

Regence Audits Suspended

Following is a memo from Monica Horton, MPP, Director of Practice Management and Delivery Innovations for the AOA received by WOMA Executive Director Kathie Itter, who has been working with David Walls of the Osteopathic Physicians and Surgeons of Oregon on the Regence audit issues.

Regence Blue Cross and Blue Shield (Regence) is a four state network that contracts with 2,013 osteopathic physicians in Idaho, Oregon, Washington and Utah. Beginning in 2011, 476 osteopathic physicians who performed OMT services were sent letters requesting chart records. Several of these audited DOs contacted the AOA and their respective state osteopathic medical associations for help responding to Regence's request.

Today, audits in all four network states are suspended. The AOA continues to assist osteopathic physicians, particularly OMT specialists, by working directly with Regence's Chief Medical Officer. As the AOA seeks to resolve outstanding concerns, we recognize the need to provide background on key issues, describe AOA actions to date, discuss next steps and provide resources that members can use to prepare for audits and appeals.

Regence has already informed many audited physicians that their method for billing Evaluation and Management (E/M) visits with OMT was incorrect. Upon further investigation, we believe that Regence's Physician Integrity group misunderstands the definitions of pre- and post-service work in the OMT codes. The result is that the decision to recoup payments is based on an incorrect interpretation that physicians were billing for "E/M

services during an OMT visit." This rationale is being used to limit payment, or not pay osteopathic physicians for E/M visits, and Regence has not provided clear guidance about how physicians can appeal such audit decisions.

In April 2012, the AOA secured a face-to-face meeting with the Regence Medical Director in Idaho. This meeting was abruptly canceled as Chicago staff reached the Idaho offices on the day of the meeting. In August 2012, the AOA met with Blue Cross and Blue Shield of America Association staff to obtain answers about their audit determinations. After several months, the AOA was notified that Regence would not make changes to its determinations.

In October 2012, the AOA provided a letter to all affiliates explaining the increase in audits due to E/M coding and the use of Modifier -25 that provided guidance to physicians on how to appeal audit requests. This letter was also provided to executive directors who participated in a December 1, 2012 conference call with members affected by the audits. From December 2012 to January 2013, the AOA surveyed members, met with physicians and state executive directors and other experts to develop a course of action. On February 22, 2013, the AOA presented important documentation and auditing information at the Osteopathic Physicians & Surgeons of Oregon (OPSO) meeting in Bend, OR. That evening, AOA staff held a roundtable conference call with OPSO members to further clarify their experiences and develop a strategy to move forward.

On March 1, 2013, OPSO, AOA Board of Trustee Member, Boyd

continued on page 3

100th Annual Convention Features New Venue



The 100th Northwest Osteopathic Convention is scheduled for June 27-30 at Suncadia Lodge in Cle Elum. The program begins at 1:00 p.m. on Thursday with an afternoon of topics designed to address common problems faced by osteopathic physicians and students from burnout to impairment. Friday morning features behavioral health topics and that afternoon will be all about osteopathic manipulation and how to incorporate OMT in a busy practice.

Saturday morning will feature clinical presentations on the nose, mouth and throat, surprising interactions between vitamins, supplements and prescription drugs and an overview of the Accountable Care Act and its implementation in Washington State. Saturday afternoon will feature the business side of medicine covering the Prescription Monitoring Program, ICD 10 and how to navigate personal injury claims. Sunday will enlighten attendees on Mind/Body Medicine, food sensitivities and the future of osteopathic education and training.

CME Committee members Drs. Harold Agner, Ruth Bishop, Paul Emmans, III, Robyn Phillips-Madson, Mike Scott, Anita Showalter and Dan Wolf welcome your input and encourage your participation in WOMA's annual needs assessment survey which was recently emailed to DOs throughout the state. You may access the survey by going to www.woma.org and selecting Needs Assessment Survey .



5220 California Ave SW, Suite B
PO Box 16486
Seattle, WA 98116
(206) 937-5358
Fax (206) 933-6529
www.woma.org

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The "Washington DO" is the official publication of the Washington Osteopathic Medical Association, published in February, May, August and November. Members are encouraged to submit articles for potential publication. Signed columns are, in all cases, the opinion of the author. For advertising information, please contact the WOMA executive offices at (206) 937-5358. Deadlines for ads and articles are the 10th of the month preceding the publication.

Notice of Meetings Washington Osteopathic Foundation Board

Thursday, June 27, 8:30 a.m.

WOMA Board of Governors Breakfast

Thursday, June 27, 9:00 a.m.

WOMA Annual Membership Meeting

Friday, June 28, 12:30 p.m. Lunch
All meetings take place at the
Suncadia Lodge, Cle Elum, WA

WOMA Welcomes New Members

At its quarterly meeting on March 23, 2013, the WOMA Board of Governors approved the following applications for membership:

Active

Robin Atkinson, DO, TU-CA'08
Michael Coan, DO, DMU'07
Laurie Diem, DO, COMP'99
Adam Hoverman, DO, ATSU'04
Scott Smith, DO, DMU'02

Associate

James Asthalter, DO, UNE'78

Post Graduate

Andrew Ashbaugh, DO, TU-CA'12

Student

Ursula Barghouth, ATSU-SOMA'15
Nathan Blacker, PNWU'17
Alisa Carlson, KCUMB'15
Juliette Drohan, ATSU-SOMA'15
Riley Fisher, PNWU'17
Kelby Hempel, PNWU'17
Joshua Johnson, PNWU'17
Asra Mazhar, PNWU'17
Megan MacDougall, PNWU'17
Olivia Orteza, PNWU'17
Elizabeth Stewart, COMP'14
Scott Telz, PNWU'17

In Memoriam

Larry Clark Hoover, DO passed away on April 19, 2013. Dr. Hoover was born October 17, 1930 in Tacoma. He graduated from Stadium High School, Tacoma, WA in 1948 and earned his BS from the University of Puget Sound in 1952. He graduated from the Chicago College of Osteopathic Medicine in 1956 and interned at Waldo General Hospital in Seattle in 1956-57. Dr. Hoover opened his practice in Edmonds in October of 1957. He retired after forty-four years of caring for his patients on November 22, 2002.

