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Rich in monounsaturated fatty acids (linoleic acid, Omega3 and Omega6) which are essential for kids.

- Excellent source of antioxidants such as chlorophyll, carotenoids, polyphenols and squalene which are crucial for pre-natal care, growth of brain and bones and are effective in preventing heart disease.
- No cholesterol (cholesterol is one of the main reasons for child obesity).
- Naturally rich in vitamins E, A, B, D and K.
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- An amazing natural moisturizer for skin and hair that is known to help treat cradle cap.
- Fortified with polyphenols that are vital amino acids which aid the body in repairing damaged cells and necessary for a healthy cardio vascular system.
Let's create strength in numbers, and find a common voice …

I am so fortunate to work with such incredible colleagues, supporters, and partners. The AAP NJ Chapter and PCORE leadership are dedicated and generous with their time, support and expertise. Members have become engaged as advocates; as AAP NJ Chapter committee chairs or members of committees; as PCORE trainers or program participants; and as Chapter representatives for many health care discussions. Leadership, commitments combined with our talented and dedicated in house team, are keeping the AAP NJ Chapter mission work moving forward. Thank you to all involved and an open invitation to all to become involved!

In this issue of the *NJ Pediatrician*, you will read about the coordinated efforts of your Chapter and PCORE as described in Drs. Rice and Kairys’ columns. Three of the posters being displayed at the upcoming AAP Annual Leadership Forum this month highlight a few of the successes. The posters highlight Advocacy; Child Abuse and Neglect Prevention (CAN) including our MOC project, *Strengthening Pediatric Partners*; and the NJ Immunization Network (see on pages 10 & 11). In our 2011 MOC program, progress on our mission was demonstrated when 621 families were shown to have received positive intervention as a result of 8 practices participating in our Child Abuse and Neglect Prevention Part IV project --- with the participating pediatricians earning 25 Part IV points.

I routinely hear from dedicated members just how challenging it is to practice Pediatrics today. Accounts describe difficulties associated with lack of resources to treat childhood obesity, access issues related to preventative oral and mental health services, lack of care coordination and very real payment issues. Add to these caregiver counseling on the safety and importance of immunizations, identifying community resources for patients and families in need, MOC requirements, EMR’s & Meaningful Use, and acquiring formal recognition as a Medical Home to qualify for incentive plans, and more. This is an essential time to come together! Invite a colleague who is not yet a member to join and let’s continue to work together.

On our way to merging… the AAP/ NJ Chapter and PCORE are growing in membership, in partnerships, in staff and in joint initiatives that are helping to further our collective mission to attain optimal health, safety and well being for all the children in New Jersey. This mission can be achieved by effectively advocating for and proclaiming

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Need Part IV MOC points? Flip to page 11 for more information on signing up.

Cont. on page 5
MESSAGE FROM THE PRESIDENT

Thankfully, the winter has been a mild one so far; the activity level at AAP/NJ has been heating up on many fronts. Collaborations and coalitions have been coalescing as the Chapter and PCORE moved forward with the submission to the federal government of a major grant proposal for changing the dynamics of health care delivery in New Jersey; organizing a one-day conference on the importance of the primary care medical home in conjunction with the NJ Academy of Family Practice scheduled for April 27th; and planning for our Second Annual Children’s Ball Event to be held on Saturday, May 5th, which will honor Dr. Wayne Yankus as the Pediatrician of the Year.

In mid-March, the Annual Leadership Forum (ALF) will be held in Schaumberg, Illinois. Our Chapter delegation will include our Executive Director, Fran Gallagher, who will participate as faculty in a pre-meeting event, our President, Vice President (Dr. Meg Fisher), and Vice President-Elect (Dr. Elliot Rubin). Former Chapter President Dr. Chuck Scott will be presiding over the major activity of the ALF, the Resolution Process. Other Chapter members in attendance will include those who are Chairman of Committees or Councils and elected leaders of Sections: Drs. Barbara Snyder, Jill Stoller and Elizabeth “Sooze” Hodgson. Our Chapter is one of three finalists for the Outstanding Chapter Award in the Very Large Chapter category; three years ago, we won this award and hope to do it again. For the first time, the AAP decided to hold a poster session as part of the ALF; our Chapter submitted three entries and all three were selected for presentation. Our three officers will each have the opportunity to be present to explain our posters on Maintenance of Certification, New Jersey Immunization Network (NJIN), and Advocacy.

