



PCA Direct



Benedettos 2.0: Alison Benedetto Succeeds Ray Benedetto as PCA President

**Summer
Recap
2018**

In a unique twist, the Pennsylvania Chiropractic Association elected Alison Benedetto, DC, a Bethlehem Chiropractor, to serve as President of the state organization for the next 2 years. With the association's convention and educational programs showing continued annual growth, more than 150 attendees, including 50+ non-members, met for PCA's 2018 Annual Convention at State College's Penn Stater Hotel & Conference Center, June 28- July 1. Dr. Benedetto succeeds her husband, Dr. Ray Benedetto, as PCA's President, making it a somewhat novel "familial" transition of leadership. Commenting in her acceptance speech before the 2018 Annual Meeting of Members, Dr. Benedetto said:

"I have been a member of the PCA for 14 years. During that time, I've had the opportunities to serve in many capacities: Alternate Director, District Director, Continuing Education Chair, Board Secretary, First Vice President, and now, President. I thank the members of the PCA for the vote of confidence and I am honored to be able to serve as 2018- 2020 President of the Pennsylvania Chiropractic Association. During my tenure as PCA President, I will continue the legislative and legal agendas that were initiated by my predecessors. I will continue to push for reform of TPA's as the demands for pre-certification programs within the insurance carriers continue to be on the rise, thus inflicting

financial burdens on both the doctor and patient. I will also work to ensure parity in payment for the chiropractic profession. I will continue to monitor the legislative bills and policies to ensure that Chiropractors are included in Conservative Care First policies and play a critical role in any Worker's Compensation "reforms." Through lobbying efforts, the PCA continues to command an excellent rapport with key legislators in Harrisburg and I will continue to encourage this open dialogue between legislators, staffs and insurance carriers regarding patient care and public policy.

"I am here to serve you, but nobody, including myself, can do it alone. I need your help in order to strengthen our professional association. I need all licensed DCs to join and help PCA take on these pressing, mission-critical issues."

More importantly, I will continue to demonstrate transparency and open communications with you, the doctor and PCA member. I will continue to foster growth within our PCA "community" and organizational effectiveness, so that doctors can truly see the value of what we have to offer. Those of you who have chosen to become involved in PCA also know that PCA is a member-centric and member-driven association and those are not merely nice words..."



Dr. Benedetto also made a compelling case for all DCs to become involved in their profession. "I am here to serve you, but nobody, including myself, can do it alone. I need your help in order to strengthen our professional association. I need all licensed DCs to join and help PCA take on these pressing, mission-critical issues."

PCA's 2018 Annual Meeting of Members also bore witness to the presentation of the 2018 Chiropractor of the Year to outgoing President Dr. Ray Benedetto and announced that the 2018 Lifetime Achievement Award would be presented to Joseph M. Gnall, DC. (see p. 7) The 2018 Chiropractor of the Year was awarded to Dr. Ray Benedetto by none other than his successor, Dr. Alison Benedetto, who noted that the award was well-deserved. "Throughout your term, you initiated and led continual

Continued on P. 3



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Continued from p. 1

improvements in organizational value, effectiveness, communications and transparency. Your leadership has been consistently focused, thoughtful and inclusive and has always kept the interests of PCA's members, the Chiropractic profession and patients foremost in your mind."

The 2018 Lifetime Achievement Award will be presented at a future date to a key Chiropractic leader in Pennsylvania- Dr. Joseph M. Gnall of Taylor, PA. While Dr. Gnall was unable to attend PCA's convention due to health issues, Dr. Ray Benedetto noted Dr. Gnall's achievements and contributions to the profession as having embodied the very spirit of the Chiropractic profession. Gnall's service to his profession included functioning as President, Board Chair and District 8 Director; a key supporter of the landmark court ruling on Wilk vs. American Medical Association; and, one of the principal architects of Act 188 of 1986, also known as the Chiropractic Practice Act.

PCA's 2019 Annual Convention is scheduled to convene October 19-20 at Pittsburgh's Marriott City Center.

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



What's Inside

Upcoming Events

September 18th: Founder's Day!

***October: Chiropractic Health
Month- Move 4 Life***

***October 23rd : 8-9pm
PCA State-wide ALL DC Update
(Webinar or Conference Call)***

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TREASURER'S UPDATE**Valentine Guzman, DC****PCA's mid-year budget review reason for cautious optimism, careful financial management...**

The PCA Board of Directors met on July 25th to review PCA's mid-year financial performance compared to the 2018 budget. During last December's budget approval conference call, the PCA Board approved the 2018 operating budget with a net loss of \$2,000, in part due to the many current and future challenges DCs face in Pennsylvania. The Board is optimistic that PCA will perform above and beyond the revenue goals, thus making a possible net loss of \$2,000 a positive gain in the budget. Below is a recap of the mid-year performance review.

