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November 2011

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Notify the MSCA or Clint Publications if you change your address or office name.

MSCA Web Page
www.mscainfo.com

Dr. Jack Kessinger, of Rolla, passed away Friday, October 21, 2011, at the age of 73.

He was born Andrew Jackson Kessinger, III, on May 20, 1938, in Neosho, MO, to the late Dr. Andrew Jackson "A.J." Kessinger, II, and Wilma (Butler) Kessinger.

On August 17, 1957, he married Virginia Chase and they were later blessed with three children.

Dr. Jack was an accomplished leader, first as a family man and next as a civic leader. He served as Cub Scout Master, several years as a City Alderman, Mayor of Viburnum, MO for 14 years, Worshipful Master of the Viburnum Masonic Lodge, and a Founding Father of The Chamber of Commerce in Viburnum.

Professionally he maintained a private practice for 48 years in Missouri. He was active in the Missouri State Chiropractors Assn (MSCA) where he served as District Representative, State Secretary, and State President. Dr. Jack was a Missouri PAC Representative and Secretary (MSCA).

He was also Delegate to the American Chiropractic Assn (ACA) for the state of Missouri. He served as President of the ACA Council on Diagnosis & Internal Disorders, the DABCI program.

Dr. Kessinger was editor in chief of The Original Internist health journal. He was a nationally acclaimed lecturer and teacher of the DABCI council throughout the United States.

Dr. Kessinger was the recipient of numerous awards for his work as a Chiropractic Internist and a Naturopathic Physician. He received the National Frank Hoffman Journalism Award in 1999 and 2005, the R. Michael Cessna Educator Award in 2001 and 2002, the ACA Flynn Lynch Memorial Award in 2006, Missouri Chiropractor of the Year in 1991 and 2002, MSCA Lifetime Achievement Award in 2007, Missouri Educator of the Year in 2008, and Perpetual Lifetime Member/ Fellow of the International College of Chiropractors in 2007. He was honored with a Resolution for Distinguished Service on behalf of the chiropractic profession on the floor of The Missouri House of Representatives by Representative Charles Portwood, DC, in July 2008.

So, this man known as Dr. Jack was an inspiration to everyone who came in contact with him. He was a husband, a father, a granddad, a doctor and a mentor. Doctors, patients, family and friends looked to him for knowledge and guidance. He will be greatly missed, yet his legacy will live on for many years to come.

In addition to his parents, Dr. Kessinger was preceded in death by one son, Clint Kessinger; his sister, Dr. Marilyn Schneller; daughter-in-law, Tammy Kessinger; and an infant granddaughter, Zoe Kessinger. Dr. Jack will be greatly missed by his surviving family which includes his wife, Virginia Kessinger, of the home; two sons and daughters-in-law, Dr. Jay and Joy Kessinger, of Rolla; and Drs. Robert and Christina Kessinger, of Cape Girardeau, MO; one brother, Dr. Jess Kessinger and wife Peggy, of Carthage, MO; four grandchildren, Andrew Jackson "Andy" Kessinger, V, and wife Cassie, of Sarcoxie, MO, Zachary Kessinger and Ashley Kessinger, both of Rolla, and Eliana Virginia Kessinger, of Cape Girardeau; brother-in-law, Carl Mensch and wife Margie, of Tucson, AZ; other extended family members and many dear friends.

Funeral services for Dr. Jack Kessinger were held at the First Assembly of God Church in Rolla on Thursday, October 27. ◆

PRESIDENT'S REPORT



by
Paul Foster, DC
MSCA President

Board of Directors, the staff, lobbyists and attorneys send you their greetings.

Let us take a few moments in our busy lives and send heart-warming gratitude to all of the volunteers who make this association continue to grow and prosper, not only at the state level, but also the district level; which, by the way, is the breeding ground for future officers at the state level.

Two organizations in our chiropractic family that we sometimes take for granted are our Auxiliary and the State Board of Chiropractic Examiners. Both consist of volunteers. Both serve us.

Let us send thanks to them for giving us the energy, thoughts and countless hours of dedication, with one thought in mind, "What can I do to better serve my profession?" ♦

In a few weeks, we will be celebrating Thanksgiving; probably the most important family day of the year, and the beginning of the holiday season.

Our chiropractic family, the Missouri State Chiropractors Association, its Executive Board, the

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MSCA 2012 MEMBERSHIP APPLICATION

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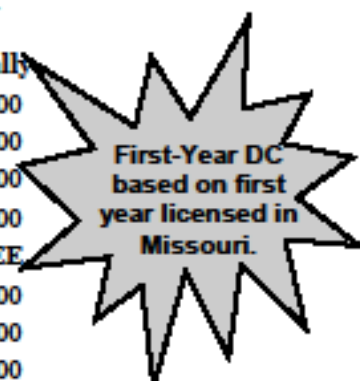
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Date & State of First Licensure _____ Missouri License No. _____

Select MSCA Membership Level

The MSCA membership year is January 1 through December 31, 2012.

