



CHIROPRACTIC NEWS & VIEWS

Presented by:
Hawaii State Chiropractic Association, Inc.

Volume XV, April, May, June 2018



PHOTO: WASHED OUT ROAD IN NORTH SHORE KAUAI TO KALIHIWAI RIDGE

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KAUAI & OAHU HIT BY RECORD RAINS

APRIL 2018

PHOTO FROM DR. ALICE HOLM OGAWA, KAUAI

PRESIDENT'S MESSAGE

Joseph G Morelli Jr DC FICC, HSCA President & ACA Hawaii Delegate

Aloha All:

As one can see on the front page of our newsletter, we have endured record breaking storms here in Hawaii during this past winter/spring season. Kauai and parts of East Oahu appear to have been hardest hit.

The picture from The Garden Island shows how our ageing infrastructure is vulnerable to the changes in weather patterns in recent times.

The picture on the front page was provided by Dr Alice Holm Ogawa on Kauai.

Thankfully, the Ogawas are safe and secure, with no damage to their home or clinic from the recent storms. Please see Dr. Ogawa's report below.

As far as we have determined, none of our Chiropractic colleagues on Kauai and Oahu have suffered any personal loss.

Going on from day to day in our own little sphere can at times unwittingly insulate us from the rest of the goings on in our community and profession.

Sometimes it takes disastrous events to bring us back around and open our eyes to the broader world around us.

This line of thought brings me around to thinking how our profession both here locally and nationally has evolved and moved forward over the past several decades.

This last month marks my 40th year in practice in Hawaii. There is a lot of water under the bridge (pardon the pun).

When I first began practicing, there were only a handful of DC's in Hawaii. I believe less than 100 were practicing. There have been licensed Chiropractors practicing in Hawaii since the early 1920's.

We were mostly relegated to niche practices working to broaden our reach to the public with our special brand of healthcare ever since.

The Hawaii Chiropractic Association, which eventually morphed into the current Hawaii State Chiropractic Association, has always been there fighting for a bigger share (and to preserve our gains) of the healthcare market.

Most of our younger colleagues and the more recent arrivals to Hawaii practice may not have any significant firsthand knowledge of all the blood, sweat and tears that our forbearers shed to allow us to practice at the level we do "enjoy" today.

Recently, the HSCA Board had a face to face meeting here on Oahu.

We did some soul-searching and evaluation to try to organize and conceptualize options for a clearer path forward for our profession here in Hawaii.

We immediately recognized the fragility of our practice status and position in healthcare delivery.

A whim in our legislature or in congress nationally, can easily undo all we have worked to achieve till now. Chiropractic is still not considered essential to health and wellness, especially in the 3rd party reimbursement arena.

Although we now have a much broader access to patients in our community through insurance, third party systems, etc.; the fact is there MUST be someone consistently watching out for our profession and our businesses.

I can honestly say that the HSCA has generally fulfilled this roll since its inception.

This roll came out of necessity. Chiropractic in Hawaii has had a history of others attempting to control our fate.

Many of us enjoy a smooth and prosperous professional life do to hard work and a positive will to go forward.

What one needs to do is realize that the opportunities you have available to you now, did not magically appear.

Whether you may realize it or not, you are building on the foundations laid and preserved by those of us who proceeded you.

I would never dismiss your hard work, ingenuity, or business acumen, but we, the HSCA leadership, truly believe it is time for the profession to step up and lend a hand in securing your own future!

We have years of political and professional experience that we feel that we desperately need to pass on to you!

The profession needs to replenish our collective ranks with you. We can be the mentors for those who are in practice and for those to follow with the aim of always moving forward!

This takes time and commitment! It's not glamorous, and at times very frustrating. But...it needs to be done!

Soon you will be getting a brief practice survey by eMail. Please take the few minutes to complete it and add your comments.

We are working on a plan to hopefully update our almost 30-year-old practice law, that quite frankly at times, hamstrings our future.

You will be hearing more about this effort in the future. We want your input! We want your ideas! We want you to step up to what we see as surmountable challenges, but only with all your help!

Thank you for the privilege of serving as the HSCA president.

