

# The Montana Chiropractor

September 2011

## President's Letter

Marcus Nynas, DC



Wow, summer went quick. In August, the board had a conference call and did a lot of housekeeping type items. For example at last year's conference Dr. Gray had mentioned that some of our Code of Ethics needed to be updated. He graciously agreed to review that document and his recommendations have been passed on to our ethics committee for review. We're reviewing the Hall of Fame; we're looking at more town hall meetings across the state; we're working on membership growth and retention; and the election cycle is going to begin shortly. We are scheduling a conference for the Impairment

Ratings that will be held in January – watch for further details. The Congress of Chiropractic State Associations has their annual meeting in November which we will be participating in. We've submitted a few questions to Susan McClelland on the new member benefit where MCA members can ask Medicare or major insurer related questions. Don't forget the e-mail address to use for that is [MThelp@usit.net](mailto:MThelp@usit.net). As always if there is a particular area you are interested in helping with, please contact either Sue or myself and we'll find a way to get you involved.

I have received several comments about the amount of Medicare e-mails that have been sent along. We did discuss this, but have been unable to develop a solution to improve this for everyone. Please check the index at the top of that e-mail and see what's contained. We don't know how far along each individual member is on PQRI, EHR, meaningful use, HIPPA version 5010, the new ABN, ICD10, etc. When Medicare changes a policy or delays a start date it's in there. Some of these programs have been optional, but will be required over the next 2-3 years. If you're not doing something now, you can still bookmark a link within that e-mail for future reference. Looking at the e-mail that was sent on September 13, both of the phone calls available may be relevant (HIPPA and EHR). The ACO call is probably relevant to 3 members right now. This is the first announcement [CMS to Release a Comparative Billing Report on Chiropractic Services - Target Release Mon Sep 26](#). Remember even if you don't participate in Medicare some of these things are still relevant (HIPPA, EHR, ICD10). So the bottom line is that for the immediate future we will continue to pass along all Medicare information, please do at least open that e-mail and look at the topics in it.

Well it's getting to be hunting season, so remember to be safe in the woods. Send me your trophy pics, and I'll send you my lies about the big one that got away.

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# Attorney/Lobbyist Report

Mark Staples, MCA Legal & Legislative Council

Political partisanship is a lamentable but necessary feature of American Democracy. It ranges from minimal in times of National emergency (and thus momentary unity) to cataclysmic when it reaches its gnarling, brutal worst in the run-up to National elections. Most times, Americans watch these entanglements with a mixture of morbid fascination and disgust, depending on the subject(s) of the battle. Then, there are those policy wars, the outcome of which will directly affect your own life and livelihoods. To those, we pay much more heightened attention, or we should.

One such pitched battle is now being waged that could seriously alter your profession. It's the "National" Health Care fistfight. Not only are the complexities of insurance, primary care, treatment protocols, turf wars, and professional credentialing involved, but also bedrock principles of how much or how little government should be involved in this most elemental of human situations.

Right now, the battle lines are drawn nationally and here in Montana, over either implementation – or decommissioning

- of the congressionally enacted Patient Protection and Affordable Care Act. One U.S. Senatorial race, ours, between Montana Senator Jon Tester (D) (who supports the Act), and Montana Congressman Denny Rehberg (R) (who opposes it), may well decide the power balance in the U.S. Senate and thus ultimately, the fate of the Patient Protection and Affordable Care Act.

Now's the time for you to study, analyze, and research the pros and cons of the Patient Protection and Affordable Care Act for your patients and your profession. If you feel it's for the best for it to be implemented, or rather for it to be shelved, either way, you'll have a very clear choice next fall, as the November, 2012 election is widely seen as a National referendum on the Act. Between now and then, you need to dig . . . deep . . . into the reams of materials available, and decide where you stand.

Usually, sad to say, we voters in Montana don't have much effect on the National scene. In contrast, in the next election, you could make all the difference!

## EXCLUSIVE TO MCA MEMBERS ONLY: MEMBER BENEFIT PROGRAM - EXPERT BILLING AND CODING QUESTIONS ANSWERED



MCA President, Dr. Marcus Nynas, is pleased to announce a new benefit program for MCA members. Do you or your staff have questions regarding Medicare billing and coding? Expert advice and timely answers to your questions are available through a new service negotiated by MCA for its members. This service is not available to nonmembers. MCA has contracted with Susan McClelland of McClelland Consulting to answer your questions. Susan McClelland is a consultant to the chiropractic profession regarding coding/billing, clinical documentation, and Medicare regulations; she consults for the ACA and has been a speaker at our MCA annual conferences.

