

Healthy Living

Patient Information from the American Chiropractic Association

Warning to Medicare Beneficiaries

Recent government reports indicate that most Medicare HMOs do not provide chiropractic services. That is illegal. Before signing up with a Medicare HMO or a Medicare+Choice plan, be sure to ask the following:

- Does the HMO or plan actually use chiropractors to deliver these services? Many plans claim to have chiropractic services “available” but actually never or rarely provide them – or claim to provide them through the services of non-chiropractors.
- Does the HMO (or its panel or staff) actually employ any chiropractors? If so, are they permitted to refer plan members for chiropractic care? Government studies indicate that most Medicare HMOs do not employ chiropractors or have them on staff, and that non-chiropractors make decisions concerning the appropriateness of referral for chiropractic care.
- What are the actual HMO or plan statistics concerning the numbers of participants receiving chiropractic care from chiropractors? What is the average length of treatment? Many conditions require chiropractic treatment over a length of time — one or a few allowed services may have no or minimal effect. And, of course, to have any effect at all, chiropractic care must be provided by a chiropractor.

Remember, Medicare Part B beneficiaries already have the right to receive chiropractic care as provided by a chiropractor. That right should not be surrendered merely by walking through an HMO door. Consider the preceding material carefully before signing on for any Medicare+Choice HMO plans.

Be informed of your rights. Contact the American Chiropractic Association for more information at 703/276-8800.