	Monthly	Quarterly	Annually
<input type="checkbox"/> Regular Member	\$33.33	\$100.00	\$400.00
<input type="checkbox"/> Fourth-Year DC	25.00	75.00	300.00
<input type="checkbox"/> Third-Year DC	16.66	50.00	200.00
<input type="checkbox"/> Second-Year DC	8.33	25.00	100.00
<input type="checkbox"/> First-Year DC	FREE	FREE	FREE
<input type="checkbox"/> 65 or Older	16.66	50.00	200.00
<input type="checkbox"/> Faculty	16.66	50.00	200.00
<input type="checkbox"/> Out-of-state	8.33	25.00	100.00
<input type="checkbox"/> Associate (non-DC)	16.66	50.00	200.00
<input type="checkbox"/> Student	(\$25 one-time charge or \$10 annually)		10.00



I choose not to be a full member at this time, but would like to help the MSCA in it's fight to defend, preserve and advance chiropractic for all chiropractors in the state of Missouri by contributing as a donor.

Donor (\$10-199)

The tax deductible portion of your 2012 MSCA dues has been calculated to be 100%. The non-deductible percentage is 0% and relates to our lobbying activities.

Method of Payment: Convenient payment plans are available. Dues can be automatically charged to your credit card semi-annually or quarterly, or they can be debited from your checking account automatically every month.

***Important:** For your convenience, automatic monthly debits and quarterly charges continue annually. You may call to cancel at any time.

****Checking Auto Debit:** To start automatic debit from your checking, please call the MSCA office and a debit form will be sent to you.

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EXECUTIVE DIRECTOR'S REPORT



by
Kathleen Wilcoxson, MPA
Executive Director

Have you already received at least 24 of your 48 hours of Continuing Education credits for the 2011-2012 (biennial) license renewal period? If not, you might be running the risk of not attaining all your hours within the two years allowed. I would encourage you to attain at least 24 hours of your continuing education credits "each year" rather than waiting until the end of the biennial cycle and trying to get all 48 hours.

Dr. Scott C. Ehlermann

D.C., D.A.B.C.O., D.A.B.F.P., C.I.F.M.E., C.D.E.I., Esq.
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Last fall, at the end of the last biennial cycle, MSCA-sponsored seminar classes were full and doctors were asking for more hours. So many doctors did not have their 48 hours by December 31, 2010, the Board of Examiners allowed courses approved for the 2011-12 renewal period to be accepted (retroactively) for the 2009-10 period. In other words, the Board allowed doctors still taking hours in January and February of 2011, who needed the classes to fulfill their 2009-10 requirements, to use the new classes approved for 2011-12 to satisfy their previous cycle.

We also had a larger than usual number of doctors taking advantage of our MSCA Online CE University to attain their classes during the last few weeks and days of 2010.

If you don't want to be one of those doctors still scrambling to get all 48 hours in the last few weeks of your license renewal cycle, sign up early and get some of your hours out of the way this fall and winter. As we enter into this new renewal period (2011-2012), we are already noticing a decrease in the number of registrations for MSCA-sponsored seminars. This could be an indication that some doctors are, again, waiting until the second half of the cycle to get started taking hours.

Stay ahead! Don't wait until the last minute!

Register for one of the MSCA-sponsored Seminars closest to you.

Get your CE hours now!

Seminars listed on page 20, or visit our calendar online at www.mscainfo.com.

You can also take classes online at the **MSCA Online CE University** at www.mscainfo.com (link in the right-hand column). ♦

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DISTRICT REPORTS

District 1

Election Result: District 1 held a special election to vote on a new president for the District to replace MSCA President-Elect Patrick Montgomery, DC. We have chosen an experienced doctor, who was voted in unanimously, MARTY FREIHAUT, DC.

MSCA DAY: MSCA Day was confirmed for Thursday, November 3, from 11 am to 1 pm at Logan College Purser Center. This is where we speak with Logan students about the importance of getting involved with the state association in Missouri. It is also an opportunity for us to recruit student members.

Linda Kenny will take care of the food at Logan (pizza and water). We will reimburse her afterwards. Once again, our MSCA Membership Chair Amy Sau, DC, is being innovative and creative. We thank you! If you would like to attend, please email her at amy.sau@hotmail.com.

Board Seminars: Mrs. Cindy Croft Lane, a Google Certified Teacher, gave an in-house seminar to the District 1 Board of Directors on "Google docs." This application is able to be incorporated so the board members can become more efficient in creating proposals and saving time. The end result would be a consensus document which could then be voted on at a board meeting. (She is willing to teach the MSCA Board how to use this time saving tool via a webinar. You can reach her at lane.cindy@gmail.com.)

District 1 is exploring the options of creating their own web site for communications with the district doctors. More on this will be forth coming as research continues.

District 1 is working on distributing information on Army One source to each member to help show support for our patients who are veterans. This is a small reward for our soldiers' and their families' great patriotic duty and sacrifices.

We also have our famous Smorgasbord of Seminars series approaching in October and December of 2011 and February of 2012. All Doctors are more than welcome to share this up-to-date information that qualifies for re-licensure requirements.