The 2018 projected membership revenue was \$412,212. The current revenue is \$344,813, leaving \$67,399 to collect by year's end. The mid-year projection of account receivables is \$64,179. Even with 100% collections, PCA's membership revenue for 2018 may be approximately \$8,000 short.

If each member reading this right now recruited just ONE full dues-paying DC into membership, PCA would certainly exceed its budget projections.

The 2018 Annual Convention report was presented to the Executive Committee on August 2 and it revealed that the net revenue for the convention was \$23,296.21, which exceeded financial forecasts. The Annual Convention wasn't just profitable monetarily. With a strong continuing education program, full classes, a full exhibit hall and a provocative key-note speaker (Dr. Gerry Clum's History of Opioids), the convention promoted all aspects of Chiropractic and served as a catalyst that brought the profession together, including more than 50 non-member DCs.

The PCA committees and staff continue to be mindful of expenses and in doing so finds ways to decrease expenses and increase revenues.

In summary, the PCA budget performance and overall financial status remains in good condition and operating within the projections and limits of the Board-approved 2018 budget.

Dr. Guzman has been the PCA's Treasurer for almost three years and he practices in Folsom, PA which is located just outside Philadelphia. Dr. Guzman has practiced both in Texas and Pennsylvania during his 32 years as a Chiropractic doctor and was one of the first graduates for the Sports Board Certification. Dr. Guzman also has a degree in mechanical engineering and worked at the Johnson Space Center in Houston, Texas for 13 years.



Visit his website at: <http://www.drvalguzman.com/meet-dr-guzman.html>

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Are **YOU** a PCA Member? If so...

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2018 PCA CONVENTION RECAP

Lindsay Walter, CE & Convention Committee

PCA's Educational Commitments Hit the Mark at 2018 Annual Convention;

Diversity of Topics and Faculty Yield Non-Member Attendance Surge

Before the PCA convened its 2018 Annual Convention in State College last month, PCA 2018 Annual Convention Committee Co-Chair Dan McCann, DC was enthusiastic and optimistic: "PCA continues on its path of diverse, innovative and useful educational programs offered to both members and non-members by a likewise unique cadre of Chiropractic educators. Our 2018 convention is proof-positive that education really does matter to PCA's members, as well as to the Chiropractic profession in general." Dr. McCann added that PCA's Annual Convention Committee strives to design the educational programming to appeal to the profession as a whole, rather than catering to a sub-set of Chiropractors. This year's far-ranging topics included keynote speaker Dr. Gerry Clum's history and effect of opioids on chiropractic; Dr. Deed Harrison's contemporary update on Biophysics Technique, Dr. Dan Murphy's presentation on nutrition as it relates to performance and healthy living; Dr. Kurt Juergens' program on sports-focused chiropractic; David Klein's talk on proper documentation and accurate coding practices; and Karin Toner-Pierce educated and inspired office staff to enhance practice growth and emit a passion for their trade.

Lindsay Walter, PCA's coordinator for all things educational including PCA's annual convention, shared Dr. McCann's sentiment, "we hit the sweet spot 2 years in a row with our focus on strengthening the Chiropractic community with high quality educational programs. Much like our 2017 convention at the Kalahari Resort in the Poconos, we had an impressive turnout of doctors and office staff, including a much higher number of non-member registrants (54) than seen previously." Walter continued, "the business of Chiropractic remains robust, as our exhibitors indicated there was quantifiable engagement in the exhibit hall 'kicking the tires' on a variety of services and products."

PCA will continue to bring highly qualified, esteemed speakers to our annual convention. Next year's convention will be held at the Pittsburgh Marriott City Center on the weekend of October 19-20, 2019. SAVE THE DATE! MORE INFO TO COME SOON!

Here are some testimonials from this year's Convention:

ATTENDEE:

"The classes were superb! I had the opportunity to attend Dr. Dan Murphy's and Dr. Harrison's lectures. Both were excellent. I cannot say enough about the keynote speaker, Dr. Gerry Clum. His presentation on opioids was beyond expectations."

"This convention brought back many memories for an aging D.C. (54 years). I especially enjoyed the exchange of ideas between the younger and older DC's throughout Pennsylvania and surrounding states. Everything experienced at this year's convention was 'chiropractic positive, practice positive and office positive'."

"I not only suggest, but encourage, any DC who could not attend this year's convention to make plans to attend the 2019 convention. I have already marked off my calendar!"