During his career he served the osteopathic profession in several capacities. He was elected a Board Trustee of the Washington Osteopathic Medical Association in 1961 and served as president in 1967-68.

He is survived by his wife of nearly 40 years, Sharon, ten children, 19 grandchildren; three great-grandchildren, twin brother Lon Hoover, DO (Lyn) and two nieces. He was preceded in death by his parents, Harold and Naomi Hoover, sister Regina and youngest daughter, Crystal.

A memorial service will be held Thursday, May 30 at 2:00 p.m. at Shoreline Community Church, 125 NE 185th St. Shoreline.

Getting to Know You

WOMA is pleased to welcome the following new active members:

Robin Atkinson, DO is a 2008 graduate of Touro University COM in California. She completed her postgraduate training at Virginia Mason Medical Center and practices Internal Medicine in Lynnwood.

Michael Coan, DO graduated from DMU-COM in 2007. He did his postgraduate training in Internal Medicine and Rheumatology at the University of North Texas in Fort Worth. His Rheumatology practice is in Spokane.

Laurie Diem, DO is a 1999 graduate of Western U COMP. She completed a pediatric residency at Loma Linda University Medical Center Children's Hospital and practices pediatrics at Swedish Medical Group in Issaquah.

Adam Hoverman, DO is an alumnus of AT Still University Class of 2004. His postgraduate training took place at the University of Minnesota and London School of Hygiene and Tropical Medicine. Dr. Hoverman serves PNWU as course director for Clinical Skills I, and adds global health and parasitology components to the Community Doctoring and second-year systems curricula. He also serves the Yakima Valley Farm Workers Clinic as mobile unit medical director and as a teaching physician caring for patients and instructing medical students at the Union Gospel Mission medical clinic.

Scott Smith, DO graduated from DMU in 2002. His residency in Dermatology was served at University Hospital, Case Western Reserve. His Dermatology practice is in Spokane Valley.

continued from page 1

Medical Outreach in Centralia

Buser, DO, and AOA staff met with Regence Chief Medical Officer of Oregon. At this meeting, OPSO and the AOA requested that Regence clarify its position on E/M and OMT on the same day, share its audit findings to allow for physicians to educate themselves on potential errors, adhere to a 60-day time frame prior to automatically withdrawing payments and designate an informed physician relations representative to resolve these issues. In mid-April, OPSO received a letter that stated "Regence wants to maintain a strong relationship with our contracted providers...we are considering the concerns identified by our DO providers very seriously and have begun internal processes to address them."

Most recently, the AOA sent a letter to the Regence Chief Executive Officer, asking that the Regence group clarify its position on E/M and OMT on the same day. At the same time, the AOA is working with OPSO to obtain a follow up meeting with the Chief Medical Officer of Idaho, Oregon, Washington and Utah, formerly the Chief Medical Officer for the state of Oregon. We believe Regence is working with the AOA and specialty groups to make progress on this issue. We hope that clarifying their position on OMT and E/M on the same day will be a priority.

In the meantime, the AOA continues to provide materials to ensure osteopathic physicians have up-to-date information on billing and coding. In March 2013, the AOA completed a new Audit Resource Center that includes information on coding scenarios that could provoke an audit, how to comply with an audit request and proactive steps you can take to avoid negative audit findings. To address this issue on a national level with all payers, AOA leadership will meet with the staff of Centers for Medicare and Medicaid Services on May 8, 2013 to advocate that the global period for OMT codes be changed (from 000 to XXX) to negate the use of Modifier -25 with E/M codes. Ultimately, the AOA believes that it is working at all levels to ensure osteopathic physicians, particularly OMT specialists, will be able to sustain healthy and viable practices.

The AOA appreciates your supportive comments and constructive suggestions for how to address these issues. In the next two



David Little, DO outside the Health and Hope Medical Outreach Clinic

Dave Little D.O., graduate of COMS in 1976, is the Medical Director for Valley View Health Center in Chehalis, Washington, a community health center. From the standpoint of the health center, there has been a 9% increase in the number of uninsured, just in the last year.

Although Community health clinics open their doors to all persons in need of care, the working poor may still find healthcare unaffordable. In March of 2010, Dr. Little began meeting with other physicians at Providence hospital in Chehalis for the purpose of providing services to those who had financial

months, we are planning a webinar to show you how to work with insurers to resolve your audit concerns. Most importantly, if you are audited, the AOA suggests you contact the AOA Division of Compliance and Payment Policy at (800) 621-1773 ext. 8282, or via email at practicemanagement@osteopathic.org.

WOMA President Marc Cote, DO has appointed an ad hoc committee on payor relations to work on the audit issues. Committee members are Harold Agner, DO, Chair, Judith Lewis, DO and Steven Leifheit, DO. If you have information for the committee, send an email to kitter@woma.org and it will be forwarded to committee members.

barriers to getting care or mistrust for government entities such as FQHC's.

Dr. Little, a tenor in the choir at St. Johns Episcopal Church, and the other attendees agreed to plan for the formation of a faith based free clinic in Centralia, Washington. The name of the clinic is **Health and Hope Medical Outreach**. HHMO opened its doors in February of 2013 and provides services on Tuesday evenings without collecting fees or billing insurances. By not collecting insurance or fees, the clinic provides an avenue of care to those with already outstanding medical bills, victims of domestic violence and others who may not be able to afford care through other sources.

HHMO keeps the doors open through the generous contributions of churches and individuals who believe caring for the sick in the name of Jesus is a noble and necessary cause. HHMO is a 501C3 charitable organization, with full disclosure. It is entirely staffed by volunteers, with the exception of the Executive Director, who receives a small stipend.

For information regarding volunteer opportunities with HHMO please visit their website at www.hhmo.org. Those of you who believe in what we are doing may help us to provide holistic care by sending your checks to:

Health and Hope Medical Outreach
P.O. Box 986
Centralia, WA 98531

2014 Board Nominees

The following list of nominees for WOMA officers and Trustees has been proposed by the nominating committee. Elections will take place on Friday, June 28 at the WOMA annual meeting at 12:30 p.m. at Suncadia Lodge in Cle Elum, WA. The presidency will be assumed by **Scott Fannin, DO**. **Marc Cote, DO** will serve as immediate past president.

