

MCA In Touch – November 2018

Your monthly update of news and events from MCA

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President's Article



The MCA Leadership has been very busy this past month doing a lot of planning and learning. We are working through the new Strategic Plan, putting action items together to clarify the vision of where we are headed over the next 3 years. It takes all hands to grow an association, which we desire to do, so we will lean on the entire leadership and membership to help over the next few years.

Katie Wallstein, our Assistant Director, Dr. Dustin Emblom, 1st Vice President, and I attended ChiroCongress in Austin, Texas, in October. We spent 3 days networking with other state associations and learning from a few of the premier speakers in the world. There was so much value in hearing from other associations across the country — their successes and struggles — knowing that we are not the only association that struggles in certain areas. We are fortunate as an association to be

doing well in other areas. We heard from Dr. Heidi Haavik of New Zealand, who presented the latest research around the power of the chiropractic adjustment. Joey Coleman presented on a customer service concept of the

“First 100 Days.” Each of us walked away from the event with renewed vigor, energy and ideas to better the association.

Our relationship with SecureCare continues to develop and grow stronger. The new BCBS fee schedule went into effect on October 1, 2018. Many doctors received a raise, albeit small. The goal of the relationship with SecureCare is to improve the relationship we have with BCBS, as well as improve our reimbursements. One notable change is the addition of 97140 - manual therapy to the fee schedule. We have not been reimbursed for this code for many years. For those who do soft tissue work or other ancillary treatments, this is a big deal. I encourage those who do that type of work to start billing under the 97140 code to show BCBS that we do, in fact, use it.

The Education Committee continues to work to bring you quality continuing education events. Most recently, we hosted Dr. Monika Buerger from Idaho. She was a speaker at the 2018 convention and is so full of amazing information we wanted to bring her back for more. Watch your calendar for another 1-day summit coming in March 2019.

Planning for 2019 Day at the Capitol is underway! This year will be slightly different, with the addition of our annual meeting after your legislative appointment followed by 3 continuing education credits in X-ray and Professional Boundaries. Your registration for Day at the Capitol will include lunch and the CE credits, so plan to join us for the entire day.

You may have noticed emails coming to your inbox from the Foundation for Chiropractic Progress. As an MCA member, you are also gifted a membership to F4CP. They have a wealth of information available to help market your practice. For example, they have created materials for you to better speak about how chiropractic can play a role in the opioid crisis. All their materials are available for free.

Legislatively, 2019 will be an important year for chiropractors. There are a few key topics this session that may have significant impacts on every chiropractor in the state, no matter how you practice. Some of the significant issues revolve around Provider Tax, Medicaid Expansion, and the conversation about the opioid crisis. To have a strong voice at the capital, we need lots of voices, which means we NEED YOUR HELP! The MCA represents the chiropractors in the entire state and we desire to have as many DCs on board as possible. Please consider joining us in the fight to improve your bottom line.

Looking ahead to the Start of the 2019 Legislative Session *Healthcare Will Be an Issue (again!)*

Charles Sawyer, DC

MCA Professional Officer for Legislative Affairs

The day after the mid-term elections brought welcome relief from the constant and mostly negative barrage of political ads (on both sides). Here in Minnesota, the Democrats won 18 seats to regain control of the House – 16 seats in the suburbs of the Twin Cities – while the Republicans won a special election to keep a single-seat majority in the Senate. That result bestowed upon us the unique distinction of having the only divided state legislature in the country.

Of those House members running for re-election who recently supported legislation of interest to the MCA, only Republican Rep. Kathy Lohmer from Stillwater (District 39B) was defeated in her bid for a fifth term in the House. But we will have ample opportunity to acquaint the 39 newly-elected House members (of which 34 are Democrats) with the issues of interest to the MCA and the patients we serve.

Two additional medical physicians — both Democrats — will join the Minnesota Legislature when it convenes in January (there are two currently serving in the Senate). Alice Mann, MD, defeated incumbent Rep. Roz Peterson (56B) and Kelly Morrison, MD, defeated Cindy Pugh (33B).

So, while we will have to wait to see if the two parties can play well together — and work productively with a new governor — one sure bet is that healthcare will be again a major issue moving forward. When Democrats take control of the House of Representatives in the U.S. Congress, any changes in the Affordable Care Act will require bipartisan support and the prospect for compromise on any major healthcare legislation is unlikely.

However, the high cost of health insurance continues unabated and in 2018 average premiums for employer-sponsored family coverage rose 5% — now within striking distance of \$20,000. The situation in Minnesota is somewhat better, but because of employer cost-shifting, individuals and families are getting little meaningful relief from the escalating cost of insurance and the burden of high annual deductibles — especially if they receive care from out-of-network providers.