— Dr. John J. DeMatte III, DC

**Stay tuned for
more details
about 2019
Convention!**

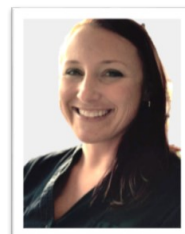


EXHIBITOR:

"Thank you for a great convention in State College! We just joined the PCA this year as we are entering into the Chiropractic market place with our product Stopain Clinical. I found the event was extremely well organized and professional from start to finish! We were able to present our product to nearly all the attendees and received great feedback and follow up opportunities. We were also able to forge some very solid business to business relationships which have already paid off for us. I greatly enjoyed working with you and your entire staff leading up to and throughout the convention. We felt as though we have been part of your organization forever. I sincerely look forward to working with the PCA for years to come! Thanks again!"

— Mike Force, Stopain Clinical

Lindsay Walter is the
CE & Convention
Coordinator for the
Pennsylvania
Chiropractic
Association



AWARDS

PCA 2018 Lifetime Achievement Award Presented to Dr. Joseph Gnull

The winner of PCA's prestigious 2018 Lifetime Achievement Award was announced on June 30 during the Annual Convention in State College. The well-deserved award recognized the accomplishments of Dr. Joseph Gnull (Taylor, PA), a long-time leader within Pennsylvania's Chiropractic community. Due to health problems, Dr. Gnull was unable to attend the convention and accept his award.

PCA's Lifetime Achievement Award was presented to Dr. Gnull on August 25th by PCA Immediate Past President and 2018- 2020 President Drs. Ray and Alison Benedetto at Dr. Gnull's home and office in Taylor.

In presenting the award, the Benedettos noted: "Dr. Gnull, you have been the embodiment of the spirit of Chiropractic, serving as a doctor, humanitarian, leader and a catalyst for positive change within our profession and your community. Included among your many positions held within Pennsylvania's Chiropractic community, you served with distinction as President, Board Chair, Executive Committee Chair, District 8 Director, an early and key Pennsylvania supporter of the Wilk vs. American Medical Association suit, a key architect of Act 188 of 1986 (Chiropractic Practice Act) and other professional and community roles too numerous to mention, especially on PCA's Lifetime Achievement Award plaque!"

Attended by several PCA leaders and colleagues, as well as Dr. Gnull's family, the Lifetime Achievement Award presentation by the Benedettos was well-received by Dr. Gnull, who immediately quipped, "What? You're telling me my lifetime is over?" Once the audience stopped laughing, Dr. Benedetto continued by reading the award to Dr. Gnull and the audience. It is worth noting that Dr. Gnull continued with quips and jokes throughout the presentation, followed by a lunch gathering, as well as an abundant amount of laughter-laced reminiscing about the challenging times in the history of the profession.

Kudos to Dr. Gnull's daughter, Kimberly Gnull, who secretly coordinated the event with PCA and organized a luncheon for her father and guests

In addition to the entire Gnull family, Drs. Benedetto and PCA EVP Ed Nielsen, Dr. Gnull was joined by long-time Chiropractic friends and colleagues Drs. John DeMatte, John Pammer, Robert Rush, Mary Rutkowski and Mario Spoto.

A special thank you goes to Dr. Louis Sportelli, who could not attend the event due to a scheduling conflict, but was instrumental in nominating Dr. Gnull, as well as providing abundant background information on Dr. Gnull's many contributions to the profession.

Dr. Gnull, you have been the embodiment of the spirit of Chiropractic, serving as a doctor, humanitarian, leader and a catalyst for positive change within our profession and your community.

Below Dr. Gnull and Family



Above (L-R) Drs. Alison Benedetto, John DeMatte, John Pammer, Joe Gnull, Bob Rush, Mario Spoto, Ray Benedetto, Mary Rutkowski