Executive Committee

Term 1/1 – 12/31/2014

President Elect

Harold Agner, DO

Vice President

Mischa Coleman, DO

Secretary

Mark Hunt, DO

Treasurer

Steven Leifheit, DO

Trustees

Terms 1/1/2014-12/31/2015

District 1

Tom Harris, DO

District 2

Dan Wolf, DO

District 3

Rosemarie Colombini, DO

District 4

Amber Figueroa, DO

District 5

Lynda Williamson, DO

Term 1/1 – 12/31/2014

Institutional Representative

Robyn Phillips-Madson, DO

Student Representative

Patricia Egwautu, OMS I

AOA Delegates

Harold Agner, DO

Paul Emmans, Jr, DO

Paul Emmans, III, DO

Lindy Griffin, DO

David Lukens, DO

Robyn Phillips-Madson, DO

Jarrad Morgan, OMSII

Alternate Delegates

Scott Fannin, DO

Amber Figueroa, DO

Nominations for all positions will be open from the floor. The Board of Governors meets quarterly in March, June, September and December. The Executive and Public Affairs Committees meet in the interim months to conduct association business.

New Medical Assistant Law Effective July 1

The 2012 Legislature passed a bill that creates four medical assistant credentials in Washington State: medical assistant-certified, medical assistant-registered, medical assistant-phlebotomist, and medical assistant-hemodialysis technician. This law has been codified as chapter 18.360 RCW with an effective date of July 1, 2013. These new medical assistant credentials will replace existing health care assistant certifications.

The Department of Health will not issue health care assistant credentials after July 1, 2013. Medical assistants may be supervised by allopathic physicians, osteopathic physicians, podiatric physicians, allopathic physician assistants, osteopathic physician assistants, advanced registered nurse practitioners, naturopaths, optometrists, and registered nurses. To learn how health care assistants will transition to medical assistants or to get general information about the new medical assistant credentials, please go to www.doh.wa.gov/medicalassistant.

Governor Seeks Applicants

David Martinez, DO has resigned from the Board of Osteopathic Medicine and Surgery, creating a vacancy that needs to be filled. This unfinished term expires on June 30, 2014.

The Board is made up of six osteopathic physicians and one public member appointed by the Governor. The physician members must have been in active practice as a licensed osteopathic physician and surgeon in Washington for at least five years immediately preceding appointment. All members must be citizens of the United States and must be residents of Washington. The following expectation guidelines are intended to serve as a reference for current members and for prospective appointees of the board:

1. Attend regular board meetings, scheduled quarterly during business hours on Fridays. There is also Department of

Health one-day Board, Commission, and Committee conference.

2. Participate in telephone conferences to close cases. These take about two hours and are usually done between board meetings.

3. Participate in settlement conferences with respondent's attorney, staff attorney and/or board staff. Usually held at the convenience of the reviewing board member and can take several hours. The number held each year depends on the number of cases charged for that board member.

4. Participate on hearing panels from one day to several days two to three times per year. Hearings may be held in the respondent's practice area to accommodate witnesses. A panel of three board

members is generally utilized to hear disciplinary cases. All board members are not required to participate in every hearing.

5. Prepare for all meetings by reading materials sent one to two weeks in advance of the scheduled meeting date. The packets take an average of two to four hours to read prior to each business meeting. In addition, between eight and 24 hours are spent reviewing complaint files prior to each meeting.

6. Assist newly appointed board members as necessary.

Interested, eligible DOs are encouraged to submit an application now. For more information or to apply online go to <http://www.governor.wa.gov/boards/application/default.aspx>.

Legislative Report

By David Knutson, WOMA Lobbyist

The 2013 Legislative Session ended on Sunday April 28th, the 105th day of the Regular Session. The Senate and House of Representatives were unable to agree on the 2013-15 Operating Budget, the Capital Budget, and the Transportation Budget. The Senate Operating Budget passed the Senate with no additional revenue. The House version of the Operating Budget passed the House with the assumption that \$1.3 Billion in additional revenue would be available to support the House level of spending. When the House passed their revenue bill \$400 Million in additional revenue was deleted from the bill. Thus, the House version of the Budget is \$400 Million short of being balanced between expenditures and revenue.

A 30 day Special Session, has been called by Governor Inslee beginning on May 13, 2013.

There are several bills of interest to members of the Washington Osteopathic Medical Association. I will give you a brief summary of several bills of interest and will also touch on items in the Operating and Capital budgets that are of interest as well.

Policy Bills

HB 1182 Statutory references are clarified to specify that licensed pharmacists may prescribe legend drugs to the extent allowed by a collaborative drug therapy agreement authorized by the Board of Pharmacy and approved by a practitioner authorized to prescribe drugs. WOMA opposed an amendment that would have given pharmacists full prescriptive authority. (Passed the Legislature without the amendment and Signed by the Governor)

HB 1216 The DOH must conduct a sunrise review of the proposal to require health carriers to cover formulas necessary for the treatment of eosinophilia gastrointestinal associated disorders, regardless of delivery method. The DOH must report the results of the review no later than 30 days prior to the 2014 legislative session. A health carrier must apply a timely appeals process to ensure medically necessary treatment is available. Expedited appeals must be completed when a delay in the appeal process could jeopardize the enrollee's life, health, or ability to regain maximum function. (Passed the Legislature and Delivered to Governor)

HB 1436 Addresses hospitals coordinated quality improvement programs and the provisions of exclusive remedies in lawsuits by health care providers. (Died in Senate Rules)

HB 1480 A direct practice may pay for charges associated with the

dispensing, at no additional cost to the direct patient, of an initial supply of generic prescription drugs prescribed by the direct provider. The initial supply may not exceed 30 days. In aggregate, payments for prescription drugs and lab and imaging services may not exceed 15 percent of the direct fee charged to the patient. (Passed the Legislature and Delivered to Governor)

