



Chiropractic Benefit Management

Unique Expertise and Capabilities to Reduce Unnecessary Claims Costs and Increase Member Value

Traditionally, specialty medical benefits, like chiropractic services, have fallen outside the scope of core medical management. But as these alternative treatment options are increasingly integrated into modern healthcare, health plans have identified the need to better administer and manage ancillary medical benefits, including chiropractic and CAM. Healthways has developed the unique expertise and capabilities to administer solutions that meet these needs while delivering significant savings.

Chiropractic Utilization Management is a robust service that evaluates and determines the medical necessity of healthcare claims for chiropractic benefits. Using a complex set of clinical criteria, clinicians review proposed treatment plans or claims for services already rendered to ensure they meet established standards and are reimbursable by the health plan.

Healthways' multifaceted, 3-tiered evaluation process includes prescreening for potential utilization red flags, in-depth peer-reviewed, clinical assessments, as well as an appeals procedure for those who wish to question a decision regarding chiropractic benefits.

URAC accredited since 1997, Healthways is committed to a series of strict standards that attest to the quality and clinical integrity of our chiropractic services. In addition, we also meet a set of rigorous regulatory requirements on a state-by-state basis. Healthways is authorized by the State Departments of Insurance in all states, to make medical necessity determinations for member benefits.

In addition, detailed utilization management reports that track the number and types of reviews conducted, as well as the outcomes, are provided on a monthly or quarterly basis.

Healthways' Utilization Management offers an opportunity for health plans and employer groups to deliver quality care while ensuring that the services being rendered are medically necessary. As a result, it delivers significant savings that translate into a healthy ROI that delivers anywhere from 3:1 to 5:1 on the services we offer.

In addition to relying on our clinical team's expertise in claims and medical record analysis, we gather input from patients to assess how well they function on a daily basis in correlation with other clinical findings to determine how much care is required for improvement.

To ensure its continued effectiveness and integrity, the Utilization Management program is overseen and monitored by a highly qualified medical director with an extensive background in chiropractic care, as well as Clinical Oversight and Professional and Medical Integrity Committees.

Healthways recognizes that one size does not fit all, and focuses on the specific needs of each health plan and employer group to offer flexible, customizable solutions.



Case Study

Blue Cross Blue Shield of Massachusetts

In 2006, Blue Cross Blue Shield of Massachusetts sought Healthways' expertise in the area of chiropractic care. The state's largest health plan has since achieved significant savings while maintaining quality of care and member satisfaction. A utilization management process launched in 2008 is generating additional savings without disrupting the plan's quality relationships with network providers.

Benefits to Plan Sponsors & Members:

- Provides the nation's largest network of CAM wellness practitioners.
- Offers personalized guidance about which treatments to consider.
- Helps to reduce unnecessary claims costs, increasing member value.
- Delivers award-winning health and wellness education through WholeHealthMD.com.