Our efforts in Advocacy are growing significantly as we pass the one year mark with our new lobbying firm, Public Strategy Incorporated (PSI). Joseph Simonetta and Tracie DeSarno have given us sage advice, opened up new channels of communication with legislators and guided us through the process that produced and disseminated our attractive and informative pocket guide, the Agenda for Children. Just after the new legislature was sworn in during January, AAP/NJ mailed a cover letter and copy of the Agenda for Children to all 120 Senators and Assemblymen/Assemblywomen as well as the Governor, Lieutenant Governor and key Department heads and staffers. AAP/NJ has already received a number of written thank you notes from these leaders.

Our co-chairs of the Government Affairs Committee, Drs. Jeanne Craft and Pierre Coant, are to be commended for their insight, passion and leadership. Dr. Craft will be one of the honorees at our AAP/NJ 2nd Annual Children’s Ball in May for her efforts on last year’s Pulse Oximetry bill and helping to shape the implementation process for that bill. Assemblyman Jason O’Donnell will be recognized for his leadership on the Pulse Oximetry legislation and his willingness to improve the bill by listening to the medical community. Dr. Alan Weller and Fran Gallagher, MEd will be in attendance at the AAP Annual Leadership Forum representing the Chapters Government Affairs Committee.

In early February, a bill was re-introduced in the Assembly and heard in the Agriculture Committee concerning whether the sale of unpasteurized raw milk should be allowed in New Jersey. Last year, when the bill was first introduced, no one seemed to notice – neither the medical community nor the dairy industry. The bill cleared the Assembly 71-0 but did not reach the floor in the Senate, dying during the lame duck session. When the sponsors introduced the bill again this year, they anticipated that this would not be a controversial topic. But once AAP/NJ and the dairy industry realized the threat to public health that enacting this law would create, the February 2nd committee hearing created the opportunity for the scientific and public health community to speak up about the dangers of consuming raw milk. Fran Gallagher and I provided strong and compelling testimony along with dairy industry representatives, university agricultural scientists, and owners of the milk testing laboratories. It should be readily apparent to all of us that milk cannot be obtained from cows without the introduction of bacteria; it is the process of pasteurization that destroys all the bacteria, making milk safe to drink.

However, glowing praise of the “benefits” of consuming raw milk was also provided (without actual evidenced-based support) at the hearing. In the end, the committee voted 5-0 to send the bill out of committee and onto the Assembly floor. Those who testified against the bill gathered in the hallway outside the hearing room and agreed to form a coalition to create a public information campaign to alert the public and better inform all the legislators. I have written a personal letter (based on Meg Fisher’s template) and sent it to all 80 Assemblymen and Assemblywomen; several have responded to me already. I have also reached out to our medical colleagues in obstetrics and gynecology, internal medicine and adult infectious disease to broaden our efforts among physicians beyond pediatrics speaking up. Fortuitously, there has been a recent outbreak of campylobacter infections affecting nearly 80 people (including two New Jersey residents) from drinking raw milk obtained from a single farm in Pennsylvania. The CDC has just released evidence collected over a 15 year period documenting that there is 150 times greater chance of becoming infected from raw milk than pasteurized milk.

I am calling for every pediatrician who reads this article to make the effort to contact your Assembly representatives now to let them know that drinking raw milk poses a threat to the children we take care of. Consider the importance of this issue for office based pediatricians: imagine a two year old develops a campylobacter infection and his mother brings him to your office; while playing with the various toys and other children in the waiting room, he manages to pass his germs to other children or onto the toys. Drinking raw milk, like not immunizing your children, can have an effect on children other than your own.

