

MCA In Touch – July 2018

Your monthly update of news and events from MCA

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President's Address



Dear Colleagues:

It is my great pleasure to take the office of president of the Minnesota Chiropractic Association. It's an exciting time in our association and I am very excited about the things in store over the next fiscal year.

However, the excitement comes with a fair amount of change. Over the past year or so, we've implemented changes that included an updated mission and vision statement along with core values and a WHY statement. The executive team has discussed the need for creating "legacy leadership" - no matter who is sitting in the president's seat, the goals and expectations will be the same, so there is continuity in leadership and we can get more accomplished throughout the next few years. We are all driving toward the same mission and goal.

There's a huge need for change in the MCA. The needs and expectations of our members have changed significantly over the years. Gone are the days that doctors join "because it's their duty" or "to support the profession". Members want a better return on their investment. We have spent a significant amount of time working to improve the ROI of membership in the MCA.

One of the big things that you will notice soon is the improvement of our communication strategies. We are partnering with an organization that provides strategic communication to associations and businesses to help us

think differently about how we communicate with both members and non-members. I believe that our communication is directly related to our membership and that improving communication will improve our membership numbers as well.

We are also moving our annual convention. If you've attended the MCA convention in the past few years, you may have noticed that the attendance has been waning. The Education Committee puts a lot of work into putting the convention together and creating an experience worthy of your time. We believe that moving convention to the fall will improve our attendance. But, this won't likely take effect until 2019 due to having two conventions in a calendar year.

Instead, we are going to offer one-day topic specific "summits" throughout the year. There is a leadership summit planned for October that will equip you with strategies to improve your leadership skills within your office on Monday morning. There is also a pediatric summit in the works as well - Dr Monika Buerger is coming back for a more intensive educational opportunity. We've got plans for a quarterly educational summit throughout the 2018-2019 year. We are also working on improving our on-line CEU library, so that you can complete your continuing education at your convenience without taking time away from treating patients. Additionally, every member gets 4 FREE CEU's annually! We believe these changes will result in better engagement of our members with greater benefit along with being more fiscally responsible.

Lastly, we are also improving our member benefits to improve our member ROI. We recently rolled out a dental insurance option available to members and their staff. This has been in the works for a very long time. It's a stepping stone to being able to offer health insurance through the association. We are hoping to see that come to fruition as well.

It's an exciting time in the history of the Minnesota Chiropractic Association. I hope you'll join me on this adventure this coming fiscal year. We welcome your input and feedback from both members and non-members on any other ideas that you may have to help improve our association. We are a small, dedicated group of volunteers and many hands make light work, so we welcome your involvement as well.

Sincerely,

Dr. Sara Cuperus
MCA President

2019 Legislative Priorities Survey

As we look forward to the 2019 session of the Minnesota Legislature, the MCA is seeking the opinions of doctors regarding priorities that are of importance to you, and the patients you serve in your practice. Please take a few minutes to complete this short survey which will provide the Legislative Committee with information that will guide our lobbying and association advocacy efforts going forward.

The survey will take less than 5 minutes!

[TAKE SURVEY](#)

We would also invite you to send any comments or questions to us either through the survey or by email.

Thanks for your help!

Dr. Doug Broman
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Confused About Medicare? Don't Be!

Dr. Ray Foxworth

I am always surprised by the amount of misinformation out there when it comes to Medicare and chiropractic care. The truth is that Medicare is not that complicated. The rules are pretty clear-cut on what we can and cannot do. Although they have one of the lowest reimbursement rates, there are still benefits to seeing Medicare patients in your practice. How knowledgeable are you when it comes to seeing Medicare patients?

True or False?

1. Chiropractors can legally opt out of Medicare.
2. By not enrolling in Medicare, you can see Medicare patients, but you do not have to bill Medicare.
3. You can just have every Medicare patient sign the ABN form and treat them as a cash patient.
4. Non-participating providers do not have to bill Medicare.

All four statements are **FALSE**. Chiropractors do NOT have the ability to opt-out of Medicare. The rules are crystal clear. As a chiropractic physician, you can NOT provide any treatment (covered or uncovered) to a Medicare patient without being enrolled in Medicare. If you choose not to enroll in Medicare, then you must refer Medicare patients to a chiropractor who is enrolled in Medicare. There are no loopholes or secrets to treating Medicare patients and bypassing the rules of Medicare billing. You are either enrolled and submit claims or you are not and do not treat them. The issue is black and white.

The ABN, or Advance Beneficiary Notice, is a Medicare document and should not be used with other payers. The ABN is used to notify a Medicare beneficiary when services that have been previously covered, such as the adjustment, will no longer be covered. This form should be signed BEFORE the service is performed. The ABN should not be used for non-covered services (therapies, x-rays, exams, etc.). The form is good for one year from the date it is signed OR until the patient enters an active episode of care. At that time, the ABN is void and a new ABN would need to be signed once the patient transitions back to maintenance care. Kathy Mills Chang recently posted an **article** that helps clear up a lot of confusion when it comes to using the ABN in your office.