**How to contact McClelland Consulting if you have a question regarding Medicare and other regular or national insurers (excludes small, local carriers, and Medicaid):**

1. Questions must be submitted directly to McClelland Consulting via email: [MThelp@usit.net](mailto:MThelp@usit.net) Your questions will be promptly answered. McClelland Consulting will provide a copy of the question and answer to both you and the MCA. The information will be emailed to MCA members and will also be posted in the "members only" section on the website: [www.mtchiro.org](http://www.mtchiro.org) to enable sharing the benefits of the information. Do not include your patient's name in your inquiries. In addition, your personal information, name, practice, etc. will not be included in the information sent to the general membership or posted on the website.
2. Telephone calls or faxed inquiries are not permitted; email only.
3. Be sure to include your name on the inquiry and confirm you are a member of the MCA; staff may also directly email McClelland Consulting but must include the member doctor's name and confirm the doctor is a MCA member.

If you have any questions or do not have access to an email account, please contact the MCA office: 406.443.1160.

## Social Media Risks

Scott E. Hansing, DC



My column in the MCA newsletters typically deals with current scientific articles and clinical topics but this month I thought I would stray a bit and talk about social media.

Social media has revolutionized the way we stay connected in

the digital age over the past few years but has also presented new and unique challenges. Privacy concerns are always a problem and the pictures and material we post on the internet can be potentially incriminating if we aren't careful. We've all heard the warnings that once something is on the internet it's there forever. Old posts from our alcohol-mediated college days have a way of coming up in job interviews. Social media has been determined to be one of the leading causes of marital infidelity. As a health care professional, social media presents other unique challenges.

Many of us maintain accounts on various social media websites to stay in touch with family or old high school buddies we haven't talked to for years. I have a Facebook account and have been able to reconnect with people I haven't seen or talked to for over twenty years. We have enjoyed reminiscing and getting to know each other again along with our respective families. But being a physician, what happens if a patient wants to "friend" me on Facebook?

This is a situation state boards are confronting more and more. While official complaints regarding misuse of social media have been rare, the potential for problems seems to be increasing. This was a hot topic at a recent meeting of regional Federation of Chiropractic Licensing Boards in White Fish. The FCLB is the national organization that includes virtually all state chiropractic regulatory boards. The digital age obviously didn't exist when statutes and rules were created so social media has begun to create unique challenges for states to deal with.

Most boards have not had to write specific rules to regulate professional behavior on social media but it is most likely only a matter of time. Until then there are certain things you should consider when asked to interact with a patient using social media.

Maintaining a professional page for your office on one or more of the social media websites can give you some leeway while interacting with patients or potential patients. There are a number of issues you need to keep in mind. Any professional advice given would have to be given with the same care as you would with a newspaper article or other forms of media. If you are giving medical advice to someone out of state, are you following that state's scope of practice? Are you creating potential malpractice issues with any advice you give out? As in any professional interaction, you always need to cover yourself if you are interacting with patients while offering any kind of professional guidance.

I personally don't maintain a business profile on any social media but use Facebook for strictly personal reasons. Personal use carries its own potential dangers. Colleagues often ask me if it's acceptable to "friend" patients on Facebook. Keep in mind that once someone is your patient, you have established a professional doctor/patient relationship. The potential for misunderstandings or inadvertent interactions is magnified exponentially. It's generally recommended not to be "friends" with patients on Facebook in order to reduce the potential for trouble. We have followed that rule with our own profiles and once we explain why we do this, any patients wanting to be "friends" are quick to understand.

I would encourage any of you maintaining accounts on social media to consider these suggestions when dealing with your patients. Remember, once you start seeing someone as a patient, you are expected to follow the professional boundaries that come with a doctor/patient relationship.