I am certain that if our membership is willing to engage in Advocacy on this issue during the month of March, this bill will not pass the Assembly this year. Public health and the safety of children should be more powerful than the efforts of a small minority of our population who believe that raw milk is a “magic” food.

There are other bills already pending before the Legislature and those in the contemplative stage. Meetings are being held with key legislators now and other will be scheduled in the near future, enabling AAP/NJ to be proactive and to influence the writing of bills rather than being reactive after legislative language has already been crafted.

Finally, as my presidency enters its final quarter of the second year, I want to reiterate my mantra that I espoused at the beginning of my presidency in July 2010: “AAP/NJ has the capacity to accomplish a remarkable number of projects and goals. We are on the move and making a difference. We need your interest and energy to bring these projects and goals forward to a successful conclusion. Get involved. Join a committee. Advocate. Tell us your ideas and suggestions; give us new ideas and direction. We are here to serve you, your patients, and our profession.”

Stephen G. Rice, MD, PhD, MPH, FACSM, FAAP
American Academy of Pediatrics, NJ Chapter President
PCORE CORNER - SHAPING CHILD HEALTH FOR THE 21ST CENTURY IN NEW JERSEY

The upcoming merging of AAP/NJ with PCORE brings about the great opportunity to truly integrate our advocacy and training initiatives. Much of the discussion about the merits of merging have focused on the management efficiencies, the shared leadership, the capacity to market and brand, joint child advocacy, the potential for programmatic integrity, and new joint efforts. In addition, PCORE affords the potential for even more MOC projects, more integration with the nine NJ children’s hospitals, and a mechanism for implementing practice based change.

Certainly a major gain of one organization is the tremendous amount of staff support and leadership that derives from the sharing of personnel. In Fran Gallagher, New Jersey has one of the most energetic and effective chapter leaders in the country and someone who is always eager to expand our sphere of influence. She also is becoming more and more involved nationally at the AAP and with the federal government.

Others on the team are also very skillful and add their talents to AAP/NJ and the PCORE projects. Personnel to oversee the website and the Email blasts, to plan for our major events, to fund raise, to advocate, and to oversee financial management are invaluable.

Many of the benefits of the merger will take some time to develop and disseminate. PCORE programs and initiatives should help to support and invigorate those AAP/NJ committees that now often struggle for substance and deliverables. Such committees as adolescent medicine, children with disabilities, foster care, early childhood and dependent care, psychosocial issues could clearly be supported by the staff and programs at PCORE.

The global aims of practice redesign, medical home, child advocacy, and pediatric support are all catalyzed by the new organization.

We hope that the merger will also allow more AAP/NJ members to take advantage of the of the services of PCORE.

Let’s have full speed ahead.

Steven Kairys, MD, MPH, FAAP

EXECUTIVE DIRECTOR’S COLUMN, CONT. FROM PAGE 3

pediatricians, pediatric medical subspecialists and pediatric surgical specialists as the most highly trained and qualified medical professionals providing healthcare to children. In today’s rapidly changing healthcare environment, this growth is essential if we are to continue to successfully meet the expanding needs of children, their families and all of our Chapter’s members.

In closing, I would be remiss if I did not take this time to request your presence at the second annual New Jersey Children’s Ball: Spotlight on Children on May 5, 2012 at The Manor in West Orange.

Come have fun in the name of a good cause! The Children’s Ball will feature a first-class culinary experience, and superlative entertainment presented by Tony award nominee, Alan Campbell, Broadway star of Sunset Boulevard, and a fabulous array of auctions items (Airline tickets; Dining Gift Certificates; Jewelry and more). For ticket information, visit www.aapnj.org. I look forward to seeing you at the Children’s Ball!