Aloha,
Dr. JOE Morelli

UPDATE FROM THE ISLAND OF KAUAI

By: Alice Holm Ogawa, D.C., HSCA Kauai Island Director

The Garden Island was severely hit by thunder, lightning and drenching rains. The previous record of rainfall in a 24-hour period was 12.5 inches. But on 4/14/18, we had over 27 inches in 24 hours. The storm caused damaged in certain areas that was greater than the damage from hurricane Iniki, back in 1992.

North of Hanalei, many roads are still missing and impassible, having been simply washed away from such a great volume of water.

I spoke with a friend who lives in Haena. She believes that it will be months before they can leave the area by car. As of this writing, the only way in or out is via air, or small boats on the coast.

We live in Princeville, thankfully spared the devastation seen further north. We hear helicopters flying over our house all day long. They are ferrying people and goods back and forth.

The community is banding together to help however it can, but the need is overwhelming.

In our office in Kapaa, we are starting to see strained and aching backs from the cleanup jobs following the storm. Of course, this doesn't even account for all the emotional trauma experienced by those who have had loss, as well as those who are volunteering to help in the cleanup efforts.

The photo on the front page of this newsletter is from Kalihiwai Ridge, on the North Shore. This used to be the road to my friend's house. Now, there is no access other than on foot.

Please keep positive thoughts for the people affected on Kauai. We can all use the positive energy and thoughtfulness in this stressful time.

Aloha

Dr. Alice Ogawa

NOTE FROM MAUI, MOLOKAI & LANAI

By: James A. Pleiss, D.C., D.A.B.C.O, HSCA Maui, Molokai & Lanai Island Director

The last time I counted, there were close to 60 Chiropractors on Maui! I was surprised there were that many since I only know a fraction of them.

When I started practice on Maui in 1983, I was the 11th chiropractor on the island. At that time, I knew every one of the 10 other Chiropractors. Dr. Ole Olson, a long-time Chiropractor, educated by BJ Palmer at Palmer College, practiced in Makawao on Maui. He would host all Maui chiropractors at his house or we would meet at the Makawao Steak House every month. He was the first chiropractor I met on Maui when I moved here. There was a lot of camaraderie back then, despite our practice or philosophical differences.

Dr. Olson understood the value of getting chiropractors together to discuss the various issues that affected us back then. We knew that by meeting each month, we would be able to keep up on the things that affected Chiropractic in Hawaii at that time.

Things have changed over the years. It seems there are fewer Chiropractors willing to get involved to help steer our profession into the future these days. The doctors who have been involved with the HSCA over the years are getting up there in years, including myself. We are hopeful some of the younger doctors will step up and see the value of the camaraderie I spoke of earlier.

I understand that we are all busy with our practices and family, but I would like to ask the question: **What would you do if you woke up tomorrow and the laws had been changed and you were no longer able to practice as a Chiropractor in Hawaii?** Would you wonder what happened? Would you regret not being involved, in order to prevent this from happening?

Those of us who have been around for many years know this is always a possibility at the whim of the legislature, every year.

Ask any Chiropractor who was practicing in the mid-1990's when we lost (but got back thanks to the doctors of the HSCA lobbying the legislature) the ability to treat No Fault and Workers' Compensation patients.

Think it is far-fetched? It is not. I know, because I was there in the trenches along with many other volunteer Chiropractors and their patients fighting for our rights.

We need more folks to step up and join the HSCA and help shape the future of Chiropractic in Hawaii. Are you willing to get involved? No experience necessary. Please do before you wake up one day and realize the Chiropractic 9/11 just happened!

Aloha,

Dr. Jim Pleiss

HSCA EXECUTIVE COMMITTEE & DIRECTOR ELECTIONS, JUNE 8, 2018 ASSOCIATION MEETING

Please find this as notice of the upcoming HSCA association elections. All executive and Island Director positions are up for re-election, including:

President; Vice-President; Secretary; Treasurer; 2 Oahu Island Director positions; Maui Island Director (includes the islands of Maui, Molokai & Lanai); Kauai Island Director; Hawaii Island East, & Hawaii Island West Island Directors.