Below Drs. Alison Benedetto, Joe Gnull, Ray Benedetto,





2018
Annual
Convention



June 29 -
July 1, 2018



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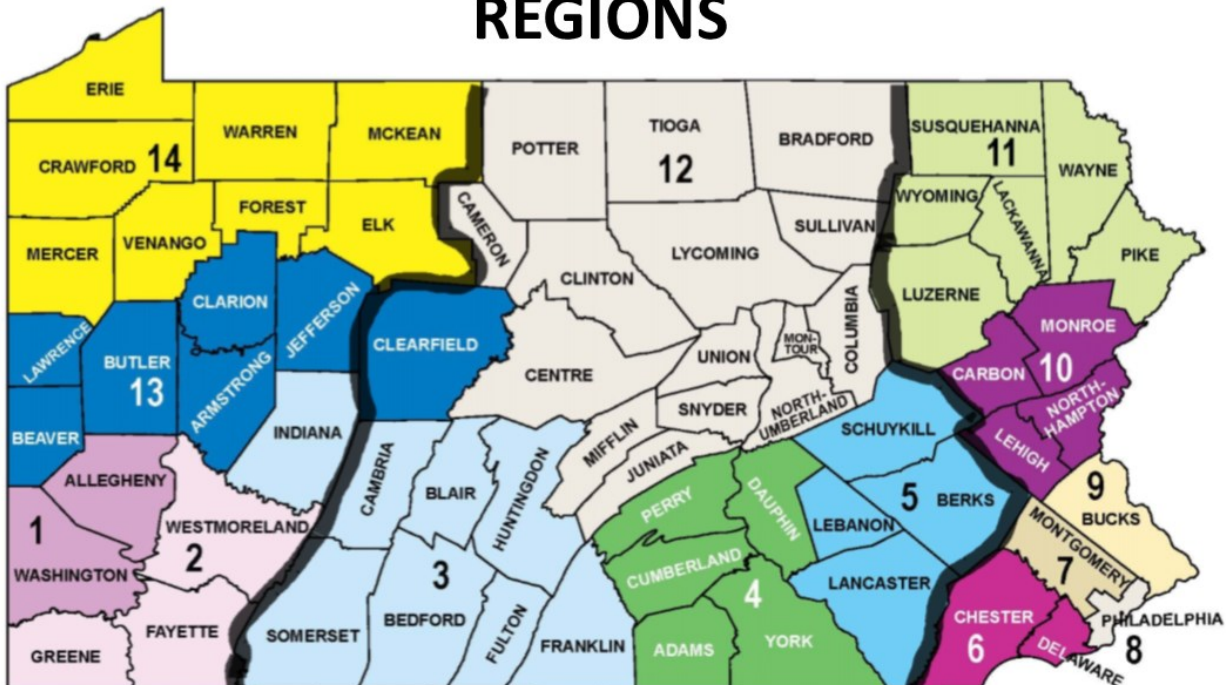
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Pennsylvania Chiropractic Association

REGIONS



WESTERN REGION

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June 29- July
1, 2018

2018
Annual
Convention



LEGAL PAD

INSURANCE POST PAYMENT AUDITS

Jason B. Martin, Esquire
PCA General Counsel

Insurance companies continue the practice of post payment audits. A post payment audit begins with an insurance company's request for medical records after the claims were already paid. Often, the claims were previously paid months or even years prior to the request. The provider must submit the medical record documentation to the insurance company. A consultant, hired by the insurance company, then reviews the medical record documentation and presents the insurance company with its findings. The findings relate to billing, coding and documentation. The insurance company applies these findings to the previously paid claims and in most instances, the claims are retroactively adjusted. If there are any adverse determinations, the adjusted claims often result in an overpayment determination. The insurance company then requests that the chiropractor remit payment to the insurance company for the alleged overpayments. If the chiropractor does not pay, the chiropractor can appeal the determinations and hope the determinations are reversed on appeal or in many instances, the insurance company takes steps to recoup the overpayments from the chiropractor involuntarily.

Over the last year or so, I have seen dozens and dozens of these audits and I have helped chiropractors appeal the determinations. In some instances, the overpayment determination can be called into question leading to a reduction in the original determination amount. Sometimes,

the overpayment determination can be reduced to zero. In other instances, the determinations have some merit. In these instances, the chiropractor often has to remit payment to the insurance company after a negotiated settlement.

Chiropractors should be proactive and take steps necessary to comply with insurance company guidelines, billing and coding rules, and other laws and regulations. Chiropractors should implement a good electronic health records system that is equipped with treatment plan functionality along with daily note taking in the SOAP format. Chiropractors should hire a healthcare lawyer and coding professional to assist

Chiropractors should be proactive and take steps necessary to comply with insurance company guidelines, billing and coding rules, and other laws and regulations.

with self-audits to identify any potential areas of risk as to billing, coding and documentation and to take action to correct any problems. Here are 3 examples of common determinations that often lead to overpayment determinations:

1. Billing for maintenance care. Insurance companies do not pay for maintenance care. Maintenance care is services provided that maintain a level of function and/or when improved functionality is not expected to occur. Documentation is key. Chiropractors must first establish short-term and long-term goals in the initial treatment plan. Then, in the daily notes, the chiropractor must document how the patient is improving. For example, the initial focus might be to reduce pain and increase range of motion. Then, a long-term goal might revolve around a patient's ability to do certain activities of daily living. Throughout the course of care, the

documentation must show that the goals are being achieved. After the short term and long-term goals are achieved, the care going forward will most likely be deemed maintenance care, which is not covered.