Warm Regards,

Fran Gallagher, MEd
AAP/NJ & NJ/PCORE Executive Director

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“MyKidz Iron is our go-to iron supplement for any kid with low iron. It’s the one kids will agree to take because it’s the best tasting one.”

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MyKidz Iron™ Supplements
The 215th Legislature was sworn in on January 10, 2012. At that time any bills that did not become law during the previous session died and had to be re-introduced in the new session. Six weeks into the new session, we are already monitoring close to 175 bills on behalf of AAP/NJ and in fact, some critical pieces of legislation have already seen action.

Chief among these is the Assembly bill 518 which would permit the sale of raw milk in NJ. The bill already had its first hearing of the new session and was released from the Assembly Agriculture and Natural Resources Committee. Notwithstanding the superb testimony of Dr. Rice and Fran Gallagher, along with many scientific and health experts, the bill received unanimous approval even though some members of the committee expressed reservations. Last year this bill was passed in the Assembly with a vote of 71-0-0. Thus we have major concerns about the prospects of this bill passing and moving on to the Senate.

To that end we are suggesting a grassroots effort to have as its core the following:

- Establish a coalition of health care professionals who oppose this
- Create an outreach program within AAP/NJ to have Pediatricians and the pediatric community contact their local Assembly person and Senator.
- Engage the larger media in the State to expose and educate to the dangers of raw milk and to inform them of the community behind the opposition to its being available for sale in NJ

This along with the coalition should focus enough attention on the issue and thereby raise awareness and hopefully concerns that supporting this measure would not be in the best interest of the public.

We are also closely monitoring and have been in contact with the sponsors of Assembly bill 2171 and Senate bill 1319, which create the NJ Health Benefit Exchange in accordance with the federal Affordable Care Act. We have expressed our concerns regarding the sections of the legislation dealing with basic health plans, particularly the inclusion of essential health benefits including EPSDT; the definition of qualified health plans and the eligibility of Medicaid, Family Care and Medicare eligible to participate in the Exchange.

Christie Proposes $32.1 billion Budget

Governor Chris Christie proposed a $32.1 billion budget to a joint session of the Legislature on February 21, 2012. According to Christie, the budget he proposed for Fiscal Year 2013 represents minimal growth from last year and is still below the level of state spending when he took office.

Christie reiterated the call he made in his State of the State address to reduce personal income tax rates, across-the-board by 10%. The cut will be phased in over three years, starting on January 1, 2013, and will cost the state $183 million next year and $1.1 billion by 2016, according to the governor’s estimates. He also proposed increasing the Earned Income Tax Credit from 20% to 25% over the next two years. Property tax rebates, now received directly as a credit on property tax bills, will be funded at the same level as last year’s budget.

The Governor requested $89 million to fund the Transportation Capital Plan which was created last year. He proposed a nearly 6% increase in direct aid to senior public colleges and universities; $1 million to help create a new Governor’s Urban Scholarship Program and an increase of over $28 million above last year for student financial assistance, the bulk of which is a 10% increase in funding for tuition aid grants. He proposed an increase of $213 million in school aid above last year’s level bringing the level of school aid in the Fiscal Year 2013 budget to $8.8 billion. The budget proposal contains $1.1 billion for the state’s pension contribution. Christie proposed a total of $986 million in support for hospitals in New Jersey.

Christie proposed the creation of a new division focused on children with developmental disabilities within the Department of Children and Families. This division will be the point of entry for all families with children with developmental disabilities. Similarly, the Governor proposed the creation of a Division of Aging Services in the Department of Human Services, which will also be the single point of access for all of our services to seniors. He proposed startup funding to turn the former Hagedorn Psychiatric Hospital into Veterans Haven North to provide veterans in the northern part of the state with social and vocational rehabilitation services.

The Legislature will begin its review of the Governor’s budget proposal next month. A budget must be passed by the Legislature and signed by the Governor by July 1, 2012.
When the FBI, OIG, IRS, OSHA (etc., etc.) Knocks on Your Door
Submitted by Michael J. Schoppmann, Esq.