## Welcome New MCA Members

Sampson Fennelly, DC  
Kalispell, MT

Rachel JM Rising, DC  
Bozeman, MT

## Take A Look at CMS' Attestation Resources

*Susan McClelland, FICC, McClelland Consulting LLC*

Are you an eligible professional (EP) participating in the Medicare Electronic Health Record (EHR) Incentive Program? CMS has resources to help you attest to having met meaningful use requirements in order to receive your EHR incentive payment.

Attestation resources located on the CMS EHR website include:

- An [Attestation page](#) on the CMS EHR website, where participants in the Medicare EHR Incentive Program can find important information on attestation.
- The [Meaningful Use Attestation Calculator](#) allows EPs and eligible hospitals to check whether they have met meaningful use guidelines before they attest in the system. The calculator prints a copy of each EP's or eligible hospital's specific measure summary.
- The [Attestation User Guide for Medicare Eligible Professionals](#) and the [Attestation User Guide for Eligible Hospitals](#) provide step-by-step guidance for EPs and eligible hospitals participating in the Medicare EHR Incentive Program on navigating the attestation system.

- Attestation Worksheets for [EPs](#) and [Eligible Hospitals](#) allow users to fill out their meaningful use measure values, so they have a quick reference tool to use while attesting.
- An [Eligible Professional Medicare EHR Incentive Program Attestation Webinar](#), which is a video version of the user guides for EPs and walks viewers through how to complete the attestation process.

Attestation is currently open for all participants in the Medicare EHR Incentive Program. You can attest via [CMS' Medicare & Medicaid EHR Incentive Program Registration and Attestation System](#).

Want more information about the EHR Incentive Programs?

Make sure to visit the [EHR Incentive Programs](#) website for the latest news and updates on the EHR Incentive Programs.

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# The “NO DEMAND - NO NEED” Policy of the INDIAN HEALTH SERVICES (IHS) Against DOCTORS OF CHIROPRACTIC

Submitted by Gary Auerbach, BS, DC, MPh (cand),

Acting Administrator for the American Indian Alaska Native Doctors of Chiropractic

Indian Health Services has taken a "No Demand - No Need" policy in regards to chiropractic priority scoring for employment at IHS facilities and also for its student Loan Repayment Program. The AIANDC Ad-hoc committee is looking to partner with DC's throughout the USA to participate in this outreach. If you are an AMERICAN INDIAN/ALASKA NATIVE DOCTOR OF CHIROPRACTIC or FRIEND of Native American persons and are interested in helping this indigenous population, you are invited to visit and register your contact information at [www.AIANDC.org](http://www.AIANDC.org)

## American Indian/Alaska Native DC's (AIANDC) Ad Hoc Committee

Jessie Allen, DC	(Cherokee)	Gerald R. Lauzon D.C	(Akwasasne)
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John Fitzpatrick, DC	(Blackfeet)	William (Bill) Pfeifer Sr., DC	(Ketchikan)
Jeremy Garcia, DC	(Lummi)	Robyn Purdum, DC	(Shawnee)
Maria Garcia, DC	(Pascua Yacqui)	Gerald Smalling, DC	(Choctaw)
Chelsea Haponski, DC	(Ketchikan)	Marc Sommer, DC, DAAPM	(Crow)
Genevieve John, DC	(Mentasa)	Willard Smith, DC	(Choctaw)

## Frontier Focus: 5-Month Results Reported for Medicare and Medicaid EHR Incentive Programs

*From the Centers for Medicare & Medicaid Services*

### 5-Month Results Reported for Medicare and Medicaid EHR Incentive Programs

Figures announced by the Centers for Medicare & Medicaid Services (CMS) show solid results for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs since registration for the programs opened on Jan. 3, 2011. Authorized under the American Recovery and Reinvestment Act of 2009 (Recovery Act), these programs provide incentives to eligible professionals and eligible hospitals as they adopt, implement, upgrade or demonstrate meaningful use of certified EHR technology in ways that improve quality, safety, and effectiveness of patient-centered care.

### Medicaid Electronic Health Record (EHR) Incentive Programs Are Up and Running

On Jan. 3, states began voluntarily offering the Medicaid EHR Incentive Program to eligible professionals (EPs) and eligible hospitals. CMS worked with all states and territories to facilitate their program planning,

implementation, and administration, and continues to guide states and territories as they launch their incentive programs, accept and verify provider attestations against eligibility requirements, and issue payments.

