

Michigan Association of Chiropractors Announces Big Wins in Fight Against Discriminatory Health Plans

The Michigan Association of Chiropractors' (MAC) Board of Directors and Legal Affairs and Insurance Committees, recently secured two critical victories against health plans discriminating against doctors of chiropractic.

"These wins send a very strong message to Michigan insurers," said MAC President Kirk Steketee, DC. "Doctors of chiropractic will continue to fight for our right to practice and the rights of our patients to receive chiropractic treatment."

In early July, Michigan Insurance Commissioner Linda Watters declared Blue Cross Blue Shield of Michigan's (BCBSM) Healthy Blue insurance options unlawful and ordered BCBSM to withdraw them from the market. The Healthy Blue policies excluded doctors of chiropractic from performing physical medicine modalities and other services within Michigan's chiropractic scope of practice.

Michigan law authorizes the commissioner to disapprove any certificate that contains provisions that are "unjust, unfair, inequitable, misleading, deceptive, or which encourage misrepresentation of the coverage." Watters ruled that a certificate that discriminates against a class of health care providers is "unfair" under this law. In other

words, once BCBSM offers coverage for a particular medical service, it may not exclude a class of providers from being paid for that service, as long as the provider is authorized by law and professional license to administer that service.

Furthermore, Watters noted that Blue Cross may not exclude spinal manipulative therapy from their coverages unless the exclusion is equally applied to all provider groups. This means that policies cannot discriminate against one provider group while allowing other providers to perform the excluded service.

Finally, Watters stated that, to the extent DCs are permitted by scope and licensure to perform physical therapy, they must be treated in the same manner as other providers authorized to provide physical therapy.

This victory comes on the heels of negotiations with Priority Health that resulted in an extremely positive proposal for future Priority Health policy language. Priority Health entered into negotiations with the MAC after they filed a discrimination complaint several months ago.

The new policy language would allow for 30 physical, occupational, chiropractic and osteopathic visits (to be called "physical medicine procedures");

30 speech therapy visits; and 30 combined cardiac rehabilitation and pulmonary rehabilitation visits. These benefits would be available in all Priority Health policies (PPO, HMO), and riders would be available for additional coverage (visits). Evaluation & Management services and X-rays would not be limited by the 30 procedures, and chiropractic services would not require a referral or pre-authorization.

All allowable physical and occupational therapy, including services provided within the scope of practice of osteopathic physicians and chiropractic physicians (including spinal manipulation), for treatment of medical diagnoses would be covered if due to an injury, illness or a congenital defect.

Co-payments would be equally applied on all like services, and only one co-pay would apply to each visit, whether that visit includes only an E&M, only a manipulation, or both. Priority Health has also agreed that their network enrollment would be significantly opened up and MAC would provide input and oversight to the process.

Priority Health also asked for MAC assistance with all aspects of utilization review, and the possibility of joining together in a future study is being discussed.

"While these victories are extremely important, they are just the first step," said Dr. Steketee. "We will continue to explore every option in ending discrimination against chiropractic in all health plans. Our dedicated membership, committed leaders, and expert attorney, Kevin Moody, are making these victories possible."

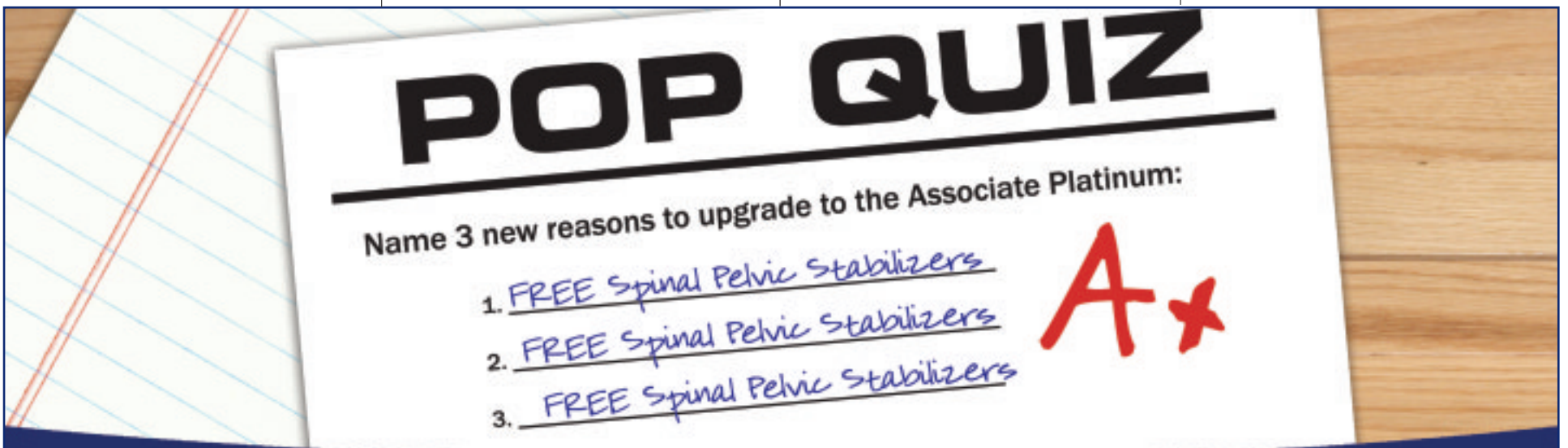


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