Note: *(The Immediate Past President holds a voting position on the HSCA Board of Directors, but is not an elected position)*

The current office holders will all be candidates for their current positions including:

President: Joseph G. Morelli, Jr., D.C., F.I.C.C.
Vice President: Jesse Broderson, D.C.
Secretary: Randy R. Collins, D.C., D.A.B.C.O.
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Oahu Isl. Dir.: Dean J. Shivvers, D.C.
Maui Isl. Dir.: James A. Pleiss, D.C., D.A.B.C.O
Kauai Isl. Dir.: Alice, Holm Ogawa, D.C.
HI Isl. East Dir.: Robert Klein, D.C., D.A.B.C.O.
HI Isl. West Dir.: Alfred R. Valenzuela, D.C.
Imm. Past Pres.: Gary K. Saito, D.C.

The elections are part of the regular agenda of the June 8th, 2018 HSCA General Membership meeting. This meeting, as all the HSCA regular meetings, is open to all Hawaii Doctors of Chiropractic, whether an HSCA member or non.

Voting in the annual elections is only open to current HSCA members. Please make sure your membership dues are current. (Voting privileges are not available to associate and corporate membership categories).

DATE: Friday, June 8th, 2018

TIME: 7:30pm

Parking Validated by HSCA

OAHU MEETING PLACE:

Honolulu Meeting Center
 Interstate Building
 1314 S. King St., Ste. 1452
 Honolulu, HI 96814

HILO: Office of Dr. Robert Klein:

2070 Kilauea Ave., Hilo, HI 96720
 (808) 959-4588.

KAUAI: Office of Dr. Alice Ogawa:

956 Kuhio Ave., Kapaa, HI 96746
 (808) 822-7113

KONA: Office of Dr. Al Valenzuela:

75-167 Kalani St., Ste. 101, Kailua-Kona, HI 96740
 (808) 326-9355

MAUI: To be announced!

If there are any questions about the June meeting, elections, or membership in the HSCA, please call the HSCA telephone: **(808) 926-8883 or eMail Dr. Morelli: dcrunch@hawaiiintel.net**

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HSCA to Survey Hawaii DC's East Hawaii Island Director's Report

By: Robert Klein, D.C., DACBO, HSCA East HI Isl. Director & ACA HI Alternate Delegate

By now, most of you should have received an e-mail from the HSCA requesting your response to a one-minute opinion survey. I hope you've responded and I urge you to do so now if you have not yet participated.

At our recent Board of Directors meeting we were setting goals and strategies for the association. We discussed promoting an updated practice act for chiropractic. We realized that we all felt it was a good thing. Then we asked, "What about all the other doctors? What about the non-members and non-participants? Do they want this?"

Whether you have been active or not, we're asking your guidance. We hope to represent the needs and desires of our entire profession in Hawaii. We want to hear your thoughts.

If you've not seen the survey or can't find it in your e-mail, please participate at this link:

<https://www.surveymonkey.com/r/K8PTR85>

Mahalo,
Bob Klein

CONGRESS PASSES LEGISLATION EXPANDING VETERAN ACCESS TO NONDRUG CHIROPRACTIC SERVICES

The American Chiropractic Association (ACA) announced today that Congress, with the passage of the Consolidated Appropriations Act of 2018, has approved a plan to expand access to chiropractic's nondrug approach to pain relief to veterans, many of whom suffer from back pain and other musculoskeletal conditions resulting from their service.

The Senate voted 65-32 to approve the \$1.3 trillion omnibus spending package early Friday, less than 24 hours ahead of what would have been a government shutdown. The vote follows House passage, and the bill now heads to the president's desk for his signature.

Supported by several veterans groups and championed in Congress by Sens. Jerry Moran (R-Kansas), Jon Tester (D-Mont.), Johnny Isakson (R-Ga.) and Richard Blumenthal (D-Conn.), the approved language calls for the U.S. Department of Veterans Affairs (VA) to expand the availability of chiropractic services at no fewer than two medical centers or clinics in each Veterans Integrated Service Network (VISN) by no later than Dec. 31, 2019, and at no fewer than 50 percent of all medical centers in each VISN by no later than Dec. 31, 2021.

The measure also, for the first time, codifies and broadens chiropractic services in the VA to include services provided by Doctors of Chiropractic under the Preventive Health Services and Medical categories--in addition to existing coverage under Rehabilitative Services--placing chiropractors in service categories previously closed to them.

