

Chiropractic  
Service Corps

*“Serving America's Healthcare Safety Net”*

# Guide To Integration

# Guide to Integration



## Table of Contents

Integrating Chiropractic Care in FQHC	P.2
Chiropractic Coverage Under Medicaid	P.2
Frequently Asked Questions	P.3
Contracted Vs. Local Doctor	P.4
Challenge of Integration	P.5
CCE definitions: Chiropractic & Chiropractor	P.5
Website Information	P.5

## Chiropractic Service Corps, Inc.

Michel Tetrault, DC  
Chief Executive Officer  
17602 17th Street  
Suite 102-181  
Tustin, CA 92780  
[michel\\_tetrault@hotmail.com](mailto:michel_tetrault@hotmail.com)

[www.chirocorps.com](http://www.chirocorps.com)

## Introduction: Integrating Chiropractic Care

Dear Executive Director:

Thank you for the opportunity to propose our services to your organization. As an experienced chiropractic management and service company, providing services exclusively for Community Health Centers, we offer a viable program for the successful integration of chiropractic services. In order to thoroughly manage the division of chiropractic services we propose a "turn-key" program that includes the following duties we perform for your organization for a percentage of paid encounters:

- Chiropractic Director duties (similar to a Dental Director duties)
- Chiropractic provider recruitment, placement and credentialing assistance
- Provide chiropractic equipment necessary to deliver chiropractic services
- Provide licensed chiropractors to deliver all "on site" chiropractic services
- Training and supervision of all clinic staff assisting in chiropractic services
- H.R. / Payroll services for chiropractic providers
- Patient Education and Preventive Programs that encourage patient participation
- Assist Clinics in compliance with State and Federal regulatory agencies in providing the above services within standard of practices in the profession, such as compliance with medical records documentation, peer review, etc.

We are happy to assist you as your organization looks into the feasibility adding chiropractic services and would like the opportunity to meet with your medical staff or your Board in the near future to address any questions or concerns they may have on this topic. In the meantime, please feel free to email any questions directly to me at [Michel\\_Tetrault@hotmail.com](mailto:Michel_Tetrault@hotmail.com).

In summary, this program is intended to meet all the needs and most of the costs of delivering chiropractic care for your patients for a percentage of your collections without taxing existing management duties. I look forward to helping you take the next step and could accommodate to begin providing chiropractic for your facilities within six weeks of an approval date.

## Chiropractic Coverage under Medicaid

Federal law provides for Chiropractic care as a covered service under Medicaid and Medicare when provided in an FQHC. Pursuant to the Ninth United States Circuit Court of Appeals ruling in California Rural Health Clinics v. Douglas, in addition to the exclusion exceptions noted in the Medicaid Provider Manual, medically necessary podiatric and chiropractic services are reimbursable by Medicaid when provided to any Medicaid beneficiary in FQHC and RHC settings. This Federal District ruling applies to all FQHCs nationwide, regardless of State defined Medicaid benefits.



# Frequently Asked Questions

## How do FQHC facilities qualify for payment of chiropractic services?

Pursuant to the Ninth United States Circuit Court of Appeals ruling in September 2013, medically necessary podiatric and chiropractic services are reimbursable by Medicaid when provided to any such beneficiary in FQHC and RHC settings.

## Why contract with the CCHA for managing chiropractic services?

The Chiropractic Service Corps has established a standard of chiropractic management and integration protocols that produces reliable patient access and utilization patterns within the community health care system. CCHA guarantees successful implementation of a chiropractic program that brings significant satisfaction and additional funds to the clinic with minimal cost and effort.

## How much space is needed for a chiropractor to treat patients?

We recommend one room about 10ft X 12 ft. This will serve up to 120 patient visits per week. In some places, at the beginning, we have cleared out a storage room until a more suitable room became available. Chiropractic is not high-tech so minimal space is utilized. The "per square foot" revenue is impressive.

## Our facility has over 30% "non-insured" patients. How are they covered under your services?

In the same way FQHC facilities serve the NTPC patients... they are treated as needed under the center's overall budget. It is understood that all patients have to be treated equally and that includes their ability to have access to chiropractic care; therefore, the Chiropractor's contract with the Chiropractic Service Corps provides to meet this requirement.

## What are the billing codes?

With today's MCO climate there are very different requirements used by HMOs to process Optional services such as Chiropractic. We assist the billing staff to prepare for the regular billing of chiropractic services.

## Do patients have to be referred by the primary physician?

No. Patients have direct access to chiropractic services. However, we encourage referrals from the staff physicians and offer in-house seminars to facilitate the communication. Where there have been even the most modest efforts of providing the MDs with a better working knowledge of chiropractic it is not uncommon for the physicians to take personal advantage of having a chiropractor on premises.