Finally, District 1 members have a final wish. May each of you have a safe Halloween (if you participate) and happy, healthy Thanksgiving with your families and friends.

District 2

It's being touted as the "You Don't Want to Miss This Seminar." On Dec 2-4, District 2 will be putting on a 30-hour seminar with both nationally and locally known presenters. Mr. William Esteb will be presenting a 4-hour session on "Chiropractic Patientology." Dr. Howard F. Loomis will do a presentation on "The Six Viscera-Somatic Syndromes Every Chiropractor Must Know." Local attraction, Dr. Andrew Bonci, is giving his take on "Neuroimmune Mechanisms of the Subluxation Complex." There will be three other chiropractic presenters, as well as acupuncture credits, throughout the weekend. Just remember, we are in the middle of our "continuing education cycle." Come to our District 2 seminar and make sure you get all the credits and categories you need for your license.

District 7

District 7 elected Dr. Kelley Kirchner president at a recent meeting. Currently there is no district representative. If anyone is interested in that position, please contact me.

District 7 will meet in Hannibal on the following dates:

Thursday, February 9, 2012

Thursday, April 12, 2012

Thursday, June 14, 2012

Thursday, August 9, 2012

Thursday, October 11, 2012

Please call or email The Kirchner Clinic to find out which restaurant has been chosen for each night. We are always looking for speakers for these meetings.

Email: thekirchnerclinic@yahoo.com

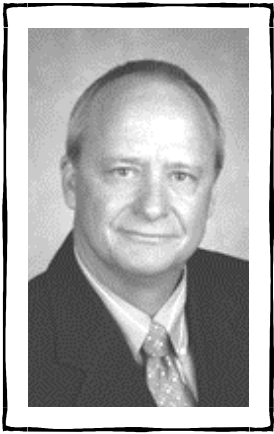
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GOVERNMENT AFFAIRS REPORT



by
Mo McCullough
Government Affairs Director

The legislative veto session has come and gone with no attempts by the general assembly to override any of the Governors' vetoes. It was very uneventful. The special session called by Governor Nixon on September 6 has been anything but uneventful. After four weeks, it continues without any resolution to its purported major issue - economic development.

The economic development bill has been held up because of disagreements between the House and the Senate over the issues of tax credit reform and aerotropolis/China Hub. Unfortunately, it appears that the issue has become political; therefore, the outcome is uncertain. The call for the special session did not include any health care related issues other than what might possibly be affected by the tax credit reforms; however, there is nothing specific that can be pinpointed.

As for the upcoming 2012 legislative session, pre-filing of bills does not begin until December 1. Although there is nothing I can say definitely about what might show up for next year, I am hoping for the best, but anticipating the worse. We'll be watching out for the MDs, DOs, PTs and, our life-long "friends," the insurance industry. Also, the MSCA is currently in the final stages of finalizing its own legislative agenda for the 2012 session.

You can help us fight for your profession by doing a few simple things:

- Join the MSCA,
- Join the MSCA PAC,
- Get to know your legislators and be ready to contact them when necessary,
- Attend Legislative Day at the Capitol, and
- Get involved!

Please start today so we're ready to fight the good fight in 2012. ♦

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2011-2012 PAC MEMBERSHIP FORM



Missouri State Chiropractors Assn. Political Action Committee (MSCA PAC)

2011-2012 PAC Membership Form

July 1, 2011, through June 30, 2012

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Please use credit card for payment plan option.

Select PAC Membership Level

PAC membership is an annual commitment from July 1, 2011, through June 30, 2012.

- | | Quarterly | Annually |
|---|-----------|-------------|
| <input type="checkbox"/> Ambassador Membership
Ambassadors are a prestigious group of chiropractic physicians committed to the advancement of chiropractic and have gone above and beyond the highest level of support through their generous contribution. Ambassadors receive special recognition at the PAC Reception during the MSCA Summer Convention. | \$ 250.00 | \$ 1,000.00 |
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| <input type="checkbox"/> Emissary Membership
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| <input type="checkbox"/> Regular Membership
Regular members are chiropractic physicians who actively support the advancement of the chiropractic profession. | 30.00 | 120.00 |

After you have paid your annual PAC membership, purchases at any PAC-sponsored event apply toward reaching the next higher level of membership. Certain individual political contributions may also apply toward reaching the next level of membership. Doctors are responsible for notifying the MSCA office when additional donations are made. MSCA membership is not required to become a PAC member.

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PAC REPORT



by
Russell Matthias, DC
MSCA PAC President

As we approach the end of 2011, it's time to begin developing our legislative plans for 2012. The most meaningful approach each of us can adopt includes two steps: 1) getting to know our local legislators; and, 2) joining PAC. Developing local relationships assures that you will be able to impact the issues with effective grass roots efforts; and joining PAC will enable contributions to be made to support both seated legislators and new hopefuls.