For low-income Minnesotans, Governor-elect Tim Walz signaled his support for achieving universal coverage during his campaign by expanding MinnesotaCare. But, with a one-vote GOP majority in the Senate, the prospect for passing legislation establishing a “buy-in” option for individuals and families currently ineligible for MinnesotaCare appears unlikely.

For MCA members who responded to our Legislative Priorities Survey this past summer, retaining the phase-out of the Health Care Provider Tax in December 2019 continues to be a top **priority of the association**. Although we join the Minnesota Dental Association and most other provider groups in the state on that issue, there is also common concern that without the 2% provider tax, the MinnesotaCare program (with 121,000 enrollees in 2017) could be starved for lack of public funding.

Our broad priorities for 2019 have been set and a work plan for the session is currently being developed under the leadership of Legislative Committee Chair Dr. Doug Broman and lead lobbyist Mr. Kevin Goodno. With the composition of health policy and finance committees changing under DFL House leadership, we have new opportunities to advance our Medical Assistance bill during the upcoming session and continue to partner with other provider organizations to influence the Legislature — and a new Governor — to seek alternative funding sources for MinnesotaCare.

Northwestern Health Sciences University will support our advocacy efforts, especially when faculty and students from the university will join us at the capitol on Thursday, March 14. In addition to meeting with your legislators and attending the MCA Annual Meeting, you will also have the opportunity to complete your 2019 X-Ray and Professional Boundaries credits.

Finally, if you have any questions or want additional information about the upcoming legislative session, please contact me at csawyer@nwhealth.edu or (612)-719-1079.

Medicare Open Enrollment

Lyle Coleman, DC

Just like every year, October 1 through December 7 is open enrollment for all Medicare recipients. Every year, every Medicare patient gets to review their coverage choices and has the opportunity to make another choice. In that respect, this year is no different.

What is different this year is that a whole class of plans called “cost plans” will end in 2019 and will not be available for most counties in Minnesota. A few counties have an extra year before they, too, will end the cost plans. This was a Federal change. Minnesota was one of the very few states where these plans were popular. About 300,000 Minnesotans will have to make a change this year.

Change can be stressful, and the Medicare choices can be confusing. This is the perfect opportunity for you, as their Chiropractor, to be the voice of calm and reason to your Medicare patients who express anxiety, worry, confusion, or stress about this situation. I am not suggesting that you tell your patients what plan to pick. Each patient needs to look at their total medical expenses, not just chiropractic.

There is a resource you can let your patients know about for outside help in working through this decision process. It is the Senior LinkAge Line. “The Senior LinkAge Line is a free service of the state of Minnesota that connects older Minnesotans and their families with the help they need.”

Their number is: 1-800-333-2433.

Their website is: www.seniorlinkageline.com

The website has resources for help with many age-related issues. Displaying the website address and phone number in your waiting room can be a positive help for your patients. Sometimes patients need more than an adjustment to ease their stress, and you are your patient’s doctor, not just a spine technician.

3 Simple Steps to Helping Moms with Nursing Neck

Elizabeth Berg, DC

We’ve all probably had a new mom come into our office with intense neck pain and muscle spasm from slouching over her adorable newborn while nursing. As chiropractors and advocates of this innate body process, we’d never advocate that a mom stop nursing, so what can we do to help her? Let me with you share three simple tips that can help make nursing better for mom and baby!

Step 1:

Adjust the mom.

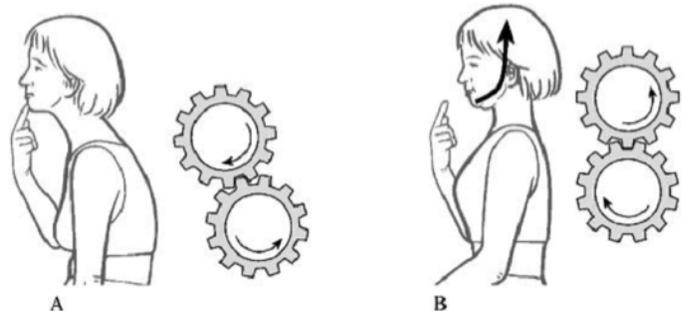
Relieving this stress on her nervous system, joints and muscles will lay the foundation for healing. It seems so simple to us, but we must remember the power of our care. This mom will benefit from regular care throughout her breastfeeding duration, since breastfeeding truly takes a toll on the body—from the extra weight of the breasts, to the demands on her nutrition and nervous system to maintain breast milk output and respond to baby’s needs--the stress is real. Support her with this foundational care during this physically, chemically and emotionally stressful time on her body.