By adopting and meaningfully using certified EHR technology, providers can receive financial incentives and achieve improvements in patient care and quality, such as reduced errors, increased availability of records and data, improved clinical decision support, and the convenience and benefits of electronic prescribing.

Eleven states began participating in January: Alaska, Iowa, Kentucky, Louisiana, Michigan, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, and Texas. At the beginning of April, Alabama and Missouri launched their incentive programs. Indiana and Ohio began participating in May, and Pennsylvania and Washington launched in early June. More states will launch their Medicaid EHR Incentive Programs throughout 2011.

*(continued on next page)*

# Frontier Focus: 5-Month Results Reported for Medicare and Medicaid EHR Incentive Programs *(continued)*

*From the Centers for Medicare & Medicaid Services*

## Medicaid EHR Incentive Program Results

As of May 31, ten states had issued Medicaid EHR incentive payments totaling more than \$114.5 million to eligible providers who have successfully demonstrated that they have adopted, implemented, or upgraded certified EHR technology.

On Jan. 5, Kentucky and Oklahoma became the first states to issue Medicaid incentive payments. Since then, Alabama, Alaska, Indiana, Iowa, Louisiana, Mississippi, North Carolina, Ohio, South Carolina, and Texas have also issued incentive payments. Other states that have already launched their Medicaid EHR Incentive Programs announced their intention to disburse their first payments in June or July.

In their first year of participation, providers may receive incentive payments through the Medicaid EHR Incentive Program by first registering through CMS' Web-based registration system, and then demonstrating to their state that they are eligible and have adopted, implemented, or upgraded certified EHR technology.

Medicaid EPs and eligible hospitals do not need to attest to meeting meaningful use criteria in the first year of participation in the program. However, they will have to demonstrate meaningful use in subsequent years. Medicaid EPs can receive up to \$63,750 over the six years that they choose to participate in the program.

Providers residing in states and territories that have not launched their Medicaid EHR Incentive Programs can still register through CMS' Web-based registration system, but will need to wait until their state's program launches to demonstrate their eligibility and attest (legally state) through their state's Medicaid agency Web site that they have met all of the eligibility criteria, including having adopted, implemented, upgraded or meaningfully used certified EHR technology. Information on when specific states' Medicaid EHR Incentive Programs will become available is posted on the CMS Medicaid State Information Web page, <https://www.cms.gov/apps/files/statecontacts.pdf>.

## First Medicare EHR Incentive Payments Announced

The Recovery Act also authorized the Medicare EHR Incentive Program, which is administered by CMS.

On April 18 CMS opened a secure website through which EPs, eligible hospitals, and critical access hospitals can demonstrate meaningful use of certified EHR technology to CMS by "attesting" to their compliance with program requirements for a continuous 90-day reporting period for their first year of participating in the Medicare EHR Incentive Program. In their second year and subsequent years of participation in the program, providers must demonstrate meaningful use for a full year reporting period. CMS expects that more providers will attest throughout 2011 and that the total amount of Medicare EHR incentive payments will continue to grow.

On May 19 the Medicare EHR Incentive Program issued the first round of payments totaling \$75 million to more than 300 providers who qualified for incentives in the first two weeks of the program.

"Electronic health records can bring America's health care system into the 21st century by helping physicians and hospitals save lives, save money, and save time," said CMS Administrator Donald M. Berwick, MD. Results as we approach mid-year are very encouraging for the Medicare and Medicaid EHR Incentive Programs and indicate providers' strong interest in this important initiative. We encourage early adoption, and we're seeing the participation numbers continue to increase."

CMS looks forward to announcing the launch of additional states' Medicaid EHR Incentive Programs in the coming months and to continued positive results for attestation and payments under the Medicare EHR Incentive Program.

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# The Montana Chiropractor

September 2011

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36 S Last Chance Gulch, Suite A  
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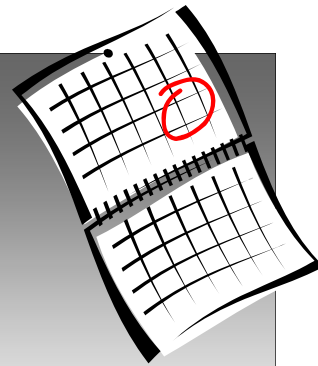
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### 2012 MCA Annual Conference

May 18-19

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