Wishing you a joyful Holiday Season,
Russell Matthias, DC, Family, and Staff ♦

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The Shocking Link Between Osteoarthritis and Type 2 Diabetes

by Jonathan V. Wright, MD

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Nutrition and Healing Vol. 18, Issue 4, June 2011

Do you have osteoarthritis? If you do, your chances of also having insulin resistance are approximately 75 percent. And if you have insulin resistance, type 2 diabetes is in your future if you do nothing about it. To make matters worse, if you have osteoarthritis and a family history of type 2 diabetes also, your chances of developing type 2 diabetes are significantly greater than that!

So if you have osteoarthritis, it's time to investigate your personal risk of future type 2 diabetes, because you can prevent it—100 percent—if you find your-self at risk and act now.

Groundbreaking research from the Tahoma Clinic

In the 1980s, I began observing a correlation between osteoarthritis and family history of type 2 diabetes. By the 1990s, I started recommending routine insulin resistance testing for individuals with osteoarthritis. Better than 50 percent were positive (though no exact records were kept). Most noticeably, the younger the individual with osteoarthritis, the more likely he or she was to be insulin resistant, which allowed many of these individuals to prevent type 2 diabetes entirely.

So when a respected medical foundation funded research at the Tahoma Clinic about the control of osteoarthritic symptoms with niacinamide, they also allowed us to include insulin resistance testing. The insulin resistance testing was done as detailed by Dr. Joseph Kraft in his landmark study of over 3,500 such tests, published in 1976. (For the technically inclined, Dr. Kraft's research report is down-loadable for free from www.meridianvalleylab.com.)

Fifty-eight of the 59 individuals who completed the study had their insulin tested. Of the 58 individuals (all of whom had osteoarthritis), 81.1 percent had insulin abnormalities. Forty-four (75.7 percent) were found to have insulin resistance, and three (5.4 percent) had gone

past insulin resistance to an abnormally low insulin response, which can ultimately result in type 1 (low or no insulin) diabetes. Only 11 (18.9 percent) did not have insulin abnormalities.

As many readers know, insulin resistance is a hallmark of metabolic syndrome, which includes abdominal obesity along with high blood lipids (cholesterol, triglycerides) and/or high blood pressure. If untreated, metabolic syndrome deteriorates into type 2 diabetes, which often deteriorates further to kidney failure (approximately half of all dialysis patients are diabetic), heart attack, stroke, and varying degrees of visual impairment, even blindness.

Research confirms osteoarthritis/metabolic syndrome link

The research done at the Tahoma Clinic by Drs. John Sherman and David Zeoli is one of the first to confirm that osteoarthritis is another aspect of metabolic syndrome by actually testing insulin resistance. Using other data, other researchers have published four previous research papers that have come to the same conclusion.

The first of these was published in 2007. The researchers reported that individuals with osteoarthritis and metabolic syndrome developed symptoms of their osteoarthritis at an earlier age, had greater generalized disease, developed knee joint synovitis and peri-arthritis, and had more intensive joint pain.

In 2008, the same researchers reported that of 1,350 individuals with osteoarthritis, complete metabolic syndrome occurred in 62.5 percent. Another group (nearly 20 percent) were found to have some but not all features of metabolic syndrome, for a total of 82.1 percent with complete or partial metabolic syndrome. These researchers also measured a marker of inflammation called C-reactive peptide (CRP), and found that higher levels of CRP were associated with greater degrees of osteoarthritis.

(Although it's not the major point here, Drs. Sherman and Zeoli found that CRP dropped by an average 63.4 percent with the use of niacinamide.)

The 2007 and 2008 studies were done by the same group in Russia.

In 2009, two researchers examined data from 7,714 individuals enrolled in the National Health and Nutrition Examination Survey III (NHANES III). Of

OSTEOARTHRITIS AND TYPE 2 DIABETES

the 975 individuals who had osteoarthritis, 59 percent had metabolic syndrome, while only 23 percent of the individuals without osteoarthritis had metabolic syndrome.

As I've observed in practice for years, they reported that the association between metabolic syndrome and osteoarthritis was stronger in younger individuals and diminished with increasing age. In their data, having osteoarthritis at 43 to 44 years of age was associated with a 500-percent increased risk of metabolic syndrome.

Last year (2010), in a review article titled, "Osteoarthritis: another component of metabolic syndrome?" the researchers wrote: "There is growing evidence that osteoarthritis is not simply a disease related to aging or mechanical stress of joints but rather a metabolic disorder..."

And this year—yes, I know I'm repeating—Drs. Sherman and Zeoli have found that approximately 75 percent of osteoarthritic individuals are insulin resistant, approximately 5 percent have gone past insulin resistance to early pancreatic islet cell exhaustion (in English, the cells that make insulin are getting

worn out) and ultimately type 1 diabetes, and only about 20 percent of individuals with osteoarthritis did not have insulin abnormalities.

Find out if you're at risk

If you have osteoarthritis and type 2 diabetes in your family, you very, very likely have insulin resistance and are on the road to type 2 diabetes yourself. If you have osteoarthritis and one or more of the other features of metabolic syndrome—central obesity, high blood cholesterol and/or triglycerides, high blood pressure—my advice is the same.

