

**From:** SHPNC Board  
**Sent:** Tuesday, November 12, 2013 7:47 AM  
**To:** Beth Horner  
**Subject:** FW: NC Chiropractic Assoc.  
**Attachments:** shpnc.org\_library\_pdf\_consideration-change-to-benefits.pdf

Hi Beth,

This came into the BOT box...

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**From:** Dr. Joe Siragusa [<mailto:drjoe@ncchiro.org>]  
**Sent:** Monday, November 11, 2013 8:06 PM  
**To:** SHPNC Board  
**Cc:** Buck Lattimore  
**Subject:** NC Chiropractic Assoc.

Hello SHP Treasurers Office,

Please see attached request to make a presentation to the SHP trustees in order to request lower co-pays for chiropractic care.

We have made our presentation to Treasurer Cowell and have been anxious to make this presentation to the rest of the board.

Please let me know if you need anything else from us.

Serving,

**Dr. Joe Siragusa**  
**Executive Director**  
**NC Chiropractic Association**  
3200 Blue Ridge Rd. #216  
Raleigh, NC 27612  
[919-832-0611 ext. 104](tel:919-832-0611)  
[www.ncchiro.org](http://www.ncchiro.org)

"Unity is our Strength - Unity is our Mission"

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APPENDIX A

**Request Form for Board of Trustee Consideration of a Change to SHP Benefits**

This form is to be used by individuals or groups that would like to propose new benefits coverage or request changes to benefits already covered by the State Health Plan. Please read the Procedure – Requests for Benefits Changes, SHP-PRO-7001-SHP for more information regarding these types of requests.

Please submit completed forms by email to [SHP.Board@nctreasurer.com](mailto:SHP.Board@nctreasurer.com) or mail to NC State Health Plan Board of Trustees, 4901 Glenwood Avenue, Suite 300, Raleigh, NC 27612-3638.

**Name of Requestor:** Dr. Joe Siragusa

**Contact Information (*phone, email, mailing address*):**

919-832-0611 ext. 104; drjoe@ncchiro.org; 3200 Blue Ridge Rd. #216 Raleigh, NC 27612

**Requested Change in Benefits Coverage:** Reduced co-pays for chiropractic benefit

**Reason for Request:** We'd like to present the results of research on SHP/ cost-savings to plan

**Proposed Effective Date of Change:** Jan. 1 or July 1, 2014

**Supporting Documentation (*Please provide documents to support your request; examples include research or studies regarding medical services, treatment or procedures, fiscal impact analyses if available, or petitions from members.*):**

**Would you like to speak with the Board of Trustees about this issue at a Board of Trustees meeting?** Yes. We'd like to present the research summary.

The Board of Trustees reviews select requests annually at a regularly scheduled Board of Trustee meeting. For calendar year 2013, requests will be reviewed at the November meeting. For calendar year 2014, requests will be reviewed at the July meeting. Review of requests in no way obligates the State Treasurer to make changes to benefits.