Unfortunately for physicians, the list of entities, agencies and organizations empowered to take adverse action against them continues to grow at an alarming rate. Understanding, from the very beginning, what they are, what they are not and how to handle their intrusion/investigations are the keys to risk managing the threat they inherently carry.

Anti-Physician Acronyms
- BOM – Board of Medicine
- DEA – Drug Enforcement Agency
- AG/FCA – Attorney General/False Claims Act
- CMS – Centers for Medicare Services
- OIG/FBI – Office of the Inspector General/Federal Bureau of Investigation
- HMO – Health Maintenance Organization
- FTC – Federal Trade Commission
- HIPAA – Health Insurance Portability and Accountability Act
- CLIA – Clinical Laboratory Improvement Act
- EMTALA – Emergency Medical Treatment and Active Labor Act
- OSHA – Occupational Safety and Health Administration
- MEC – Medical Executive Committees
- IRS – Internal Revenue Service

What also ties these entities together in such an unprecedented manner is the mandatory cross-referral, cross-reporting and intra-communications they are required to engage in whenever a complaint, an investigation and/or an action involves a physicians or medical practice. To facilitate this legal interweaving, each of these entities also has direct access to a central, physician based depository of data as to each and every practicing physician in the United States.

The National Practitioner Data Bank
- Medical malpractice
- Hospital actions
- Licensing actions
- Health Plans/Managed Care Company actions
- Government actions

As each and every physician, regardless of guilt or innocence, faces even the most seemingly benign or innocuous inquiry by any of these entities, certain questions and considerations must be preeminent in their minds.

Written Correspondence – virtually nothing sent to a physician or a medical practice today is “educational” and/or “informational”. The true legal role of such correspondence is that it serves as a notice of investigation, nothing less.

Records Requests – escalating the level of investigation, entities that request records are thereby devoting more assets to the investigation. Careful consideration must be given as to how to produce records, what records to send and what records not to send.

Subpoenas – entering into the formal legal process, certain adverse entities also possess the power to subpoena records and/or documents. Such a measure is a serious escalation and significant legal event in the life of an investigation and/or action. Attempts to avoid service are counterproductive and legal counsel should always be consulted before issuing even a single document. Moreover, a subpoena does not compel a physician or a medical practice office staff member to speak with the investigators or offer a statement of any form.

Investigators – many physicians harm themselves, in a permanent, uncorrectable manner by falling prey to common, yet effective tactics utilized by investigators. Either through charm, false promises of leniency and/or intimidation, physicians all too commonly speak freely and recklessly with investigators – prior to understanding the true nature of the investigation, their legal rights and/or the threat of the underlying actions. No physician, or medical practice employee, should ever speak with any investigator without first securing the benefit of experienced health care counsel, proper preparation and/or first determining if such a discussion should ever take place.

“After the Knock” – even the most informal, initial contact by an investigator should prompt an immediate and well-coordinated reaction by the physician/medical practice. Instructions should be provided to employees regarding potential direct contact with them (even at home), the confidentiality of any issues at the practice, that the practice has legal
counsel in place to represent the practice and provide each employee with counsel’s contact information.

**How to Avoid a “Knock at the Door”** – understanding that good intentions and ignorance of the ever changing, increasingly complex laws and regulations governing physicians are not defenses to an investigation and/or action is the first step every physician must accomplish in order to reduce the risk of being investigated. Once having come to that understanding, every physician should then undertake a risk assessment, under the protection of attorney-client privilege, of their practice and practice methods. Risk Areas include, but are not limited to, patients, medical malpractice actions, hospital actions, interacting with state or federal Agencies, insurance companies and/or managed care companies.

**Risk Assessment** – A proper physician-based risk assessment should include, but not be limited to, a review of all contracts, Codes of Conduct, By-Laws, Procedures and Protocols, Documentation Requirements (from any source) and other structural mandates.