HB 1533 Modifies notification requirements for mandatory mediation of health care claims. (Passed the Legislature and Signed by the Governor)

HB 1737 Requires osteopathic physician assistants to receive approval from the Board of Osteopathic Medicine and Surgery (BOMS) and physician assistants to receive approval from the Medical Quality Assurance Commission (MQAC) before being utilized in a remote site. Allows osteopathic physicians and physicians to enter into delegation agreements with five physician assistants, but no more than three physician assistants may work at a remote site. Permits an osteopathic physician or physician to petition for a waiver to supervise more than five physician assistants. Requires the MQAC and the BOMS to work in collaboration with a statewide organization representing the interests of physician assistants to adopt rules to modernize current rules regulating physician assistants and report to the Legislature by December 31, 2014. Changes references to the "practice arrangement plan" to "delegation agreement." (Passed the Legislature and Delivered to the Governor)

SB 5148 Practitioners, pharmacists, medical facilities, drug manufacturers, or drug wholesalers

may donate prescription drugs and supplies to a pharmacy for redistribution to individuals at no cost. (Passed the Legislature and Delivered to the Governor)

SB 5215 Provides that a physician cannot be forced to participate in a public or private health care plan as a condition of licensure. It also provides that health plans cannot require physicians to sign contracts that include an all products clause. (Passed the Legislature and Delivered to the Governor)

SB 5267 Directs the Insurance Commissioner to establish uniform prior authorization forms for all health carriers to comply with. (Passed the Legislature and Delivered to the Governor)

SB 5416 Authorizes the electronic prescribing of Schedule II controlled substances and clarifies the authority for Schedule III through V controlled substances to be prescribed electronically. Prohibits dispensing Schedule II controlled substances more than six months after the issuance of the prescription and limits Schedule III through V controlled substances to no more than five refills. (Passed the Legislature and Delivered to Governor)

SB 5434 Health insurance carriers must file all provider contracts and provider compensation agreements with OIC 30 calendar days before use. When a carrier and provider negotiate an agreement that deviates from a filed agreement, the specific contract must be filed 30 days prior to use. Any provider compensation agreements not affirmatively disapproved by OIC are deemed approved, except OIC may extend the approval date an additional 15 days with notice before

continued on page 6

the initial 30-day period expires. Changes to the previously filed agreements that modify the compensation or related terms must be filed and are deemed approved upon filing if no other changes are made to the previously approved agreement. OIC may not base a disapproval of the agreement on the amount of the compensation or other financial arrangements between the carrier and provider, unless the compensation amount causes the underlying health benefit plan to be in violation of state or federal law. OIC is not granted authority to regulate provider reimbursement amounts. OIC may withdraw approval of a provider contract or compensation agreement at any time for cause. (Passed the Legislature and Delivered to Governor)

SB5459 A pharmacist may dispense up to a 90-day supply of a drug, other than a controlled substance, with a valid prescription that specifies the initial quantity of less than a 90-day supply followed by refills, if all of the following requirements are met:

- the patient has completed an initial 30-day supply of the drug, or has been previously dispensed the same medication in a 90-day supply;
- the total quantity of dosage units dispensed does not exceed the total quantity of dosage units authorized by the prescriber on the prescription including refills;
- the prescriber has not specified that dispensing the prescription in an initial amount is medically necessary; and the pharmacist is exercising their professional judgment. (Delivered to Governor)

5480 Involuntary Commitment- Expands criteria for involuntary civil commitment. Delivered to Governor)

SB 5524 Washington State pharmacies are permitted to fill prescriptions for legend drugs and controlled substances that are written by out-of-state PAs and DO PA's so long as the physician assistants meet the same qualifications for controlled substances prescribing as in-state physician assistants. (Governor Signed)

SB 5615 Medical (Osteopathic and Allopathic) and dental students that are serving residencies are added as possible recipients of the program. The Student Financial Assistance Office must contract with a fundraiser, who is not a registered state lobbyist, to solicit and accept grants and donations from private sources for the program. The Office must use a competitive process to choose the fundraiser and the fundraiser may be paid on a sliding scale, but by no more than a maximum of 15 percent out of those raised funds. (Delivered to Governor)

SB 8401 Healthcare Oversight- Creates a joint select committee on healthcare oversight between the Health Care Authority, the Health Benefit Exchange, the Office of the Insurance Commissioner, the Department of Health, and the Department of Social and Health Services. (Passed the Legislature and Filed with the Secretary of State)

Dead Bills Supported by WOMA

HB1660 Requires the Dept. of Health to convene a work group to develop uniform clinical affiliation agreements for physicians, osteopathic physicians, and nurses. (Passed the House unanimously and died in Senate Healthcare Committee)

SB 5214 Provides a B&O tax deduction for donated medical services through a community health care system. (Failed to get out of Senate Health Care Committee)

SB 5492 Requires that any advertising by a health care professional must identify the license, certification, or registration they are authorized to practice under. (Died in Senate Rules Committee)

Dead Bill Opposed by WOMA

HB1573 If passed, would have allowed chiropractors to perform sports physicals for school athletes and physical examinations for commercial driver's licenses. (Failed to pass House Health and Wellness Committee due to lobbying & testimony provided by WOMA, WSMA and American Academy of Pediatrics)

Operating Budget Items

Implementation of Health Care Exchange and Medicaid Expansion The Senate and House passed

Exhibit Space Available

There is still space available to exhibit at the 100th Annual Northwest Osteopathic Convention to be held June 27-30 at Suncadia Lodge in Cle Elum, WA. If you know of a firm that has a product or service of interest to physicians, please extend an invitation to participate and direct them to www.woma.org for a prospectus.

As of April 29th exhibitors include Adler Giersch, P.S., ATSU-SOMA, Health Diagnostic Laboratories, Medical Protective, Novo Nordisk, NW Osteopathic Medical Foundation, Pacific Northwest University of Health Sciences, Physicians Insurance, Purdue Pharma, Reckitt Benckiser, Singulex, US Air Force Health Professions, and Western U COMP-MW.

For more information, contact the WOMA office at 206-937-5358.