2. Documenting time and levels of CMT. Whenever a chiropractor bills a time-based code, the total amount of time must be documented in the notes. Whenever an adjustment is performed, the chiropractor should document the region being adjusted and the level of the spine within said region.

3. Billing for manual therapy. Most, if not all insurance companies, will not reimburse the chiropractor for manual therapy technique when it is performed to the same region of the spine as the adjustment. If a chiropractor does not document the regions where the adjustment and manual therapy are performed, the insurance company will often assume the services are provided to the same region and will retroactively adjust the claim. It is usually acceptable to perform a CMT to one region and manual therapy to another region with the -59 modifier so long as the subjective complaints and objective findings support the services to both regions.

There are many other issues that insurance companies focus on, including Evaluation and Management codes, overutilization, poor documentation, etc. This is why it is important for all chiropractors to take proactive steps towards compliance in order to survive a post payment audit or to avoid the audit altogether.

Jason B. Martin, Esquire is the founder of The Martin Law Firm, P.C. Mr. Martin represents PA 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.
<http://www.jasonmartinlaw.com/>



PCA 2018 Continuing Education Calendar

[PCA Continuing Education Website with Course Info:](https://members.pennchiro.org/ce-calendar)

members.pennchiro.org/ce-calendar

SEPTEMBER 15

Extremity Adjusting Series: Carpal Tunnel, Wrist & Hand (12 CE)

Mitch Mally, DC
Harrisburg, PA

SEPTEMBER 22-23

Certified Laser Practitioner Program (12 CE)

Nelson Marquina, DC, PhD
KING OF PRUSSIA, PA

OCTOBER 6

Primer for the PA Limited X-Ray Exam (8 CE)

John Pammer, DC, DACBR
HARRISBURG, PA

NOVEMBER 10

Extremity Adjusting Series: TMJ & Cervical Spine (12 CE)

Mitch Mally, DC
Harrisburg, PA

NOVEMBER 17

PCCI (PCA Coding & Compliance Institute): Updates for 2018 & 2019 (6 CE*)

Jason Martin, Esq./ Dave Klein, CPC, CPMA, CHC / Karin Toner Pierce
KING OF PRUSSIA, PA

Have ideas for speakers or topics you'd like to see in 2019?

*Email Lindsay Walter at
ceconvention@pennchiro.org*



CAN I OFFER DISCOUNTS?

David Klein, CPC, CPMA, CHC

Recent changes to healthcare law means Patients are having to shoulder more and more of the costs for Healthcare than ever before. Because of this, many Providers are looking for creative ways to offset this increased out-of-pocket expense. One way to accomplish this is by discounting the patient portion due, but is this legal?

Discounts and Free services offered to patients could induce the patient to receive services that otherwise the patient might not otherwise seek. Consequently, a governmental or other healthcare plan could become financially liable for a measurable portion of the care.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) placed tight restrictions on providers who offer financial inducements.

These inducements include the offering of free services, discounted services, and waivers of co-insurance and deductible amounts. The restrictions are not just limited to healthcare providers. They apply to "[a]ny person (including an organization, agency, or other entity ...) that ... offers ... or transfers" the inducement.

Although the HIPAA restrictions are limited to instances where patients are covered by government healthcare plans, it has a broader application than just federal and state programs. Many private payers have adopted the same standards and have within their contracts prohibitions against this practice of incentives to induce a patient to seek treatment "from a particular provider."

The Department of Health and Human Services (HHS) Office of the Inspector General (OIG) has suggested that physician practices should not offer inappropriate inducements to patients, specifically, they should avoid:

"Soliciting, accepting or offering any gift or gratuity of more than nominal value". Free consultations, evaluation and management services, and other treatment should not be given away for free as these services clearly have significant value.

The "nominal value" as defined by the OIG was recently raised and is now "\$15 per item and \$75 annual". See OIG Policy Statement regarding, "Gifts of Nominal Value" located at:

<https://oig.hhs.gov/fraud/docs/alertsandbulletins/OIG-Policy-Statement-Gifts-of-Nominal-Value.pdf>

As stated above, any financial reduction (including free services) as a means of inducing the patient to get care may offend statutes designed to prohibit the offer of anything more than of "nominal" value. Common sense dictates to every practitioner that the underlying standard contained within the HIPAA restrictions could apply to most all situations where there could be insurance coverage.