Currently, veterans have access to chiropractic services at more than 70 major VA treatment facilities in the United States, but nearly 100 VA sites offer little to no availability. This disparity comes at a time when the need for drug-free options for musculoskeletal conditions is urgent. VA data cites "diseases of the musculoskeletal system/connective system"

such as back pain as the No. 1 ailment experienced by veterans returning from the wars in Iraq and Afghanistan who access VA treatment. Moreover, surveys show that, similar to the civilian population, many veterans struggle with prescription painkiller (opioid) addiction.

"For many years, veterans have had only limited access through the VA health care system to the essential services provided by chiropractors. The bill that Congress passed today will significantly contribute to giving veterans better access to new, nondrug options for their pain," said ACA Interim President N. Ray Tuck, Jr., DC.

Federal Change to Essential Health Benefits Rule Creates More Challenges for States

By John Falardeau, ACA's Sr. V.P. for Public Policy & Advocacy
(Editor's Note: Words **BOLDED** in this article have internet links imbedded. To access, please go to this Newsletter on the HSCA website and click on the highlighted/bolded words.)

Earlier this month, the Department of Health and Human Services (HHS) released a **final rule** regarding health insurance provisions related to the 2010 Affordable Care Act (Act). Among the myriad of provisions contained in the rule were several that could have an impact on chiropractic coverage. With the rule designed to give more power to the states in determining plan structure, chiropractic state associations will need to be vigilant in monitoring state action, especially the rule's impact on states now being able to develop essential health benefits for plans that fall under the Act's umbrella.

In respect to essential health benefits (EHB), the final rule makes significant changes to the way in which states can select a benchmark plan for plan year 2020 and annually thereafter. It also grants insurers greater flexibility to substitute benefits across the **10 EHB benefit categories** originally called for under the Act, if ultimately permitted by the state. Specifically, the final rule allows states to change their EHB benchmark plan using a variety of options.

Rules Surrounding Changes to Benchmark Plans

First, a state may simply choose a benchmark plan that was used by another state in 2017. For example, New Hampshire can choose the benchmark plan being used in Texas. Second, a state can replace one or more EHB categories of benefits in its benchmark plan used for 2017 with the same categories of benefits from another state's benchmark. Here too, states will have flexibility to determine benefits that must be in a plan by cherry picking from another state's benchmark. Finally, the state would be able to select a complete set of benefits that would become the state's benchmark plan, therefore have complete autonomy in selecting EHBs available in the exchange, individual, and small group plans.

In all the above scenarios, the scope of benefits in the benchmark must be equal to that provided in a typical employer plan. In the final rule, HHS has defined "typical" to include either one of the 10 plan options available for 2017 or the largest health insurance plan by enrollment in any of the five largest large-group products. If the state chooses a large-group plan as its EHB option, it must have significant enrollment in the state, meet the Act's minimum value standard, benefits cannot be

excepted benefits (i.e., stand-alone dental or vision plans), and the plan must be from 2014 or later.

In addition, the richness of the state’s new benchmark plan cannot exceed the generosity of the richest plan options described above. Further, if the state selects a benchmark plan or category from another state that includes benefit mandates enacted after Dec. 31, 2011, then the selecting state will have to defray any additional costs associated with those mandates (this is similar to provisions called for under the original Affordable Care Act).

Also, states will need to act quickly if they want to change their benchmark plan, as they only have until July 2, 2018 to have a new structure in place for the 2020 plan year. States that choose to change their benchmark plan must also provide reasonable public notice and give opportunity for comment. This short timetable may force many states to wait until next year if they are looking to change their benefit structure. It is also important to note that **Section 2706 of the Affordable Care Act** (the provider non-discrimination provision) will still apply to all plans that could be affected by the rule.

More Flexibility for Oversight of Qualified Health Plans

In addition to the new provisions related to EHBs, the new rule also affects states’ ability to continue oversight of health plans participating in the insurance marketplaces, or Qualified Health Plans (QHP). The rule gives states greater flexibility to determine how to implement the Act’s network adequacy and essential community provider standards, so long as those states have an adequate review process. HHS was prepared to give states even more authority on determining the structure of a QHP; however, the agency deferred to the appeal of many states that claimed they were not equipped to handle a wholesale change to the QHP approval process.