Please check with a physician skilled and knowledgeable in natural and nutritional medicine, have yourself checked for insulin resistance, if only to see how bad it is and how strict you should be to reverse it. If you have osteoarthritis and none of the other features of metabolic syndrome and you're "older" (60 and above), then maybe you're in the ~20 percent who do not have metabolic syndrome. But the younger you are, if you have osteoarthritis, you're likely to have metabolic syndrome, too. Get yourself checked, please! ♦

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REFRESH, REPLENISH, REJUVINATE

INCREASE INCOME WITH ADDITIONAL SERVICES



Increase Income with Additional Services

by
Annette Copeland, CNHP

UTILIZING STAFF TO INCREASE INCOME

Passive income, which is income that does not require doctor time or effort, is a great way to increase cash flow. Do you know how much passive income comes into your practice each week? In an effort to solidify your annual income, you should offer a few products or services that do not take time away from seeing patients, to help boost your income potential. Properly trained staff can be a great asset when it comes to additional services.

DRUG SCREENING

Drug screens are a great way to supplement your income; and, if your staff is trained, it requires no doctor time to process them. A simple certification course is all that is necessary to begin. Most businesses require drug testing of their employees pre-hire, and randomly throughout the year. It does take some time to build up a clientele, but it can be a steady income stream once the groundwork has been completed. It's also a good idea to be a collection site for companies who provide nationwide testing services. This process is of no cost to you, and they handle the marketing, invoicing and collections; then pay you a fee for your services.

PHYSICALS

DOT (Department of Transportation) Physicals are another way to bring more people into your office. A thorough DOT physical requires a small amount of time with the doctor; and many of them also require other testing services such as drug screening and alcohol breath testing as well as x-rays or range of motion testing. Chiropractic offices are typically equipped with the tools to complete these tests already, so it's not much of a change to add DOT physicals to your services. There are rumors of a National Registry

for DOT physicals in the future which will require a test to qualify, but a simple training course is all that's necessary at this time.

PATERNITY TESTING

Paternity testing is a service that is utilized by court officials, social services and family members who need to prove paternity. Military families often are required to prove paternity in order to qualify for benefits, too. If your office is located near a military base, you are in a great position to help this group of people with a service they are required to utilize. The typical *court recognized* paternity test requires about 20 minutes, a camera, a printer and a private room for collections of DNA by swabbing the mouth of participants. Paternity testing is a great way to increase cash flow without pulling the doctor away from patients.

NUTRITIONAL SUPPLEMENTS

Nutritional supplements are another way to promote continuous cash flow. Doctors who recommend nutritional protocols for their patients are not only helping their patients achieve better health, they are benefiting from repeat purchases of supplements for themselves, friends and family. Patients who are interested in health are probably already purchasing supplements at a health food store or a chain store.

Why not provide supplements which are pharmaceutical grade and proven to be beneficial? This does require some out-of-pocket expense for inventory, but it really does pay off in the long run. Every office should have the basics such as a great adult multi-vitamin, a children's multi-vitamin, essential fatty acids, vitamin C, B-complex, probiotics for adults and children, digestive enzymes and immune boosting supplements. There are many great companies out there to choose from, and they will help you get started with a basic line if you ask them for their advice. They can also provide information and studies on how well the products work and the best uses for each one. Ask other doctors who provide supplements for the companies they prefer. Everyone has a favorite representative.

Bottom line, a doctor can only see so many patients in a day. If you train your staff to help bring in additional revenue, your business will continue to grow and the sky is the limit. ♦

2012 MSCA Auxiliary Application

(Membership runs from January through December)

Membership Open to Spouses, CAs, Staff, Family and Friends of Chiropractic.

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Visit our website for many of your office needs. We can provide you with uniforms, promotional items, monogrammed quality shirts, etc. You can also pay your dues online by visiting www.mscastore.com. We appreciate your support. Help us to help the MSCA. Thank you on behalf of the Auxiliary. Robert Pence, MSCA Auxiliary President

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INSURANCE COMMITTEE REPORT



by
Margaret Freihaut, DC
Insurance and Legal
Committee Chair

ARE YOU READY FOR EHR?

Many doctors are scrambling to get their Electronic Health Records (EHR) up and going this year. Those who have a qualified system, who began capturing the necessary information on October 1, 2011, can earn the incentive of 75% of their Medicare allowable for the entire year up to \$18,000.

If you do not get started this year, you can begin by January 1, 2012, report for the entire year, and still get up to \$18,000 for the year. To get up to the full \$44,000 incentive, you must begin by January 1, 2012. You must be registered in PECOS to receive any incentives.

Many of you are still pondering on whether you will do the EHR at all. If you choose not to get a certified EHR program and capture and report meaningful use; eventually, you will be penalized by Medicare in your reimbursement amount by up to 5 percent. If you do not want to be penalized, you will have to be compliant by 2015. The information is available at the CMS and WPS websites if you are interested in doing electronic health records.

DO YOU KNOW WHAT 5010 IS?

I have gotten calls about 5010 and what is it. If you file your claims electronically, it is an electronic format that your practice software and claims clearinghouse will have to change to by 2012. You can be testing the system now, and should be. If you are not, call your vendors and find out what you need to do to get updated and begin testing.