We are grateful for our exhibitors' participation and encourage you to extend courtesies to their representatives should the opportunity present itself.

budgets both include the Medicaid expansion authorized under the Affordable Care Act and the funding of the Health Benefit Exchange which will provide subsidized health insurance coverage for individuals not eligible for Medicaid and who have incomes up to 400% of the federal Poverty Level.

Hospital Based Residencies The House version of the Budget includes \$500,000 to fund the establishment of a hospital residency program in southwest Washington.

Prescription Monitoring Program The Senate and House passed budgets both include funding to continue the Prescription Monitoring Program in the Department of Health. WOMA successfully defeated efforts to fund the program through an increase in licensure fees.

Capital Budget Items

PNWU construction The Senate version of the Budget includes \$136,000 to assist in the expansion of PNWU to accommodate additional students and faculty.

WOF Update

The Washington Osteopathic Foundation Board awarded three scholarships to osteopathic medical students at its meeting on March 23, 2013. Jason Schend, OMSII, PNWU, Kathy Fosnaugh, OMSIII, PNWU and Juliette Morgan, OMSIII ATSU-SOMA each received a \$1,000 Warren Lawless Scholarship.

In addition to the scholarships, the Board approved \$10,000 low-interest loans for three students who are committed to practice in Washington upon completion of their training.

The Foundation has scheduled two fundraisers this year. The first will be an auction held during the 100th Annual Northwest Osteopathic Convention. Auction items are welcome and tax-deductible. Contact Kathie Itter at kitter@woma.org or 206-937-5358 if you have something to donate. The second fundraiser will be WOMA's annual Fall Seminar, an OMM course at PNWU on Saturday, September 21st. Tax-deductible contributions by cash or check are welcome at any time and may be sent to the Washington Osteopathic Foundation (WOF) at PO Box 16486, Seattle, WA 98116-0486.

Golf, Anyone?

If you like to golf, you may want to come a day early and participate in the 6th Annual PNWU Osteopathic Golf Classic on September 20th at 10:00 a.m. For more information, go to www.pnwu.org or call Joanne Hanses at 509-249-7734 or email jhanses@pnwu.org.

Convention Support Appreciated

WOMA is grateful to the **Washington Osteopathic Foundation** and the **Northwest Osteopathic Medical Foundation** for providing CME grants in support of the 100th Annual Northwest Osteopathic Convention.

The Washington Osteopathic Foundation was created in 1971 and focuses on supporting osteopathic education and training. The majority of its funding goes to low-interest

Washington D. O.

New L&I Opioid Treatment Guidelines

You will improve the care of injured workers and help save lives by using the best practices in the Department of Labor & Industry's new *Guideline for Prescribing Opioids to Treat Pain in Injured Workers*, which will become effective on July 1. It provides information specific to treating injured workers covered by Washington State workers' compensation system.

The Department encourages you to review the new guideline and adopt the best practices before implementation. This will give you a head start on incorporating new requirements into your practice. When you are treating acute injury or following surgery, opioids will be covered for up to 6 weeks without authorization. Beyond the acute phase, you must seek authorization from L&I or the insurer; continued coverage will depend on your documented use of best practices.

The best practices include evaluation of function, pain, and risk at three critical phases:

1. At the end of the acute phase (about 6 weeks following injury or surgery), to determine whether continued opioid therapy (COT) is warranted in the subacute phase.
2. At the end of the subacute phase (3 months following injury), to determine whether to prescribe COT.
3. Periodically during COT, to assess impact on function and risk of the therapy.

loans and scholarships to osteopathic medical students who commit to practicing in Washington upon completion of their training.

You can help with its fundraising efforts at the convention by participating in the Saturday night auction and/or donating an item to auction. Contact Kathie Itter at kitter@woma.org or call 206-937-5358 for more information.

Spring 2013

The L&I guideline provides valuable information to help you improve treatment, including sections on prescribing precautions; managing surgical pain in workers on COT; and discontinuing COT.

The new L&I guideline supplements both the Agency Medical Directors' guideline (2010) and the Department of Health's pain management rules (2011–2012).

The new guideline was developed in 2011–2012 by the Industrial Insurance Medical Advisory Committee (IIMAC) and its subcommittee on chronic non-cancer pain, groups made up of practicing physicians who specialize in treating injured workers and in pain management. The new guideline is based on the best available clinical and scientific evidence from a systematic review of the literature and a consensus of expert opinion.

L&I is now working closely with the advisory group on ways to help providers understand how to fulfill the guideline's new requirements. Continuing medical education is being developed which will be available free online, and L&I staff will be available to answer questions.

Questions? Contact Jaymie Mai, L&I's pharmacy manager at Jamie.Mai@lni.wa.gov.

Posting of CME Credits for 2013-2015

The 2013-2015 CME cycle was implemented as of Jan. 1, 2013. Due to the implementation of the new Osteopathic Continuous Certification (OCC) requirements, the AOA CME program had to be revamped to meet the needs of tracking and recording CME credits at all levels. Since existing AOA Division of CME software does not record CME credit for more than one specialty, the AOA has committed to the launch of a new IT platform for recording and maintaining physician records. Therefore, any CME submissions for 2013 will not be posted until mid-May 2013.

Page 7

PNWU Update

by Dean Robyn Phillips-Madson, DO

The PNWU-COM academic year is quickly coming to a close, and preparations for the second graduation are almost complete. One hundred percent of the Class of 2013 matched into residency programs. This year, 29 students matched into residencies in the Northwest, and 33 matched into family medicine.

The Class of 2014 is busy scheduling fourth year electives, sub-internships, and residency audition rotations. The Class of 2015 is finishing their second year courses in Yakima, preparing for COMLEX and USMLE boards, and most are relocating to core rotation sites in June. The Class of 2016 is wrapping up their intense first year courses, and looking forward to 8 weeks of summer break to traveling on global medical outreach trips, do research, or just replenish depleted neurotransmitters with rest and relaxation.

The Admissions Committee completed the interview cycle April 12th, and the Class of 2017 is now full. Over the next several months, there will be some turnover in the class as positions open up in other colleges of medicine. This year was the second year of the Multiple Mini-Interview (MMI) format for applicants, and both students and the admissions committee are happy with the results. PNWU-COM is one of the first COMs to use the MMI format.