## Contracted VS Local Doctor

The integration of complimentary care into FQHC facilities is beginning to expand but sporadically, especially for Chiropractic Services. Medicaid programs provide benefits for chiropractic services when delivered in Rural and Community Clinics. But where do you get the doctors and how do you integrate a non-medical service in a medical setting? The choices are:

1. Contract with a DC organization that provides "turn-key" services
2. Or, recruit a local DC to place on staff and figure things out on your own

**1.** Contracting with a provider organization offers several advantages that include:

- Provider recruitment, credentialing and peer review assistance
- Specialty chiropractic equipment is supplied and included
- The DC is contracted through the organization and trained to work in an integrated clinic setting.
- All chiropractic H.R. service costs associated with contracted doctors are included.
- The organization provides training and protocol expertise in billing, patient scheduling and patient education by the chiropractor and support staff that produces optimal utilization and compliance by the patients.

**a)** Furthermore, the contracted organization can place another qualified DC whenever necessary. Training and quality control helps to keep things smooth so the administration can enjoy expanded services with very little effort. Lastly, the clinic benefits from the shared experiences of a nationwide network that is dedicated to quality services and effortless integration of chiropractic services.

**b)** As the introduction of chiropractic care into rural and community clinics becomes fully integrated into the facility operations, the physicians will become more comfortable with the positive results experienced by the patients and can fully utilize the expertise available through the DCs in supporting the clinic's overall mission objectives. A worthy endeavor!

**2.** Alternately the clinic can find a suitable local Doctor of Chiropractic (DC) to introduce chiropractic services:

- Some facilities have entered into a private contract with a local chiropractor that may or may not meet Federal and State guidelines.
- This is usually a part-time arrangement with no built-in quality control measures.
- Without patient education the low patient visit numbers barely keep one part-time chiropractor busy, leaving the Center questioning why it entered into the program.
- Too often, after purchasing the specialty equipment and trying on their own to introduce services to the patient population, everything is back to square one when the DC decides to leave.
- The clinic is then "burned-out" on the idea and the poor experience prevents patients served by that facility from further access to chiropractic care.

### Note

**The fact is simply that Medical Clinics lack the expertise to manage Chiropractic Services due to the historical separation of the two disciplines. Yet, patients still look to their Community Clinics for their healthcare service needs. When integrating Chiropractic Services in a Medical Clinic do you think that a specialized and experienced management perspective is required to make the program successful? ... of course it is.**



## The Challenge of integration

The integration of complimentary care, chiropractic care in particular, into FQHC facilities has been so painstakingly slow that one has to consider if there continues to be strong feelings of distrust by Medical Directors regarding the chiropractic profession, a position thrown upon the medical community by an unwarranted vigorous attack by the AMA\*.

Admittedly there needs to be better understanding of the value of where chiropractic's role fits into community health care. The public wants the services but their doctors have too little familiarity with chiropractic, even mistrust, if you will, to embrace this expanded scope of service; but the positive experiences of existing placements in FQHCs merits a fresh look and a willingness to revisit this topic.

Legally speaking, Chiropractors obtain a specialized 5-year education after college pre-requisites at the First Professional Degree level that qualifies them for licensure authorized by the elected representatives of all 50 states. The federal government has mandated that beneficiaries of Medicaid and Medicare, US Veterans, Armed Forces and Civil Servant Personnel are all entitled to receive access and reimbursement for chiropractic services within the legally defined scope of chiropractic practice in each state. Lastly, the education of chiropractors is federally accredited through the Council on Chiropractic Education (CCE).

### **CCE definition of Chiropractic:**

"Chiropractic science concerns itself with the relationship between structure, primarily the spine, and function, primarily coordinated by the nervous system, of the human body as that relationship may affect the restoration and preservation of health."

### **CCE definition of a Chiropractor:**

"A Doctor of Chiropractic is a physician whose purpose is to help meet the health needs of the public as a member of the healing arts. He/she gives particular attention to the relationship of the structural and neurological aspects of the body and is educated in the basic and clinical sciences as well as in related health subjects." Chiropractors are spinal health experts in the healthcare community.



\*The American Medical Association, along with its co-conspirators: the American College of Radiology and the American College of Surgeons, were found guilty in 1987 by a federal judge of violating this country's anti-trust laws for their attempts to "contain and eliminate" the Chiropractic profession. Although these defendants made reversals in their policies, the judge also found evidence that the probability exists that there will be lingering effects of this illegal boycott by members and others exposed to the boycott propaganda that remain uninformed of the outcome of this landmark trial and continue this discrimination.

## Website Information: [www.chirocorps.com](http://www.chirocorps.com)

There are two ways we use our website to provide information:

1. As an electronic brochure to maintain an active and up-datable interface with the public regarding the activities of the organization.
2. To train our doctors, coordinate a network information resource that facilitates greater clinic doctor dialogue and facilitate doctor recruitment.