INSURANCE QUESTIONS AND COMPLAINTS CONTINUE....

The MSCA appreciates that doctors in our state use the

MSCA as a resource to not only get your questions answered but to help us keep abreast of the trends and changes that are occurring. I am sorry that I do not get back with everyone timely. If you do not get a response, resend your emails or calls. We are all volunteers and seeing patients, too.

To send a question or issue to the MSCA Insurance Committee, use the following email: insurance@mscainfo.com.

The most frequently asked questions this month have been about Optum Health calling to discuss your practice profiles and Cigna going to American Specialties Health.

ARE YOU GETTING WHAT YOU NEED FROM THE MSCA

As an organization, we are always trying to improve our communications and services to our members. We have this journal along with electronic news updates, district meetings, email alerts, conventions and seminars, legislative days and student days. We want to make sure everyone knows what is going on in the chiropractic world, especially in Missouri and with Medicare. We want to make sure the doctors know, legally and legislatively, what is going on. It is a big job, and we need you to help us get the message out to the doctors you know. Volunteer today. There are threats to our practices every day, and it is dangerous to hope someone else will do the job. There are different images about what chiropractic is; and, if you are not involved, it could change into something you do not want it to be overnight. If you have suggestions, or feel there are needs in your practice not being met, please let us know. ♦

BROWN'S MEDICAL IMAGING

Tim Jones

913-522-3453

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 Dr. L. Diane Cobb
 Dr. Richard Cranwell
 Dr. Richard Davis
 Dr. Gary Ditson
 Dr. James Bradley Doty
 Dr. Thomas Duke
 Dr. Andrew Dykeman
 Dr. David Ellenbogen
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December
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AUDITS ARE REAL

AUDITS ARE REAL

Audits can happen to you.....

by
Margaret Freihaut, DC

I wanted to write an article to get the attention of the doctors in Missouri that audits are real! Doctors are being asked for money back, and you need to take the steps necessary to get your documentation in order.

Many times, there are major disagreements with Medicare and insurance carriers' findings when they review your records; but when you have to appeal and get legal counsel to represent you, having good documentation helps them to help you. If you think you are under the radar or that you are immune because you are non-par, think again.

Many of these audits are random under order of the government; some are because you saw a patient once at least three months in a row. Sometimes the audit is because your average dates-of-service-per-patient is .02 above the average or you used the 98942 more than the average doctor.



National healthcare is planned to be partially paid for by the money that is recouped with audits under the guise of fraud or improper documentation in the Medicare system. Unfortunately, those of you out there who are seeing patients, and getting patients well, can still fall under scrutiny. If your records do not contain every "i" dotted and every "t" crossed; you, though good intentioned, could be looking at refunding Medicare and going through months (sometimes years) of hell trying to appeal and appeal and appeal.

I know of cases where doctors have won under the third level of appeal after sending in records for over 500 patients (that includes six months prior to the date requested). The doctors have to send in records for each level of appeal. It can consume your life. The point is, even if you have good documentation, it can be very difficult to win your appeals; and, if you do not have good documentation, you can be in serious trouble. Are you prepared to refund Medicare \$150,000??

Next question, "What should you do?" Read your Medicare policy. Download a copy off the wpsmedicare.com website if you do not have it already. Audit yourself. Hire someone to audit your records. Do whatever it takes to make sure you are covering your bases. Review everything you do and make sure you are compliant. Do not just hope that you aren't the next doctor who gets audited. You can no longer do things how you have always done them unless you have reviewed and made sure you are up to snuff. ♦

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CHECKBOOK IRAS FOR REAL ESTATE INVESTORS



Checkbook IRAs for Real Estate Investors

by
Lee R. Phillips, JD
US Supreme Court Counselor

An IRA is a special type of trust that the Federal Government allows you to use in order to save money for your retirement in a tax preferred environment. The fact that you can grow money without a tax on the growth is a big deal! If you can, you should fund an IRA every year no matter what

In exchange for the privilege of growing your money without a tax, the government imposes certain restrictions on your access to your money. Your money has to be held and managed by an IRS approved trustee. You can't access your money before you get to be 59 years old, participate in any prohibited transactions, or cause your IRA funds to be used in any situation that could be considered "self dealing."

All of the rules hinge on the trustee controlling the funds. It is a pain to deal with the trustees, particularly if you are doing anything other than buying stocks and bonds. In fact, most trustees, like banks and brokerage houses, only allow you to invest in narrow classes of securities. However, a "self directed IRA trustee" will allow you to make other types of investments. You can invest in oil and gas, buy real estate, buy gold, and almost anything else you can think of. BUT, the trustee has to actually do the investing. The trustee doesn't act fast and charges for ever transaction. Self directed IRA trustees are slow and expensive!

In order to get around the expense and frustration of working with the self directed IRA trustees, a concept known as "checkbook IRAs" has become very popular in the last few years. A lot of self directed IRA trustees are pushing really hard to promote themselves as the King of Checkbook IRAs.

