

We Get Letters & E-Mail

Networking Disabled Chiropractors

Dear Editor:

I'm starting a networking system via e-mail to attract doctors of chiropractic such as myself who are partially or temporarily disabled. This is a little-thought-about group that is in all likelihood made up of a good many doctors.

I became a chiropractor 11 years ago, became partially/permanently disabled due to a personal injury and again through a job-related injury while treating a patient. For all outward appearances, I am well, intact, and enjoy an active lifestyle. I've been relegated to working part-time as an adjunct professor of biology at various universities. While I enjoy teaching college, my prime career and passion is chiropractic. I have been forced to sit on the sidelines and watch others in my profession work, earn, build practices, and heal people. It causes a visceral ache knowing that I cannot work a full-time practice.

There are chiropractors who need coverage for their practices but, while empathizing with the disabled DC, won't hire someone like myself to work for them if this "ability-limited" doctor (limited, not incapable) cannot treat 30 or 40-plus patients a day.

What I am proposing to do is to start networking, then establish a placement agency for disabled doctors. Such doctors can be placed in positions where their wealth of knowledge and expertise is utilized on a part-time or limited basis, taking into account each doctor's physical limitations. The doctor who hires will do so with the knowledge and expectation that this person has a great deal to offer, is valuable, and can treat patients effectively. It might only be history-taking and physical exams, x-rays, administrative work, adjunctive therapies, light or limited adjusting (or a combination of any of these); this would of course depend on the "disabled" doctor's condition. If the hiring doctor needed a full-time associate or coverage, then perhaps two doctors could split the work. There are many ways to go about this.

I'm in no way suggesting charity. What I am suggesting is that doctors of chiropractic allow others, perhaps not as physically fit, to stay in this wonderful profession of ours and not resort to going into other careers. In return, they get the comfort of knowing that if and when misfortune strikes (and it can), they too will be in a position to reach out for help from an agency that specializes in helping chiropractors who are disabled and want to work, or those who become disabled (temporarily or permanently) and need assistance. I would like to add that this would also include maternity or paternity leave.

I think my grass-roots concept is necessary and long in coming. I reach out to all who may find themselves in a similar situation. If anyone is interested, please e-mail me at abledocs@email.com or balapina@bellatlantic.net

C. Pastor,DC

AOL Health

Dear Editor:

When accessing AOLHealth, I noticed that anything that talks about doctors, does not include chiropractors. To see anything related in any way to chiropractic, you must click on *alternative medicine*! Why is this? Until we educate the people that are shaping how society thinks and functions, we will continue to have to deal with our "otherness," our second-class status in society, as we have been! One patient at a time! This is the arena to be working in now. This is where a huge chunk of our patients will be finding us in the not-too- distant future! I'd appreciate your comments.

*Roni Keeton,DC
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"Is There Not a Way to Expose These Salesmen"

Dear Editor:

I'm getting real tired of reading the likes of Drs. Barrett, Novella, Jarvis and the "Howard Stern" of medical radio shows - Dr. Edell - posting misinformation on the web about their ridiculous opinions, based supposedly on "science." What they use in their defense is clearly pseudoscience and opinion, but they are getting attention, especially Dr. Edell. There is even some shameless and fraudulent slander that is going occurring on several of these sites. While I agree with our freedom of speech, I feel some of these doctors have gone too far. Is there not a way to expose these salesmen for what they really are?

Anonymous

"D.D. Did Not Advocate Other Methods"

Dear Editor:

Since he does not say, I am curious as to where the letter-writer¹ in your Sept. 4th issue got his "facts" about D.D. Palmer using "other" methods (i.e., diet and naturopathic). At least by 1910, D.D. Palmer did not advocate "other" methods, evidenced by the following:

"A Chiropractor who comprehends the principles of this science will have no use for adjuncts. Just in proportion as he lacks knowledge and confidence (the two go together), he will use remedies, become a mixer."²

B.J. offers further evidence that DD "did *not* believe in and did *not*" do other things such as diet, naturopathy, heat, food supplements, physiotherapy, massage, etc.³

References

1. Smith BA. Let us build on what we have instead of adding to the divisions. *Dynamic Chiropractic* September 4, 2000, pp. 56-57.

2. Palmer DD. *The Science, Art and Philosophy of Chiropractic* 1910, p. 136. Cited in Strang VV. *Essential Principles of Chiropractic* 1985, p. 157.

3. Palmer BJ. *History in the Making* 1957, p. 31.

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A Claims Review Saga

Dear Editor:

This letter is long, but I believe it is very important and hope it can get some positive action accomplished to alleviate a potential abuse of patient rights and consumer protection.

The issue is one of insurance companies, managed care organizations (MCO) or third-party administrators (TPA) using vendors who do inappropriate claims reviews (or IMEs) to help deny care. I am sure many doctors saw the June 23rd "Dateline NBC" show that dealt with State Farm using a West coast vendor to do claims reviews. The claims reviews were not written by doctors at all, but by journalists, nurses and claims review persons, and then signed by the doctor who allegedly wrote the report. That is called "fraud" if a doctor is doing that for a patient to get an insurance company to pay for a claim. I don't know what it is called if an insurance company is using a doctor to do the same thing to deny a patient's claim.

I don't dispute legitimate claims reviews or IMEs. I feel that those doctors who do reviews and IMEs should be certified, as it is a "specialty" field, with a lot of legal minefields to wade through if one doesn't know what they are doing. Claims reviews and IMEs are not wrong if done appropriately with objective data to support the opinions of the reviewer.

About a year ago, chiropractic members of our community started having their patients' claims denied by a third-party administrator (TPA) called Employee Benefit Management Services (EBMS). This TPA has offices in Billings, MT, Portland OR, and Salt Lake City, Utah. The EBMS TPA was using a claims review vendor called Medical Review Institute of America, Inc. (MRIA) based in Salt Lake City. They have an interesting website: <http://www.medicalopinions.com>.