**Defensive Documentation** – One of the most commonly exploited weaknesses inherent in a physician’s methods is the failure to secure timely documentation of events including, but not limited to, corroborating statements from witnesses (both internal and external to the medical practice).

The “Golden Rule” – in light of these new, harsh realities and as a key part of any risk management effort, no physician, no medical practice employee should ever speak to, or allow anyone else to speak to, investigators, the media and/or attorneys (other than their own health care counsel). What is not said, what is not sent and what is not done may well become more important to the defense, and potential dismissal, of an investigation than any theory of law, court ruling and/or appellate review.

Kern Augustine Conroy & Schoppmann, P.C., Attorneys to Health Professionals. For more than 30 years the firm’s practice has been solely devoted to the representation of health care professionals. Mr. Schoppmann may be contacted at 800-445-0954 or via email – mschoppmann@drlaw.com. For more information log on to [www.DrLaw.com](http://www.DrLaw.com)
WHAT SHOULD WE CHARGE?

THINGS TO CONSIDER WHEN SETTING FEES FOR PEDIATRIC SERVICES

By: Richard Lander, MD, FAAP

Pediatricians often ask what they should charge for their services. This is a key question as it has financial as well as legal implications.

Certainly, practices need to be financially viable in order to survive and be accessible to patients. Practices also must operate within antitrust laws; they cannot cross into collusion, price-fixing or any other anti-competitive behavior.

Do your homework

It is best to base your charges on the practice’s costs rather than on what a payer will pay. Knowing the practice’s costs and prevailing market fees will help you identify what is acceptable for payment and will enhance your negotiating ability.

From your financial management reports, compare your fixed and variable practice expenses to benchmarks for your specialty and service area. Fixed expenses are the same from month to month regardless of whether the practice sees patients. Variable expenses change based on the volume of business and what is needed to support that volume.

You also should review your practice outcomes and quality measures. If you can demonstrate how your practice philosophies can save the carrier money, i.e., lower emergency department utilization rates, lower use of brand name medications, etc., then you should be able to receive a higher fee structure to share in that savings.

Setting fees

One of the most commonly used guides for determining payment rates is the Centers for Medicare & Medicaid Services (CMS) Resource Based Relative Value Scale (RBRVS), which rates services based on the relative physician effort, related practice expenses and professional liability expenses to provide the service. The relative value or RVU then is converted into a dollar figure by multiplying the RVU by a conversion factor (CF).

This methodology is used to determine payments for the Medicare RBRVS physician fee schedule as well as most public and private payers. Some private payers may use another methodology or the RBRVS system and their own CF.

Payers would like to have a standard fee schedule for all providers since it is easier to administer. Often, carriers will tell a practice that they have a standard fee schedule and “take it or leave it.” In many cases, however, you can negotiate a different fee schedule that meets your needs.

The Medicare RBRVS physician fee schedule can be used as a starting point in developing your own fee schedule. It can be accessed at https://www.cms.gov/apps/physician-fee-schedule/overview.aspx. Keep in mind to include your own value in setting your fees, such as training, qualifications, experience, skills, contractual write-offs and charity care. Practices should consider setting a fee schedule that is at a minimum of 125% to 150% of the Medicare RBRVS physician fee schedule to account for these factors.

Practices should not establish their fees in consultation with competing physicians as this would violate anti-trust laws and involve serious legal ramifications.

Another question is whether the practice should have different fee schedules for different payers. Be aware that payers will attempt to include in their contracts a “most favored nation” clause, which states that the practice must offer the buyer the lowest price it accepts from its “most favored” payer. This may put your practice at risk of reducing overall payments owed to the practice. Practices should not accept such a contractual provision. Your fee schedule is what you charge for your services, and what you accept as payment must not be dictated by the payer.