Are there any kind of discounts can be considered? The short answer is yes, however it's important to note that any discount policy should be reviewed by a healthcare attorney as there are many aspects to discounts that could violate state and federal law. That being said, the government and most payers do recognize certain types of discounts, as follows:

1. Hardship
2. Prompt Pay
3. Discount Medical Plans

Hardship Discounts:

For years the OIG has said providers can discount the patient-portion-due based on financial need. These plans

are set up based on the Patient's income and expenses, family size and also often include amount of medical bills. Using the above criteria, Providers can create a discounted/sliding fee schedule to help patients in financial need. A great resource/example of such a policy can be found at the HRSA - Health Resources and Services Administration. HRSA is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable. They have developed a hardship application based on federal poverty guidelines. The guideline includes additional resources related to assessing, calculating, and applying hardship discounts. The HRSA discount methodology and documents were created and published by a branch of the (HHS) so this type of discount is generally one of the most compliant ways to help patients in financial need. For more information download the actual policy at: <http://nhsc.hrsa.gov/downloads/discountfee-schedule.pdf>

Prompt Pay Discounts:

The second type of discount Providers may want to consider is a "prompt pay" discount. This discount is designed to encourage patients to pay their bills "promptly" thus saving the practice the cost of trying to collect the amount at a later time. These discounts are applied to patient balances and can include co-insurance, outstanding copayments and/or deductible amounts. For example, a patient is offered a 10% discount for paying in full at the time of service. However, such programs must be very carefully structured so they ensure compliance with applicable laws and payer contracts. Notably, if the discount is offered to induce the patient to receive services payable by the insurance payer, the discount may violate federal fraud and abuse laws.

In 2008 the OIG published Advisory Opinion 08-3A where the OIG approved a hospital's prompt pay discount on patient cost-sharing amounts and amounts owed for both inpatient and outpatient services. Under the program, the hospital gave a 10-15% discount on balances paid before discharge, and a 5-10% discount on balances paid within 30 days of service. The discount program applied to all services (inpatient and outpatient) and to all patients. The hospital incorporated certain safeguards to ensure that the program was not intended to induce patient referrals and did not promote over-utilization of those services, as follows:

- The hospital would not advertise the discount opportunity; instead, patients would only be informed of the discount during the course of the actual billing process.
- The hospital would notify other third-party payers of the prompt pay policies, thereby allowing the payers to address any issues that the program raised under the payer contracts.
- The hospital would bear all the costs of the prompt pay program;
- The hospital would not discount based on length or type of care provided
- The amount of the fees discounted would bear a reasonable relationship to the amount of avoided collection costs. The Advisory demonstrates factors that Providers might implement in their prompt pay programs to minimize the risk of federal violations. In most instances prompt pay discounts are not likely to cause significant concerns so long as: (1) they

are not used as a way to induce referrals for other services; (2) the value of the discount is reasonably related to the avoided cost of collections; and (3) the program is consistent with third-party payer contracts or approved by third-party payers. As stated above, Providers should check their relevant state statutes and payer contracts to confirm. For the actual OIG Advisory opinion, download <http://oig.hhs.gov/fraud/docs/advisoryopinions/2008/AdvOpn08-03A.pdf>.

Discount Medical Plans:

The Discount Medical Plan (DMPO) allows Providers to offer legal, network-based discounts to cash, under-insured and "out of network" patients who are members. Medical discount plans are NOT health insurance, but rather only provide a discount on a participating Provider's normal fee for services. To discount using this type of plan, a Provider becomes credentialed with the DMPO and then he/she establishes their "in-network" fee schedule. When a patient comes in for care and is a subscriber of the DMPO (they can purchase the plan at your office as well) they are offered the network fee schedule where the discount occurs. Remember, these plans are not insurance plans so patients will pay the Provider directly. Notably, patients covered by Medicare and federal programs are eligible for discounts on non-covered services only. This network approach to discounts reduces the risks of compliance and OIG violations related to inducements, improper down-coding, dual fee schedules, and potentially inappropriate time-of-service discounts.

Before implementing a Discount Medical Plan, Providers should make

sure the DMPO entity is licensed and bonded to offer the plan in their state, so make sure to check with your states department of insurance prior to becoming credentialed with a chosen entity. For an example of a Pennsylvania licensed DMPO, visit <https://www.chirohealthusa.com>.

Conclusion

Increased patient responsibility is not just a patient problem – it's a Provider problem. Collecting the patient portion due while still making care affordable can be very challenging for Providers. Creative discounting and marketing practices designed to increase patient visits often exposes a Provider to increased compliance concerns. Compliant discounts can be offered, however Providers must follow the rules and consider which type of discount is best for their patients and Practice. Compliant discounts must be carefully designed so they don't act as an inducement, they must be in writing and consistently applied. Before offering any type of discount, Providers are encouraged to do their research and verify the discount chosen does not violate Federal and State laws.