MRIA was denying claims for our patients from a local teacher's group covered by EBMS. I asked my patients to write to EBMS for a copy of the denial letter so that I could write an appropriate rebuttal. That request was denied by EBMS, and the patients were told that the denials were confidential and that EBMS would read to the patient or their treating doctor what the denial said, but that a copy of the denial letter would not be sent. I called and wrote EBMS and demanded a copy of the denial letter and demanded the doctor's name and credentials who wrote the denial letter, so I could address the areas of contention to the denial doctor. Again, I was told "No." I couldn't know the doctor's name, and I couldn't see a copy of the denial letter, but I could talk to the MRIA review doctor in person with my patient on a conference call if I chose to, in hopes of resolving the dispute.

I declined that opportunity. Why would I want to talk to an anonymous doctor, who wrote an anonymous letter that denied my patient's care? Obviously, the Freedom of Information Act (FOIA)

must not apply to insurance companies who fall under the ERISA umbrella. I wanted to know what proof MRIA would guarantee to me (in writing) that I was actually talking to the review doctor who was responsible for the anonymous denial letter. I was told by an EBMS employee that they couldn't guarantee me anything. Why should my patients and I believe that the anonymous denial letter was a legal document that allowed a company to reject and deny these claims?

After months of pressure, I told an EBMS employee that I wanted the FBI involved in this issue, because I felt it was a potential fraud case with interstate mail being used to help in the conspiracy to deny claims. (The FBI did come and copy the complete record and correspondence, and is working on this case now.) At the mention of the FBI involvement, the employee immediately faxed me a copy of the denial letter from May 1999, seven months prior. It had no name, no signature, and the most bogus credentials, which appeared to have been written by a non-chiropractor.

Here are the doctor's credentials as taken exactly from page two of the 24 May 1999 faxed document. I wasn't impressed with these credentials being anything other than average DC credentials.

"This review was provided by a chiropractor who studied at two chiropractic colleges, and is licensed to practice in three states. This chiropractor is a diplomate of the National Board of Chiropractic Examiners, and a member of the American Chiropractic Scoliosis Foundation. This reviewer is experienced in workers' compensation, disability evaluating, orthopedic examinations, is a certified permanent impairment evaluator, has been an instructor in anatomy and physiology, has experience in and treats patients with TMJ disorders. This reviewer has been in practice since 1983."

My patient emailed the MRIA and asked them why they don't have the doctors who do the reviews sign them. Here is an exact quote from K. S., who is the director of physician relations/ legal services for MRIA. The e-mail is dated 27 January 2000, and I am quoting exactly from the e-mail answer:

"Part of the reason insurance companies use independent reviewing companies is that they want a second opinion on the services provided and billed to them."

"In order for physicians to feel comfortable in giving objective, candid opinions, they must know that they will not be sought out and confronted. They depend on us to keep them confidential. We only contract with physicians in active practice, who are comparably credentialed with the physician they are reviewing, (i.e., cardiologist with a cardiologist, chiropractor with a chiropractor, and so on).

"I understand this must be very frustrating for you, but we have been in this business since 1983, and we know it works. We have over 1,000 doctors on our panel of reviewers, and appreciate all they do for us. Our physicians only offer opinions, we do not tell your insurance company what to pay/authorize, we only offer information. Please look to your carrier for information. There is an appeal process for you to use if you are unsatisfied with their decision. I hope this helps."

I find it very interesting that MRIA told my patient: "Our physicians only offer opinions, we do not tell your insurance company what to pay/authorize, we only offer information." When my patient's contacted the TPA, EBMS they were told that the claims were denied because MRI's opinion was that the claims weren't warranted. The EBMS company wasn't responsible, and the MRI group wasn't responsible either. The only recourse for my patients was an appeals process with an anonymous MRIA doctor who would review the case and make another anonymous opinion.

I am thankful that when my patients and other DC patients in our area threatened a class-action lawsuit against their school district, EBMS revisited the issue and paid all of the previously denied claims. That alone makes me wonder if there was a legitimate denial in the first place: one that could withstand the rigors of legal investigation and lawsuit.

I am now working with several members of Utah's Board of Chiropractors and a Utah Chiropractic Association officer to see if we can find a way to investigate this company and the doctors who are working for them. If there is a potential conspiracy to deny claims operation here, this case will become a criminal case with a potential for civil action. Perhaps others reading this have had similar problems with the MRIA or a similar company, and could write an affidavit that would help support this case. Patterns of abuse are very necessary in investigations. Let your state chiropractic board know that you are concerned about the consumer protection issues here and want appropriate action to prevent it from occurring.

As of May of this year, I saw literature from Wisconsin, where MRIA is recruiting DCs in Wisconsin to do reviews for them. Doctors check this out very carefully before you sign up.

In legitimate claims reviews and IMEs, the doctors autograph their work. Signing the medical/legal documents shows that the doctor takes responsibility for their work product. If the review doctors can't take the heat, they shouldn't get into the game. Review work and IME work is becoming a recognized specialty all in its own, and should be treated as such with appropriate certification given after to the doctors after they have completed the course- work and passed the tests. Certified doctors would then face sanctions from their certification board and state board of chiropractors, should improper, unethical claims review allegations be proven against the review doctor.

It is my opinion that this problem is probably just the "tip of an iceberg." I would hope that the Board of Chiropractic Licensing Federation would consider reviewing this problem on a national level and propose mandating rules in each State as to who can do reviews, and make reviews legal documents with potential legal repercussions and the need to be legally signed to be valid.

This is a consumer protection issue, as much as any issue the boards are involved in to protect the public safety. We need action now.

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