This latest rule issued by HHS is further proof of the Administration’s desire to both give more latitude to the states in implementing the Affordable Care Act, while at the same time lessening the scope of federal oversight of the controversial 2010 law.

BLUE CROSS BLUE SHIELD ASSOCIATION AFFIRMS OPIOIDS SHOULD NOT BE PRESCRIBED AS FIRST OR SECOND LINES OF PAIN THERAPY

PROFESSIONAL STANDARDS REQUIRE ALTERNATIVE THERAPIES DESIGNED TO LIMIT HARM TO BLUE CROSS AND BLUE SHIELD MEMBERS

The Blue Cross Blue Shield Association (BCBSA) National Council of Physician and Pharmacist Executives (NCPE) at its March meeting adopted a professional standard that opioids should not be prescribed as first or second lines of pain therapy in most clinical situations.

The standard was unanimously supported by the NCPE, a committee that includes medical officers and pharmacy experts from Blue Cross and Blue Shield (BCBS) companies around the nation and aligns with recent CDC guidelines. It is designed to limit unnecessary harm for the 106 million members served by BCBS companies. BCBS companies will promote alternatives that include more optimal use of non-opioid prescription painkillers and existing over-the-counter pain medications.

“Due to the lack of evidence combined with significant potential for harm, we believe professional standards require that BCBS members are given alternative options to opioids in most clinical situations,” said Dr. Trent Haywood, chief medical officer for BCBSA. “We will work with medical professionals to ensure BCBS members are routinely provided alternatives to opioids through a mutual decision made inside the doctor’s office.”

Twenty-one percent of BCBS commercially insured members filled at least one opioid prescription in 2015, according to a BCBSA study. The report also showed members with an opioid use disorder diagnosis spiked 493 percent over a seven-year study period.

All BCBS companies cover non-opioid pain treatment options. Around the country, BCBS companies are providing services like training for doctors and pharmacists, customized coaching services for those with chronic pain and support for families in addiction recovery.

FYI: Billing for Maintenance Care Medicare Issues

It has recently come to our attention that information is being disseminated that seems to indicate that it would be appropriate to use ICD-10 code Z00.00 when billing Medicare for annual wellness exams, initial preventive physical examinations (IPPE), or similar chiropractic wellness or maintenance care. Given the limitations for reimbursement of Chiropractic services under Medicare, it would not be appropriate to submit claims for wellness or maintenance care to Medicare in this manner. Chiropractors should always use the M99.0 ICD-10 code category, even when billing for wellness or maintenance care, and then procedure codes 98940-98942 with the GA modifier appended. Additionally, doctors should make sure they have the most current version of the ABN form on file, signed by the patient. For private insurance, providers should always check the payer policy for maintenance or wellness care

We have also heard that Chiropractors are receiving CERT requests for medical record documentation. Because CERT reviews determine the accuracy of Medicare claims processing, i.e. the error rate as noted in the recent Office of Inspector General’s Report on Chiropractic (OIG).

Doctors, first and foremost, it is important to simply respond to these requests - not responding to a CERT records request does factor into the error rate for “no documentation” for the profession. If you receive a CERT records request: first, don’t panic – CERT reviews are random in nature; second - thoroughly review the letter for the specific items of documentation requested and the response deadline. It should also be noted that you cannot bill the MAC (Noridian) or the CERT contractor for the cost of copying or mailing the records.

>>HSCA GENERAL MEMBERSHIP MEETING<<
>>>ANNUAL ELECTIONS<<<

DATE: June 8, 2018 (Friday) Time: 7:30pm
PLACE: The Meeting Place (Interstate Bldg.)
1314 S. King, St., Ste. 1450 (Conference Room)
Honolulu, HI 96814
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Time: Starts: 7:30 am

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Register: (949) 707-5785 www.triadseminars.com

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>>>>SEMINAR<<<<

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SPEAKER: Trever Berry, DC, DACBN

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WANTED: Associate/Independent Contractor or Junior Partnership position is available in a well established practice in Windward Oahu.

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TERMS: Looking for an individual whom within a short period of time would be interested in a Junior Partnership position.

CONTACT: Dr. Paul Thurlow dr.thurlow@gmail.com

PHONE: (808) 321-4789

>>>>EQUIPMENT WANTED<<<<

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