David Klein, CPC, CPMA, CHC, is the co-founder of PayDC. He is a Certified Professional Coder and Certified Professional Medical Auditor through the American Academy of Professional Coders (AAPC) and is Certified in Healthcare Compliance through the Health Care Compliance Board (HCCB). For more information, visit www.paydc.com or email dave@paydc.com.



Legislative Report

Casey Phillips, DC; Mark Singel (McNees Winter Group, LLC)

Oversight of Third Party Administrators – Summary of Sample Language from Connecticut—this bill requires third-party administrators (TPA) to be licensed by the Insurance Department, file audited financial statements, submit to examination by the department, and pay application and annual fees. With certain exceptions, a TPA is one who directly or indirectly (1) underwrites; (2) collects charges or premiums; or (3) adjusts or settles claims on Connecticut residents with respect to life, annuity, or health coverage offered or provided by an insurer. Entities that are exempt from TPA licensure but that perform similar services must annually register with the insurance commissioner.

The bill requires a TPA to have a written agreement with an insurer or other person using its services before performing duties on the insurer's or person's behalf and hold certain funds in a fiduciary capacity. It requires a TPA to maintain books and records of transactions made on the customer's behalf and make them available to the customer for inspection for at least five years after creation. The customer owns any record the TPA generates pertaining to it.

The bill authorizes the insurance commissioner to suspend or revoke a TPA's license, or issue a cease and desist order if the TPA does not have a license, after notice and hearing. It also authorizes him to adopt implementing regulations.

Delegation – HB 2272 – Rep. Steve Barrar has introduced legislation that would clarify the circumstances under which a chiropractor can delegate certain services in his practice. This is in response to the on-going Cavoto case. HB 2272, which is strongly supported by PCA, remains in the House Professional Licensure Committee.

Parity Legislation – While states like Washington and West Virginia have successfully enacted laws to assure parity of fees for services reimbursed by insurers, Pennsylvania faces opposition from insurers who oppose such measures. Thanks to local advocates like Dr. Roy Love, PCA has begun a dialog with legislative leaders to measure their receptiveness to mandated parity in PA. This is a project that is on the radar screen for the remaining days of the 2017-18 session.

Updated Department of Health Opioid Prescribing Guidelines Include Chiropractic Care – The recently updated Treating Chronic Non Cancer Pain Guidelines state: *Proper treatment of chronic pain includes an interdisciplinary and multi-model approach that is tailored to help the patient control pain and relieve suffering. Treatments for chronic pain may include physical therapy, acupuncture, osteopathic or chiropractic manipulative treatment, cognitive behavioral therapy, proper use of medications from several drug classes and other focused interventions.*

Conservative Care First - A "Conservative Care First" agenda would reduce cost and increase access to care. We should be offering patients the safest, most effective and cost effective treatment options before those options with higher expense, higher risk or less effectiveness are considered. For example, chiropractic spinal manipulation is proven to be the safest, most effective and most cost effective treatment option for patients with back and leg pain, neck and arm pain and headaches. Chiropractic care is associated with lower cost, fewer days of missed work, fewer prescription medications used, less advanced imaging studies, shorter duration episodes and patient satisfaction rates over 95%.

Medicaid - The highest rates of opioid use and the lowest rates of chiropractic use. Reimbursement of \$13.00 per visit preclude provider participation. Increasing reimbursement would improve access.

Auto Insurance minimum personal injury coverage - Currently \$5000. Often the benefit is exhausted before Chiropractic is considered. Increasing the minimum required coverage would improve access for patients.

Sports Physicals Provided by Chiropractors – PCA believes this would require a change of PIAA's bylaws, rather than state law. PIAA's bylaws define authorized medical examiner as follows (page 42 of [bylaws](#))

AUTHORIZED MEDICAL EXAMINER:
A licensed physician of medicine or osteopathic medicine, a physician assistant certified, or either a certified registered nurse practitioner or a school nurse practitioner, who is under the supervision of a licensed physician of medicine or osteopathic medicine.

PIAA's own website acknowledges that the organization was formed in the following way (nowhere does it note state law).

PIAA was formed in Pittsburgh on December 29, 1913, by a group of high school Principals who wanted to eliminate abuses, establish uniform rules, and place interscholastic athletics in the overall context of secondary education.