Basically, a checkbook IRA set up goes something like this: 1. A self directed IRA is established with a "friendly" self directed IRA trustee. 2. An LLC is established by you, the IRA owner, and the original member is the IRA. 3. The self directed IRA trustee

buys all of the "stock" (membership interests) in the LLC using the IRA money. All of the IRA money is transferred to the LLC in exchange for the membership interests. 4. You, the manager of the LLC, now have control ("checkbook control") over all of the money that was in the IRA. You can spend the money as you wish, because you're the manager of the LLC.

All of the self directed IRA trustees promoting checkbook IRAs will tell you that you can spend the money as you wish. All of these guys site the Swanson case as the authority that lets you do the checkbook IRA.

The 1996 tax court case, where the IRS came after Mr. Swanson, is the primary justification for most "weird stuff" people want to do with IRAs. Mr. Swanson set up an IRA. The IRA bought stock in Mr. Swanson's company that acted as the distribution part of his tool business. All of the profits or "sales commissions" the distribution company got from the tool company dropped directly into Mr. Swanson's IRA. The IRS said he couldn't do that.

He beat the IRS on the case they brought against him. The IRS said his IRA couldn't own part of his business. The IRS said he was violating the prohibited transaction and self dealing rules. The IRS lost. The IRS got spanked by the tax court.

Swanson is always cited for the checkbook IRA concept, but everyone "fuzzies up" the logic that justifies checkbook IRAs. The Swanson case didn't have anything to do with checkbook IRAs. It does not justify checkbook IRAs in any respect.

People who do the checkbook IRAs are violating a ton of IRS rules. They will lose their IRA and pay heavy penalties when the IRS looks into the matters. It will take the IRS years to get around to looking into the checkbook IRA you have, but they will come. Obama has doubled the number of IRS agents, so they will come faster than they used to.

The fact that the self directed IRA trustee says you can set up a checkbook IRA deal doesn't make it right in the eyes of the IRS. The trustee has no liability to the IRS. You are liable. The biggest self directed IRA trustees won't let you do a checkbook IRA. However, there are lots of self directed IRA trustees that advertise and promote the checkbook IRA. I have my IRAs with Equity trust, and they won't do a checkbook IRA.

In summary: checkbook IRAs? Yes or No? The answer is no and Hell NO! ♦

THE WONDERS OF THE WEB



by
Drew J. Stevens, Ph.D

Pat and I were speaking the other day about several chiropractic-marketing initiatives when he asked about websites. I mentioned to him that ten years ago I would not have considered the notion but now chiropractic websites help marketing. Website vitality provides an online marketing brochure. With patients conducting more online daily research about doctors and services websites are necessary. So much so here are some facts:

- 1 BILLION local searches every month (and growing by 50% every year)
- 80% of buyers search online first, vs. using the Yellow Pages or other print methods
- 2 out of 3 people use Google to find businesses online

A website allows prospective and current patients to better understand your practice and its services. In this article I want to provide for you some best practices to follow before you venture out on website development similar to what I suggested to Pat.

Start with the Basics

Before you invest in any website one of the first things to begin with its to answer the question, “Why am I building this?” In the last 15 years I have experienced many chiropractors throwing gobs of money at developers and software only to discover very little or zero return on investment. Unfortunately websites can be a blessing and a curse. With the proper message and focus they become a good marketing attraction technique. Without proper focus a website is nothing more than an exit on a highway quickly getting passed by speeding patients.

By addressing the question the chiropractor then begins

to focus on three vital aspects of the practice:

- The strategic focus
- The intended patient
- Passive activities that reduce labor such as scheduling, contact and passive income

The proper website will use colors, graphics and the more important strategic messaging to create patient attraction. Chiropractors should develop a strategic framework that describes the physician’s value, services provided, how the physician works and who are the perfect patients. The message focus needs to fit the strategy of the practice while also building on it.

Secondly, the content of the site requires proper planning so that prospective patients see value. Physicians must develop value propositions and content frameworks that allow patient to conduct due diligence. The site must include a biography, a description of the perfect patient, services provided, what you do and whom you work with. Addressing the initial question provides this content map so that intended patients are “locked in” during initial research minutes.

Finally, chiropractic websites if mapped correctly can actually assist in reducing some labor. For example some chiropractors desire to have contact forms that enable online scheduling while others desire a format for passive income that includes everything from vitamins and holistic nutritional supplements to pain reduction medicine. The possibilities are endless based on the practice’s needs but requires proper planning before implementation.

Content is King

The ideal to be mindful of when developing a website is communication. Admittedly some of the content is meant as a marketing brochure, however with today’s technology websites provide content methods so that physicians can maintain better contact with prospective and current patients. One of these methods allows chiropractors to product a daily, or weekly online journal (similar to a diary) so that doctors can produce valuable thoughts to their client base. Now it is important to understand not to be self-serving but to provide valuable content. These journals called blogs provide opportunities for chiropractors to write about stress reduction, tips to beat heat exhaustion, techniques for gardening during the fall or spring or

(Continued on next page)

THE WONDERS OF THE WEB

even mobility exercises for the weekend warrior.