The 135 students in the Class of 2017 arrive August 6th for orientation, and will be the first class to use the beautiful new auditorium in the Butler-Haney Hall Phase 2 addition. A new two-room simulation lab will be ready when students arrive, as well as expanded study and anatomy lab facilities. Staff and faculty will move into the new space during summer break.

In addition to construction, hiring is underway for part-time clinical skills and OPP faculty. Additional positions include a learning

specialist, an assistant dean of student affairs, director of scholarly activity (at the university level), director of faculty development, anatomy lab faculty, and additional administrative support staff for OMS I & II and III & IV. Organizational improvements include the establishment of an Office of Medical Student Affairs, and the Office of Medical Education, which oversees all things related to curriculum (including assessment) and faculty development.

For the second year in a row, PNWU-COM students in the ACOFP student club won first place (President's Award) among all US COM chapters. In addition, the SAAO (osteopathic medicine student club) won first place among all COM chapters. We are very proud of our osteopathic primary care-oriented students! They successfully organized the third annual Run 4 Your Life 5K run and fundraiser for Yakima's Children's Village, and a health fair in downtown Yakima.

Dr. Adam Hoverman and OMS IV Michael Moore (a current TED Fellow) organized the second annual TEDMED showing at PNWU-COM. TEDMED talks can be accessed online at <http://www.tedmed.com>.

It continues to be an honor to be the dean of PNWU-COM and a member of WOMA. I appreciate the input of WOMA members regarding potential faculty, ideas about medical education, feedback about students, and potential candidates. It is exciting to watch our profession grow, and to train future osteopathic physicians. Don't forget that you have an open invitation to visit Washington State's osteopathic medical school when you're in the area. Please schedule a visit or time to chat with Vicky Koch at 509-249-7703 rvkoch@pnwu.edu.

L & I MPN Update

Over 16,000 applications were submitted by providers to become credentialed in L&I's Medical Provider Network, which was a very successful recruitment. Over 11,000 providers are fully approved and shown in Find a Doctor at <http://www.Lni.wa.gov/ClaimsIns/Claims/FindaDoc/Default.asp>.

Workers and providers received notification that if a doctor's application was received before January 1, 2013, but is still pending, the doctor can still treat injured workers while L&I completes its review. Doctors who have not received full approval can check the status of their applications at <http://www.Lni.wa.gov/ClaimsIns/Providers/Becoming/Network/Lookup.asp>

New report of accident forms were developed to implement the Medical Provider Network (MPN).

For State Fund claims:

Use the new form so L&I can accurately determine the date of the injured worker's initial visit. For providers not in the network, that date will determine whether they can be paid. Find the new form at: <http://www.Lni.wa.gov/FormPub/Detail.asp?DocID=1599>

For providers and workers who prefer to file online, go to <http://www.Lni.wa.gov/ClaimsIns/Providers/ProjResearchComm/FileFast/default.asp>. Doctors who file their portion of the accident report online receive an additional \$10.

The new Self Insured Physician's Initial Report is at: <http://www.Lni.wa.gov/FormPub/Detail.asp?DocID=2467>

Pol.net Issue

Does your email end in pol.net? If so, you may not be receiving email from WOMA. Over the last few months we have noticed that emails sent from the WOMA office to members with email addresses ending in pol.net bounce back.

There are two solutions for this: (1) Provide an alternate email address to WOMA that does not use pol.net or (2) contact your email provider and ask them to "white list" woma.org.

DO Day in Olympia



Harold Agner, DO meets with with Representative Jeff Holy, 6th District



Jarrad Morgan, OMS! discusses issues over lunch with several legislative aids



From left Lobbyist David Knutson (back to camera), Ben Finch, OMS1, Senator Curtis King, Dan Dugaw, DO and Lindy Griffin, DO

On February 22nd several WOMA members, including PNWU students and faculty, made the Columbia Room in the Legislative Building headquarters for DO Day in Olympia. Physicians and students paired up to meet with Senators, Representatives and/or their aides to discuss issues of interest to the osteopathic profession. Legislators who did not have appointments were visited by the WOMA members and given information about osteopathic physicians, the osteopathic medical school, and a volvelle comparing the difference in training received by osteopathic physicians and other providers.

When they were not meeting with legislators, the physicians and students were providing blood pressure checks and OMT demonstrations. It was a good day for the profession to connect with the law makers, especially since there are so many freshmen this year.

The Washington Osteopathic Physicians and Surgeons Political Action Committee (Osteopac) provides funding to make DO Day in Olympia possible. We would like to continue this event, and we need your support to do so. On the back of this page is an Osteopac Registration form. Please complete it and send with your personal check made payable to Osteopac to PO Box 16486, Seattle, WA 98116-0486.



Mischa Coleman, DO (right) checks the blood pressure of a state employee.

OSTEOPAC

Washington Osteopathic Physicians and Surgeons
Political Action Committee

2013 Membership Registration

(*Information required by State campaign finance laws and must be provided with contribution)

Date _____

*Name _____

*Address _____

*City _____ State _____ Zip _____

_____ Retired _____ Self Employed

*Employer (if other than self) _____

*Employer Address _____ City _____ State _____ Zip _____

*Occupation _____

Legislative District # _____ Congressional District # _____

- _____ \$ 25.00

_____ \$ 200.00

_____ \$ 50.00

_____ \$ 365.00

_____ \$ 100.00

_____ Other \$ _____

Make Your Personal Check Payable to: Osteopac

_____ Payment in full is enclosed. ___ Check ___ Cash

Please complete this form and send with your personal check (**no business checks**) made out to **OSTEOPAC** to
P.O. Box 16486, Seattle, WA 98116-0486

*Information required by Public Disclosure Commission

Members Honored by NOMF

At its annual Founders Banquet held March 1, 2013 in Portland, the Northwest Osteopathic Medical Foundation honored WOMA members Don Woods, DO and Brett DeGooyer, DO.