The purposes of PIAA, as set forth in ARTICLE II of its Constitution, are to:

Organize, develop, and direct an interscholastic athletic program which will promote, protect, and conserve the health and physical welfare of all participants.

Formulate and maintain policies that will safeguard the educational values of interscholastic athletics and cultivate the high ideals of good sportsmanship.

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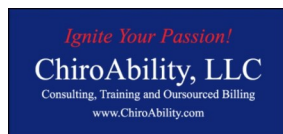
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Continued from page 17

Promote uniformity of standards in all interscholastic athletic competition.

In 2000 the legislature passed the interscholastic athletic accountability act which established the Pennsylvania Athletic Oversight Council, which has been renamed the Athletic Oversight Committee. (website: <http://www.legis.state.pa.us/aoc/home.htm>)



Case S. Phillips, DC, practices in Pittsburgh. 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 PCA's lobbyist, "of counsel" with McNees-Winter Group, LLC, and Former Lt. Governor and State Senator.



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Advocacy and Legislation

As the largest professional association representing Doctors of Chiropractic in Pennsylvania, public policy advocacy is a mission-critical function of the Pennsylvania Chiropractic Association.

Public policy advocacy, especially when it comes to federal and state legislation, as well as state regulations, includes embracing and touting a health policy founded on the concept of conservative care first, which is well known to the Chiropractic profession, but a concept that is still developing within the public policy arena.

Advocacy--shaping legislation, regulations and overall public policy--is one of the Pennsylvania Chiropractic Association's five strategic pillars and included in PCA's 5-year strategic plan, PCA2020. One of the most vital roles of the PCA is to promote the passage of legislation and regulations that support Doctors of Chiropractic and their patients, as well as oppose legislation that is detrimental to Chiropractors, our current health care system, and patients. PCA's advocacy initiatives and efforts directly affect every Doctor of Chiropractic in the Commonwealth of Pennsylvania.

As a PCA member or a Pennsylvania-licensed Doctor of Chiropractic, one of the most important things YOU can do to assist YOUR Chiropractic profession is to know your state legislators! [Click here to find your local State Representative and State Senator](#). Interested in joining PCA's mission to advance the profession? [Email us](#) to inquire about joining PCA's Legislative Committee!

Find Your State Legislator:

<http://www.legis.state.pa.us/cfdocs/legis/home/findyourlegislator/e.pa.us>

Filing a complain with Pennsylvania Insurance Department:

<https://www.insurance.pa.gov/Consumers/File%20a%20Complaint/Pages/default.aspx>

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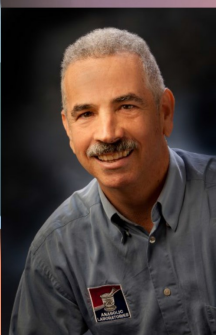
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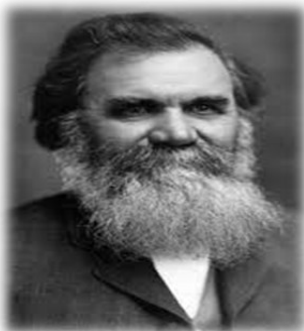
Standing on the shoulders of a legend...the profession's legacy thrives

The Pennsylvania Chiropractic Association, representing the interests of the Keystone State's 4,000+ Doctors of Chiropractic, recognizes and celebrates the anniversary of *Chiropractic Founder's Day*, September 18, 2018.

On that momentous day 123 years ago in 1895, the first documented spinal adjustment was performed when D.D. Palmer administered a specific adjustment on patient Harvey Lillard in Davenport, Iowa. The adjustment was performed for the purpose of re-positioning a displaced spinal vertebra, with the premise that it would have an effect on the patient's health. Lillard, after receiving this first historic adjustment, noted that his hearing immediately improved after a 17-year history of hearing loss. It is said that he could now hear the wagon wheels on the street outside.

As a result of Lillard's response to the adjustment, Dr. Palmer shifted his clinical practice to a new method of health care, based on neither drugs nor surgeries, but on restoration of spinal alignment through various adjustment techniques he invented. The results of Palmer's new method were patients with improved function, health and vitality over a wide array of maladies. Thus, chiropractic, literally meaning "with the hands only" was born and soon would become the world's largest non-drug, non-surgery health care profession in history. Today, through validation by research, clinical affirmations, and patient success, chiropractic represents the predominant natural healthcare choice for millions.

This brief glimpse of our chiropractic heritage is brought to you by the PCA, protecting the future of chiropractic in the Commonwealth of Pennsylvania by promoting and preserving the gift of conservative health care, while gratefully honoring D.D. Palmer, its founder.



D.D. Palmer



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