Step 2:

Once the fires are put out, call in the construction crew to help her get back to neutral posture with some simple home care. Keyword = Simple. If it's too complex, a new mom won't be likely to meet your expectations.

1. Chin Tuck (Standing, Sitting or Supine)

- Slowly let your chin slide forward while maintaining upright shoulder posture — don't let them hunch!
- Next, pull your head firmly backward tucking the chin, without flexing or extending the head or moving your back or chest.
- Hold for 2 seconds in the tucked position before relaxing.
- Repeat 10 times.

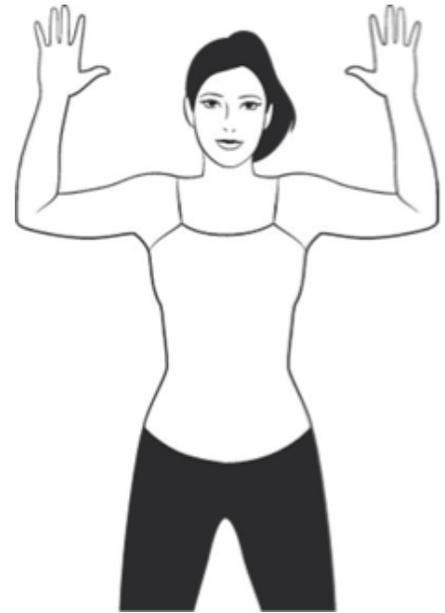


Tip: The goal is to create a double chin. Don't worry, it's not permanent! As this exercise gets easier, you can add the resistance of a pillow behind the head, a headrest in the car, or a wall behind you as you stand in a slight wall sit position.

2. Wall Angel (Standing or Supine)

- Stand with your back against a flat wall with your feet about four inches from the wall. Maintain a slight bend in your knees. Your butt, spine and head should all be against the wall.

- Bring your arms up with elbows bent so your upper arms are parallel to the floor and squeeze your shoulder blades together, forming a letter "W". Hold for 3 seconds.
- Next, straighten your elbows to raise your arms up to form the letter "Y." Make sure not to shrug your shoulders to your ears.
- Repeat this 10 times, starting at "W," holding for 3 seconds and then raising your arms into a "Y."



3. Spinal Foam Rolls

- Using a Rolled Towel/Foam Roller, sit on the end of the rolled object with feet planted firmly on the ground and lay backwards onto it so that it is parallel with your spine, lying in a supine position with the knees bent in flexion and continue with feet flat on the floor. Ensure that your head is supported by the roll, or place additional pillows under the head for the support if the roll isn't big enough.
- With this foam roller stretch, you won't be rolling at all; you'll be using your arms for the movement. Place your arms down at your sides. Keeping them completely straight, slowly make snow angels with your arms until they are overhead. Perform 3 slow revolutions up to 2x/day.



These are simple exercises I've found moms can do to help reverse the negative postural implications of poor nursing postures.

Step 3:

Recommend Laid Back Breastfeeding (LBB) Posture.

Mom can help alleviate the strain on her back and spine by using the Laid Back Breastfeeding Posture — or for an upright version as I've coined it, the Upright Cross Straddle Posture, as reclining isn't always an option.

A mom should feel comfortable without hunched shoulders. Baby's head is supported by mom's flexed elbow and this allows baby's head to dip backward into slight extension, the perfect posture for drinking. Just like when you drink bottled water, babies can move their jaw and tongue best in this slight extension posture. Additionally, in this position, gravity naturally helps to sandwich mom's breast tissue in better alignment with baby's mouth. This allows baby to get a deeper latch (because a sandwich is easier to eat when held horizontally than vertically!) In the reclined version of this nursing posture, the effects of gravity are reduced, helping to reduce the flow rate of the milk if mom has a quick milk ejection reflex (AKA, a letdown) and helps to prevent the overwhelm that happens in some babies who may struggle to control a quick flow of milk. If baby doesn't tolerate this nursing posture, it is likely there is an upper cervical misalignment from in utero positioning or the birth process and further examination and gentle adjusting can help alleviate the upper cervical strain and allow baby to nurse efficiently in this posture.

LBB nursing posture not only has positive implications for breastfeeding moms, but it has vast implications for the developing nervous system of the baby. When a baby is positioned on its tummy, the primitive reflexes can appropriately engage or relax, baby can calm more easily, the neck will grow stronger developing cervical curve and tongue strength due to its attachments to the hyoid. This position is the primer to holding up the head and the cross crawl reflex we see later in infant development.