Blogging is a terrific tool since it allows chiropractors to have a better relationship with patients. By communicating current messages to patients it allows doctors to remain top of mind. Additionally, when patients use and implement these new techniques they become so enamored that they tell others. This then becomes a great referral source. As chiropractors produce useful content their information reigns within the community. Therefore every website should integrate a blog so the chiropractor can maintain and grow community.

Things to Avoid

Yet with all the benefits of website development there are numerous pitfalls. During my twenty years of Internet interaction it becomes frustrating to see so much silliness. Undoubtedly, no chiropractor should ever begin a website without the following: a) a plan of action b) good referrals for development sources. With the latter website development runs the gamut with many charging excessive fees for very little work. Additionally, without a good plan developers will not only charge by the hour but continue billing if the physician does not have a vision. Getting stuck in a traffic jam in a Manhattan New York taxicab is less expensive.

Secondly, there are too many Internet marketers claiming instant success with websites. This is very far from the truth. Do not trust anyone you do not know and if you do decide to attempt this route then I highly suggest calling customers while also gaining a better understanding of results. Suffice to say no chiropractor has ever become a millionaire from a website. Be pragmatic while not getting sucked into a vortex of lies.

Third, do not believe that sexy graphics, motions and colors are patient draw. Patients are seeking one thing, practical information about the physician. While there needs to be a professional logo the important functionality is content. Emotion provides attention, which is created by the words used not by moving pictures.

Fourth, warning, do not attempt website development alone. My client Ron attempted this many years ago. The job of a chiropractor is to cure pains not develop websites. Similar to the manner in which you prescribe back pain to specialists, then leave website

development to specialists too. Development takes much time diverting your attention away from its most vital asset- patients. Stick to your occupation!

Fifth, think in terms of output, results and patient value. All of the content must be about the patient and what they receive not about you, your accolades, etc. Rather than worry about features and facts, it is best to invest as much effort as possible into testimonials, case studies as well as anything that suggests value. Patients want to know what other patients have to say or what you have done that remedied the situation. The more involved you allow your prospects to become immersed into other patients the larger the community you will grow.

Sixth, be mindful of those that desire to charge you large monthly fees, do it yourself blogging, customer contact as well as others that provide generic website development. There is only one reason for their business- to make money. If you need a website you want a developer that is willing to develop YOUR brand, your logo and your value. Moreover you need a site that is unique to your needs while not duplicating the look and feel of competitors.

Similar to what I indicated to Pat, the purpose of your site is to provide an electronic brochure that is available to your prospective patients 24 hours per day. This provides opportunities for the patient to conduct the proper research allowing for convenience in location, financial matching for insurance issues and collaborative to work with. Patients will make their own decisions but the messages you provide instigate the best decision for your practice. Yet more important than anything else is to take your time being more strategic than tactical. Websites should be a vehicle of your practice not the purpose of it. Value, consistency but also simple are the best methods for creating an online presence, connection to potential patients and easing of marketing labor. I can't wait to see your grand opening!

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Drew Stevens works with chiropractors that struggle like mad to create new patients. Dr. Drew helps to dramatically accelerate patient volume. For a free 30-minute practice assessment email him at drew@stevensconsultinggroup.com ◆

CALENDAR OF EVENTS

December 2, 3, 4, 2011

2011 Holiday Extravaganza
Holiday Inn NE, Kansas City, MO
Dr. L. Russell Matthias 816-228-5113

December 2, 3, 4, 2011

Bonanza LIX
Renaissance St. Louis Airport Hotel
Dr. David Dolinar, 314-355-4050

January 28, 2012

Bonanza LX
Renaissance St. Louis Airport Hotel
Dr. David Dolinar, 314-355-4050

January 28, 2012

MSCA Board of Directors Meeting
12:00 – 4:30 p.m. (lunch at 11:30)
MSCA HQ, Jefferson City
Kathleen Wilcoxson, 573-636-2553

February 25, 2012

Bonanza LXI
Renaissance St. Louis Airport Hotel
Dr. David Dolinar, 314-355-4050

April 28, 2012

MSCA Board of Directors Meeting
12:00 – 4:30 p.m. (lunch at 11:30)
MSCA HQ, Jefferson City
Kathleen Wilcoxson, 573-636-2553

July 26-29, 2012

MSCA Summer Convention
The Lodge of Four Seasons, Lake Ozark
Kathleen Wilcoxson, 573-636-2553

July 27, 2012

MSCA General Membership Meeting
12:00 – 1:30 p.m.
The Lodge of Four Seasons, Lake Ozark
Kathleen Wilcoxson, 573-636-2553

July 27, 2012

MSCA Board of Directors Meeting
2:00 – 5:00 p.m.
The Lodge of Four Seasons, Lake Ozark
Kathleen Wilcoxson, 573-636-2553

October 20, 2012

MSCA Board of Directors Meeting
12:00 – 4:30 p.m. (lunch at 11:30)
MSCA HQ, Jefferson City
Kathleen Wilcoxson, 573-636-2553

For the most current calendar of events, please visit our website: <http://www.mscainfo.com/about/calendar.php>

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