

## Chiropractic in Managed Care -- What's the Buzz?

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The managed care industry is just beginning to wake up to the value of chiropractic care. Remember now, these are business people in the business of health care. They don't care who you are or what you look like. If your service can provide quality patient care at a reduced cost with a high rate of satisfaction, they want you.

For a long time, chiropractic has been trying to sell itself based on the results of non-managed care studies and patient demand. Patient demand has gone a long way towards convincing the managed care community that chiropractic is a marketable service. Consider the choice of Kaiser Permanente, one of the largest HMOs in the country, to add chiropractic (see "Kaiser Permanente Expected to Offer Chiropractic to Its Southern California Calif. Members" in the October 9, 1995 issue). The change in Kaiser's 50 year policy against adding chiropractic came as a response to patient demand.

There appears to be a large number of managed care organizations that are looking to add chiropractic to their list of covered services. Once they read the chiropractic cost effectiveness study, (please see "New Study Shows Chiropractic Cost Effectiveness in Managed Care" on the front page), the number crunchers will join the public relations people in their quest to add chiropractic care to their plans.

This new-found appreciation will (and has) tempted many DCs to sign contracts that are less than acceptable. The fear of being left out, combined with the frenzy of potential inclusion, has caused many to ignore the issues of gatekeepers, referrals and patient choices. I hope we will recognize the great value of chiropractic and not sell ourselves too cheap.

### THERE ARE OTHER OPTIONS!

For those who aren't sure they want to be involved in the delivery of chiropractic care through a managed care program, there are several options. Many employees currently have access to Section 125 Cafeteria Plans. These are plans which are offered by many employers as a way of supplementing health care expenditure not covered by the health care plan offered by the company.

A Section 125 plan allows an employee the ability to withhold a predetermined amount of money each month before taxes. As the employee pays out-of-pocket health care expenses, they are then reimbursed with tax-free dollars. Many of the people in our office (including myself) prefer to be cash-paying chiropractic patients. This is the mechanism we use to retain our right to make our own health care decisions, but still enjoy a sizable "discount" by using tax-free dollars.

Another option that is quietly making the rounds through the US Congress is the Medical Saving Account (MSA). An MSA allows an employee to save pre-tax dollars in a special account and use that money as needed to pay for their health care. A number of hybrids combine an MSA with some kind of catastrophic health care insurance (with a \$5,000 deductible). The premium on the

catastrophic insurance is substantially lower than full-coverage premiums. The difference can be put into a special tax-free account to be used as the employee sees fit.

Both the 125 plan and the MSA give patients the power of choice for much of their everyday health care. These discretionary health care dollars are available to pay for chiropractic care with tax-free dollars. This has great appeal for both the employee and the provider, especially considering how many people are making health care choices outside of what their health insurance offers.

Chiropractic is effective no matter what the plan, but chiropractors will need to persevere against any policy that may endanger the welfare of our patients. We must continue to put our patients ahead of all else.

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