The work of a mom is no easy task, and breastfeeding is one of the more challenging and endurance-ridden tasks of most moms, but vital for the development of babies in so many ways. You can help baby to gain the vital nourishment of the milk and neurodevelopmental postures of breastfeeding by supporting mom's structure so she can do what she does best — nurture the health and wellness of the next generation!

Medicare: Understanding the Difference Between Non-Participating and Opting-Out

Ray Foxworth, DC

When it comes to chiropractic and treating Medicare patients, the time has come to make some big decisions for you and your practice. In the final 6 weeks of every calendar year, chiropractors may elect to be Par or Non-Par providers. Don't confuse this with the ability to opt out of Medicare, a luxury not afforded to chiropractors and a select few other healthcare providers (Noridian Healthcare Solutions, 2018).

Before making a decision on your status with Medicare, it is of the utmost importance that you understand your rights and responsibilities when it comes to your provider status.

Participating Providers (Par) accept Medicare and always take assignment. Taking assignment means that the provider accepts Medicare's approved amount for healthcare services as payment in full. You are required to submit a claim to Medicare. Medicare will process the claim and pay you directly. The benefits for Medicare patients seeing a participating provider include paying a 20% coinsurance for their covered services (98940, 98941, 98942).

Non-participating Providers (Non-Par) accept Medicare but do not agree to take assignment in all cases. This means that you have signed up with Medicare and can treat Medicare patients, but you cannot accept your regular fee and may only collect the limiting charge from the patient. You will bill Medicare the limiting charge and they will reimburse the patient 80% of the non-par allowance (assuming the deductible has been met).

Opt-Out Providers (Chiropractors *CANNOT* opt out) do not accept Medicare at all and have signed an agreement to be excluded from the Medicare program. They can charge whatever they want for services but must follow specific rules to do so. Medicare will not pay for care received in a provider's office that has opted out, except in emergencies, which puts the responsibility of payment solely on the patient. The provider must provide a contract describing the charges in their office and obtain a signature from the patient that they are aware they are responsible for the full cost of care without reimbursement from Medicare.

It shouldn't be surprising that this is also the time of year when we receive the most calls from providers looking for ways to circumvent Medicare and "opt out" without the actual ability to opt out, because so little of what we do is covered. The reality is that we won't win the fight on either front if we continue to see reports published from the Office of Inspector General (OIG) on improper payments for chiropractic services for services that are deemed not medically necessary. Unfortunately, when a chiropractor doesn't respond to the request for records, it automatically is considered not medically necessary!

Why should we be given the benefit of more covered services for our patients when CMS's Comprehensive Error Rate Testing (CERT) program shows chiropractic as having the highest improper payment rates among Medicare Part B providers? From fiscal years 2010 through 2015 (includes claims from April 1, 2009, through June 30, 2014), the improper payment rate ranged from 43.9% to 54.1% and the estimated overpayments ranged from \$257 million to \$304 million (OIG U.S. Department of Health and Human Services, 2018).

We must work diligently to understand Medicare's rules for chiropractic billing, coding and documentation. We'll likely see the OIG continue to put pressure on CMS to prevent further fraud, waste, and abuse and protect the Medicare Trust Funds. So, until we improve our own understanding of Medicare compliance in these areas and quit trying to circumvent the system, we will continue to see increased audits directed at our profession. If you are looking for webinars that help clear up the confusion on Medicare, [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.

MCA Sports Council in Action: World Broomball Championship

Jake Dalbec, DC

Earlier this month, the world came together for the niche sport of Broomball. The World Broomball Championships were held at the National Sports Center in Blaine, Minnesota. Over 45 teams of men's, men's masters, women's, and mixed teams from seven different countries competed to be called the best in the world. The Minnesota Chiropractic Association – Sports Council was the official medical team partner of the games.



Building off of last year's USA National Broomball Tournament success with the MCA-SC, we were able to effectively cover this world event for 5 days with over 350 athletes treated. A wide variety of injuries were treated including concussions, separated shoulders, PCL and ACL tears, facial wounds, and plenty of other soft tissue injuries. Both Kinesio and dynamic tape were on full display. Treatment was well received by the athletes and working with limited translators and foreign languages made this a very interesting and exciting challenge. A special shout-out to all 10 doctors who gave their time to make this event a huge success. With help from the NWSU Clinical Education department, eight student interns were able to experience working with athletes from all over the globe.

Upcoming Events

December 11

[MCA/CDI Dinner Event— X-ray and MRI Diagnostic Imaging Review](#)

February 9-10

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

March 14

[Save the Date — MCA Day at the Capitol and Annual Meeting](#)

April 13

[Save the Date — MCA Awards Gala](#)

On-Demand Education

[On-Demand Webinars](#)

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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