat in the program.

2. I have an x-ray machine in my office. What do I need to do to stay compliant?

The PA Department of Environmental Protection requires any operator of an X-RAY machine to complete 2 contact hours or 4 units of CE every 4 years of "radiation protection and safety".

A few years ago, the PA Department of Environmental Protection mandated CE for operators of x-ray equipment in chiropractic facilities. Once an operator is initially and adequately trained, it is necessary to have continuing education training in the key areas of radiation safety, biological effects of radiation, quality assurance and quality control to ensure continuing competence. The operation of x-ray systems in chiropractic facilities is considered a low-risk procedure. Thus, all operators of x-ray equipment in a chiropractic facility must submit proof of the completed 2 contact hours or 4 hours of continuing education every four years in order to satisfy the requirement and continue to provide x-ray services to patients. You should also keep your course materials next to your x-ray equipment, in the event you are audited and required to veri-

Remember- who needs continuing education? ALL of us! Continuing education is a professional commitment that all DCs should embrace for their patients' well-being and their practices' success!

fy your CE training in this regard. PCA has a course with Dr. John Pammer on April 8-9 in Harrisburg that will satisfy this requirement. Register at www.pennchiro.org under the CE & Events tab.

3. How long do I need to hold on to my CE attendance certificates?

You must keep attendance records for 4 years so that you have the records in the event of a State Board of Chiropractic audit. And yes, the PA State Board of Chiropractic DOES randomly audit doctors' CE, so don't think this can't happen to you. It happens regularly.

4. Can I take some or all of my CE courses online?

YES! Up to 24 hours of CE can be obtained via online delivery. PCA's Online University has a library of online courses which can be found at pennchiro.mycourse.com. ***The PCA is also offering your first hour free!*** You have nothing to lose and a SO MUCH to gain!

5. I see a great course but I can't attend due to a scheduling conflict. Do you offer the course via a webinar?

The CE committee is exploring the recording of live presentations that can be purchased later by those doctors who are unable to attend the course in person.

6. What other courses does the PCA have planned for the 2017 year?

We have been busy securing some top notch speakers for both stand-alone CE and the Annual Convention being held this year at the family-friendly Kalahari Resort, October 21-22. Upcoming CE topics include nutrition; laser protocols; cervical spine, hip and shoulder rehab; functional medicine and more. Please go to PCA's web site www.pennchiro.org and review the 2017 CE Calendar for a complete list of courses.

These are just a few of the questions that the PCA CE Committee and staff field every day for members and non-members. I hope this "FAQ format" is relevant and useful to you. If you have any CE-related questions or specific requests, including serving as a volunteer member of the CE Committee (all meetings are held via conference calls), please feel free to email them to PCA's CE & Convention Coordinator, Lindsay Walter: ceconvention@pennchiro.org.

Remember- who needs continuing education? ALL of us! Continuing education is a professional commitment that all DCs should embrace for their patients' well-being and their practices' success!

I look forward to seeing you in one of our "CE classrooms," be it in-person or on-line!

Dr. Alison Benedetto practices with her husband, Dr. Raymond Benedetto, in Bethlehem, PA at Lehigh Valley Chronic Care.





[Click Here for
Exhibitor/Sponsor
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Exhibitor and Sponsorship information is available now. Early bird registration for all attendees opens April 1st, 2017. Stay tuned to our website for more information. If you have any questions, please contact PCA at ceconvention@pennchiro.org or 717-232-5762.

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