The J. Scott Heatherington D.O. Lifetime Achievement Award is given annually in memory of this highly respected and incredibly accomplished Northwest osteopathic physician to a recipient with a lifetime of distinguished service and achievement. The 2013 Awardee is **Donald Woods, DO**. From the age of 10, Dr. Woods was raised in Iowa as a farm boy. Both parents and both brothers are DOs. His father was an internist, mother a pediatrician, oldest brother a surgeon, and other brother was in family practice. All taught at Des Moines College at one time or other.

Dr. Don Woods did his undergrad study at Iowa State College in Ames, Iowa and received his DO degree from Kirksville, MO in 1962. His

internship was in Grand Junction, CO then he practiced in Grandview, WA for 24 years doing a full family practice including hospital. This was followed by 24 years in Kennewick, WA with an emphasis on manual medicine.

He is an airline rated pilot and was an examiner for the Federal Aviation Administration for 48 years. He has done missions work in over 40 nations around the world. He and his wife, Gail, have two children and two grandchildren.

The Rising Star Award recognizes physicians who have been in practice for less than 10 years who have already made a mark by serving their patients compassionately, their community well and their profession admirably. **Brett DeGooyer, DO** is this year's recipient. Dr. DeGooyer earned his DO degree in 2005 from A.T. Still University of Health Sciences - Kirksville College of Osteopathic Medicine in Kirksville, Missouri. He completed his internship, and a dual

residency in family medicine and neuromusculoskeletal medicine at Northeast Regional Medical Center in Missouri. He is currently board certified by the AOBFP (family medicine) and AOBNMM (neuromusculoskeletal medicine). Dr. DeGooyer joined the faculty of PNWU in July 2009 and is an Assistant Professor of Osteopathic Practice and Principles and serves on the Curriculum Committee. He also practices family and NMM in Yakima. He and his wife Alana have six children

A featured speaker at this year's banquet was the recipient of the WOMA/NOMF \$10,000 matching scholarship, **Timothy Zielicke, OMSIV** at PNWU. He expressed his appreciation and revealed that he had calculated that a \$10,000 scholarship at the start of medical school could save a student as much as \$145,000 of repayment if they picked the graduated extended payment option (spread out over 30 years).



Don Woods, DO, Gayle Woods, Brett DeGooyer, DO and Alana DeGooyer at the pre-banquet reception.



Timothy Zielicke, OMSIV addresses banquet attendees.



WOMA's NOMF Board Representative, Amber Figueroa, DO prepares to introduce Dr. DeGooyer.

Certification Required for Commercial Driver Examiners

The National Registry of Certified Medical Examiners (National Registry) is a new FMCSA program. It requires all medical examiners who wish to perform physical examinations for interstate commercial motor vehicle drivers to be trained and certified in FMCSA physical qualification standards. Medical examiners who have completed the training and successfully passed the test are included in an online directory on the National Registry website.

Beginning May 21, 2014, all providers who wish to conduct medical examinations for interstate Commercial Motor Vehicle drivers must complete training about FMCSA's

physical qualifications regulations and advisory criteria and pass a certification test to be listed on the National Registry of Certified Medical Examiners. All medical certificates issued on or after this date must be issued by examiners listed on the National Registry of Certified Medical Examiners.

To become certified as a Medical Examiner, you must complete the necessary training and pass the certification test required by FMCSA. In order to take the certification test, you must first register through the National Registry web site and receive a unique identification number. You will provide your unique identification number to the testing organization

that you select from the list of approved testing organizations on the National Registry web site.

<http://nationalregistry.fmcsa.dot.gov/NRPublicUI/home.seam>

There are two training organizations listed for Washington – Group Health Cooperative and Yakima Worker Care. The next scheduled training session is in Spokane on Tuesday, May 14 at the Davenport Hotel. For more information contact Christopher Scott, CME, Group Health 206-326-3934

Visit the National Registry web site at <http://nrcme.fmcsa.dot.gov> and go to the training and testing section for more information.



Bear Droppings... ..

by Loren H. Rex, D.O.

The saga continues. Last time I was on my way to that Citadel of health care: Harborview. I learned long ago, that no matter how serious the situation is, or at least should be, I will always find some humor as the event plays out. History was not to fail me here either. In this case, it helped that I was truly loaded on pain meds and flipping back and forth into and out of reality.

I'm not sure I had ever been in Harborview, but I'm sure I never had been there on a gurney. I was given a place of honor, just off the admitting desk of the ER so I would not miss any of the mini-dramas unfolding before my eyes. In this article, the names have been changed for two reasons: protect the guilty and I don't have a clue of the real names. I thought I had been given lots of drugs with my hip replacement but I was starting to realize that the order had gone out that pain would not be tolerated and say you could figure out a way to communicate through the morphine induced haze, your I.V. was a main highway to happiness. My experience with drugs consisted of saying "no" to those who wanted them. Suddenly I found myself in the position of saying "I don't think I have any pain so could I wait a little longer". The usual response was "you had better have the shot while I'm here in case I get busy". OK, give me the stuff and let the games begin.

As I was happily hallucinating about something or the other, I looked over and before my eyes appeared a very young fellow in a scrub suit. My first question to myself was "Did I ever look that young when I was an Intern"? Then before I could remember the square root of Iraq, the scrub suit began to speak and I came back from wherever I had been living, and reality began to slip back into my consciousness. The scrub suit began to speak in a low conspiratorial voice and questioned

as to whether "I was the one"? Being close to Easter and not being sure of what he was talking about, I figured the best course of action for me to take was say, "depends on who the one is". At this 'point the scrub suit explained that the word on the floor was that "we heard there was an osteopath in the emergency room and are you the one"? Without attempting a drawn out discussion of the possible identifying characteristics of an "osteopath" as they might relate to me, I lowered my voice and confessed "I am the one". The scrub suit, again sotto voce said "I'm one too." I asked what level of training he was at and he said "I don't know but I think that it's pretty low." And thus, two osteopaths passed as ships in the night and sailed on bravely into the unknown sea.