As of 2018, if you are a non-participating provider, you must strike through the last sentence in the Option 1 paragraph of the ABN that states, "If Medicare does pay, you will refund any payments I made to you, less copays, or deductibles." When this sentence is stricken, you must include the following CMS-approved unassigned claim statement in the (H) Additional Information section.

"This supplier doesn't accept payment from Medicare for the item(s) listed in the table above. If I checked Option 1 above, I am responsible for paying the supplier's charge for the item(s) directly to the supplier. If Medicare does pay, Medicare will pay me the Medicare-approved amount for the item(s), and this payment to me may be less than the supplier's charge." For more information on this change, we recommend reading this **update** from Dr. Mark Sanna.

If you make the decision to see Medicare patients and enroll in Medicare, you have the choice to become a **PART**icipating provider or a **NON-PART**icipating provider. Participating in Medicare means that you have signed an agreement and accepted assignment on all claims for the year. As a participating provider, you will be paid more money by Medicare. Becoming a non-participating provider means that you did not sign an agreement and can accept assignment on a case-by-case basis. You may collect your Medicare allowable fee schedule upfront from your patient without waiting on reimbursement from Medicare. Both participating and non-participating providers are held to the same standards, rules and regulations. Your chances of audits or reviews are the same. It really comes down to the amount reimbursed and whether you are paid by Medicare or by the patients themselves.

In 2017, there were 44 MILLION beneficiaries enrolled in the Medicare program. That is over 15% of the population. The number of beneficiaries is expected to rise to 79 MILLION by 2030. Only 1 in 10 beneficiaries relies solely on the Medicare program for health care coverage (**AARP Public Policy Institute**). Not seeing Medicare patients in

your practice can certainly limit your potential patient pool. Don't let the fear of participating in Medicare hold your practice back. This growing population needs and wants chiropractic care.

To download the Centers for Medicare and Medicaid Services pamphlet, "Misinformation on Chiropractic Services", [click here](#).

Dr. Ray Foxworth is a certified Medical Compliance Specialist and President of ChiroHealthUSA. A practicing Chiropractor, he remains "in the trenches" facing challenges with billing, coding, documentation and compliance. He has served as president of the Mississippi Chiropractic Association, former Staff Chiropractor at the G.V. Sonny Montgomery VA Medical Center and is a Fellow of the International College of Chiropractic. You can contact Dr. Foxworth at 1-888-719-9990, info@chirohealthusa.com or visit the ChiroHealthUSA website at www.chirohealthusa.com. Join us for a free webinar that will give you all the details about how a DMPO can help you practice with more peace of mind. Go to www.chirohealthusa.com to register today.

New Medicare Cards

Dr. Lyle Coleman

New Medicare cards with alpha numeric unique identifying numbers are being mailed to Minnesota Medicare recipients beginning in July of 2018.

These new paper cards eliminate the use of Social Security Numbers to reduce the risk of identity theft . The old card should be destroyed as soon as the new card comes. Other parts of the country demonstrated that some Medicare recipients were reluctant for whatever reason to get rid of the old card. The old cards with Social Security number on it is a security risk for identity theft. We providers are encouraged to talk with our patients about destroying the old card for their own safety.

You can use the new card numbers for claims as soon as your patient's present them. Either the old number or the new number will work for claims the rest of this year and all of 2019. Beginning January 1, 2020, only the new number will be accepted on claim forms. The new cards are a total nationwide roll out that will take time to be complete. Be patient, all your Medicare recipient's may not get their new cards at the same time.

Medicare has resources to help us with this transition.

Here is a link to the CMS new card area of their website: <https://www.cms.gov/medicare/new-medicare-card/nmc-home.html>

You and your staff can explore the wealth of material on this site. It will make the transition easier for your office and your patients.

In addition, here is a link to Frequently Asked Questions about the new cards:

<https://www.cms.gov/Medicare/New-Medicare-Card/NMC-FAQs-5-18.pdf>

If you have questions about the new cards or any other Medicare related issues, I am happy to be a resource to help find answers. If you have a question, it is likely that others are wondering about the same thing. Please use the MCA listserv so we can all learn together.

Upcoming Events

September 15-16

[Review for State of Minnesota Limited X-Ray Operator Examination](#)

On-Demand Education

[On-Demand Webinars](#)

Publication Policy

MCA In Touch is published monthly by the Minnesota Chiropractic Association.

Have news you'd like to share, or an idea for an article? Contact communications@mnchiro.com or MCA executive director Katie Wallstein at katiew@mnchiro.com.

Articles must meet the following guidelines to be considered for publication:

- Of interest to chiropractors in Minnesota, covering topics such new research and emerging trends in chiropractic, insurance processes, and clinic management.
- Not promotional in nature, or advertising specific products or services.
- Up to 1,000 words in length.

The author's name/organization name will be credited to the article.

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