

American Chiropractic Association

DEDICATED TO IMPROVING THE HEALTH AND WELLNESS OF AMERICA, NATURALLY.

October 24, 2005

Mary Davis, MD
Vice President and Medical Director Quality Management
Wellmark Blue Cross Blue Shield
1601 W. Madison St.
Sioux Falls, South Dakota 57104

Pamela A. Duffy, PT, MEd, OCS, Station 201
Physical Medicine Director
Wellmark Blue Cross and Blue Shield
PO Box 9232
Des Moines, IA 50306-9232

Dr. Davis and Ms. Duffy,

The American Chiropractic Association is aware of Wellmark's plan to adopt the Medicare "incident to" regulation. As this ruling has tremendous effects on the way many doctors of chiropractic operate their practices, the ACA has serious concerns that we trust Wellmark will consider before making a change in policy that has such far reaching implications.

We believe the proposed adoption of the "incident to" regulation is not reflective of any clinical need, runs counter to state authority to regulate the practice of chiropractic, and places an undue hardship on both the doctor and patient in the delivery of needed care

Our primary concern about implementation of the "incident to" rule would be a possible infringement upon state licensing regulations. Currently, the Iowa Chiropractic Licensing Board says it has "no current or planned regulation" of chiropractic assistants. This information seems to indicate that a policy change, such as the one proposed by Wellmark, was not foreseen by the Board. In South Dakota and Iowa, information regarding chiropractic assistants from the South Dakota Board of Chiropractic Examiners and Iowa Chiropractic Licensing Board indicates that only those chiropractic assistants who are involved in taking x-rays are required to go through a certification process. Both of these licensing organizations pay specific attention to the role of the chiropractic assistant in conjunction with the licensed chiropractic provider.

Chiropractic Assistants have for many decades provided services "incident to" and under the direct supervision of doctors or chiropractic. We know of no reports which would indicate that this process has in any way adversely affected patient care. Most doctors of chiropractic do not personally apply related therapy services themselves, but rather direct their application by a staff member. Wellmark's proposed policy change would effectively negate the CA's ability to assist with the vast majority of therapy services routinely provided by a doctor of chiropractic under state law and will deny patients'

coverage for these needed services. Again, there is no clinical justification for a procedure that is contrary to state law and reduces coverage for needed patient care.

We are also concerned that your proposed policy change will exacerbate an already severe shortage of medical care for South Dakota's citizens. South Dakota has been designated by the U.S. Office of Personnel Management as a Medically Underserved Area (MUA). As you are aware, MUAs are states where over 25% of the population lives in an area with a primary medical care manpower shortage. In this state, where the Federal Government has indicated a shortage of medical care providers, ACA firmly believes it is not in the patient's best interest to impose more restrictions on the individuals who are available to assist providers in dispensing quality and efficient care.

In summary, we believe implementation of Medicare's "incident to" regulations, which were never intended to apply to private sector plans, is inappropriate and ill suited to the needs of Wellmark's South Dakota clients.

Thank you for considering our concerns, along with those of other providers, regarding this possible policy change. I look forward to hearing from you regarding these issues.

Sincerely,

A handwritten signature in black ink, appearing to read "K.P. Corcoran", written over a light grey rectangular background.

Kevin P. Corcoran CAE
Executive Vice President