The next adventure in my life involved the MRI which was ordered at approximately 12:30 A.M. and which triggered off a wonderful comedy of errors culminating in my MRI being completed around 06:00 A.M. I suppose in other circumstances, I would have been concerned with the lack of coordination evident all around me, however, thanks to liberal applications of the juice of the white poppy, I was totally un-concerned. And so I finally found myself in the critical care unit awaiting the word of the Nephrology team who would decide my fate when they appeared for morning rounds. In reality I was not ignored, on a regular basis, "Bouncing Betty and her Un-Holy Rollers" appeared with great regularity to roll me back and forth and make sure I remained uncomfortable in a variety of positions.

Finally, the time came to learn my fate. Although there were no trumpet of waving flags, the Nephrology team did arrive with certain flair. After the troops had adjusted themselves to their various levels of rank along the

side of my bed, the obvious leader leaned of the side of the bed, extended his hand and announced with authority, "Mister Rex I am DOCTOR NEPHRON." It seemed like too good an opening to ignore so with as much authority as I could muster, I extended my hand and said "Mister Nephron, I am DOCTOR REX." He looked at me and laughed and said "I guess that can go either way, to which I laughed and said "It's not a big deal with me" and he agreed: disaster averted. He asked "what kind of Doctor are you" to which I replied I'm a D.O. do you know what that means? "I think so" he replied and I told him "D.O. stands for Don't Operate". He chuckled and I said "I came in here with two kidneys and I'm going to leave with two kidneys". "That's fine with me, he said, so if the capsule holds until tomorrow morning, you go home with two kidneys."

And so on the next morning, my kidney capsule had held and I went straight from the Critical Care Unit to home. According to the nurse that a patient being released from the CCU to go home had never happened before and since hospital rules stated I had to leave in a wheel chair, and since the CCU didn't even have a wheel chair, I couldn't leave. I had asked my friends Ed and Nancy Elder if they could come and spring me so they left a Mariner's game to take me home. With what had transpired so far, we weren't about to be thwarted by a lack of a wheelchair. Therefore we bargained with the nurse and Ed volunteered to go find the necessary means of conveyance and disaster was averted. I was soon on my way north to the land of Edmonds with two kidneys and a happy smile on my face.

Bear

PMP Upgrades

Last fall the Washington State Department of Health was awarded a federal grant to improve Washington's Prescription Monitoring Program (PMP), including connecting to the health information exchange and implementing interstate data sharing. The new features will allow providers using the system to have access to PMP data from other states and to access PMP data directly from the electronic health record systems they currently use.

The PMP currently uses ASAP Version 4.1 for data collection of the required data elements found in WAC 246-470. The grant requires the department to upgrade our system to use ASAP Version 4.2 as part of our other improvements. There are some slight differences between Versions 4.1 and 4.2 in field lengths and some characters used. The department is not changing any requirements regarding which data fields are required to be reported.

An updated Dispenser Implementation Guide is available online at www.wapmp.org from our vendor, Health Information Design, so that dispensers can make the necessary changes in order to report in Version 4.2.

The department plans for dispensers to begin reporting in Version 4.2 on October 1, 2013.

Technical Assistance & Policy Related Questions

The Washington State PMP is hosted by Health Information Designs, Inc. (HID). If you need technical assistance as you prepare to begin data submission using the new format, please call their Helpdesk at 877-7193121 or send an email to wapmp-info@hidinc.com.

For policy-related questions please contact the Washington State PMP Director, Chris Baumgartner, at 360-236-4806 or at prescriptionmonitoring@doh.wa.gov.

Copy Charges to Increase

WAC 246-08-400 identifies the maximum amounts health care providers may charge for searching and duplicating medical records. RCW 70.02.010(15) requires the Department of Health to adjust these amounts every two years according to the change in the Consumer Price Index. A copy of the proposed rule change is below.

A public hearing will be held June 5, 2013 at 9:00 A.M. at the Department of Health, 111 Israel Road SE, Room 158, Tumwater, Washington, 98501.

If you would like to submit written comments, you may post them to the Department of Health Rules Comment Site at <https://fortress.wa.gov/doh/policyreview/>. You may also mail them to Sherry Thomas, Department of Health, PO Box 47850, Olympia, WA, 98504-7850. Comments are due June 5, 2013.

Copying charge per page:

(a) No more than one dollar and ~~((four))~~ nine cents per page for the first thirty pages;

(b) No more than ~~((seventy-nine))~~ eighty-two cents per page for all other pages.

(2) Additional charges:

(a) The provider can charge a ~~((twenty-three))~~ twenty-four dollar clerical fee for searching and handling records;

(b) If the provider personally edits confidential information from the record, as required by statute, the provider can charge the usual fee for a basic office visit.

(3) This section is effective July 1, ~~((2011))~~ 2013, through June 30, ~~((2013))~~ 2015.

Medicaid Formulary Discontinued

Effective April 2, 2013, the Medicaid program of the Health Care Authority is discontinuing development and implementation of the Fee-for-Service (FFS) formulary. HCA is withdrawing the related State Plan Amendment previously submitted to the Centers for Medicare and Medicaid Services. Based on the small proportion of clients remaining under the Medicaid FFS pharmacy benefit, HCA has concluded that it is no longer an effective use of state resources to continue the development of a FFS formulary at this time.

Medicare Ordering and Referring Denial Edits

Phase 2 ordering and referring denial edits originally scheduled for May 1, 2013 are delayed. The proposed edits will check for missing or incorrect claims submitted by Medicare physicians or non-physician with a valid individual National Provider Identifier (NPI) based on the following information:

- Medicare Part B claims from laboratories, imaging centers and Durable Medical Equipment, Orthotics, and Supplies (DMEPOS) that have an ordering or referring physician/non-physician provider; and

- Part A Home Health Agency (HHA) claims that require an attending physician provider.

CMS will advise you of the new implementation date in the near future. In the interim, CMS will continue to send informational messages for those claims that eventually will be denied when Phase 2 ordering and referral edits are implemented.

WOMA CME Schedule

100th Annual NW Osteopathic Convention
June 27-30, 2013
Suncadia Lodge, Cle Elum

OMM for Pain Management
September 21, 2013
PNWU, Yakima