To protect your practice from low payments, it also is important to understand what payers will do when a new CPT code is published or when there are no published RVUs for a code. In such cases, some payers will pay a percentage of the billed charge. Therefore, you will need to charge a fee for a new code that ensures adequate payment.

Practices also need to monitor their payments and assess the fee structure by regularly reviewing the carrier’s explanation of benefits (EOB) statements. If your practice is being paid at 100% of your fees, then your charges are too low for that particular insurance company.

Stumbling blocks

Once you have determined your fee schedule and negotiated your payment rate with the carrier, do not al

cont. on page 12
AAP/NJ & PCORE and Oral Health Key Stakeholders are partnering with DentaQuest Foundation’s Oral Health 2014 Initiative on a grant to improve access to pediatric oral health care, especially for underserved children. The initiative will create and strengthen existing linkages between pediatric providers and cross-disciplinary constituents, including the NJ Dental Association, family support organizations, state agencies, HMO’s, UMDNJ, and other stakeholders.

The Oral Health Stakeholder Group will develop quality improvement plans to address the following 3 National Preventative Oral Health Alliance focus areas:

- Changing Attitudes & Behaviors of Pediatricians and Dentists
- Changing Attitudes & Behaviors in Communities
- Financing Pediatric Oral Health Models

During this first year planning phase, the three workgroups are identifying priorities and short and long term goals to:

- Improve NJ State policies on pediatric oral health
- Create an integrated system of educational outreach among diverse stakeholders
- Develop resources (financial and other) dedicated to improving the quality and access to oral health care for young children

In an effort to increase preventative oral health awareness in the community, the Oral Health Stakeholder group is offering a Clinical Track on “Integrating Oral Health into Routine Well Care” presented by Cathy Ballance, MD, FAAP & Yasmi Crystal, DMD at the AAP/NJ Annual Conference on June 12, 2012 from 4 pm to 6:30 pm at the Palace of Somerset Park, Somerset, NJ. For more information visits www.aapnj.org
NOW RECRUITING PRACTICES:

For information on how to enroll in MOC Part IV Quality Improvement Initiative -

Contact Program Managers:
Irene V. Muñiz, MSW (imuniz@aapnj.org)
or
Meghan Johnson, MPH (mjohnson@aapnj.org)

Strengthening Pediatric Partners
A Child Abuse and Neglect Prevention Project

MOC Part IV QI Initiative Promoting Screening and Anticipatory Guidance

8 Months
Strengthening Pediatric Partners will provide information on methods to enhance care for individual patients by providing ongoing, site-specific and support. Participating physicians lead their practice team to:
- Participate in learning Collaboratives
- Generate the information needed to test and implement practice improvements
- Create乡
- Adapt changes in how care is monitored and delivered
- Evaluate project process and effectiveness
- Link to community resources
- Complete pre and post evaluation measures
- Participate in technical assistance calls

At the conclusion of the 2011 pilot:
- 621 families received interventions from the eight participating practices
- Practices became more proactive and effective in providing resources and guidance to families
- Physicians earned 25 of their 40 required MOC Part IV points

2 Well Visits
- Improve screening, assessment, and anticipatory guidance performed by pediatricians
- Staffed with parents and caregivers
- Trained in developmental milestones at:
  - 2-month well visit for early identification of developmental delays
  - 24-month well visit for greater training and discipline

3 Goal
Reduce the Risk Factors for Child Abuse and Neglect

At the conclusion of the 2011 pilot:
- 621 families received interventions from the eight participating practices
- Practices became more proactive and effective in providing resources and guidance to families
- Physicians earned 25 of their 40 required MOC Part IV points

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN
New Jersey Chapter

Maintain Your Certification!

Strengthening Pediatric Partners
A Child Abuse & Neglect Prevention Project

An ABP-Approved Maintenance of Certification Project

Earn 25 MOC Part 4 points
Trainings provided by AAP/NJ to practices free of charge

Enroll now for the first Learning Session in Spring 2012
Contact us via email at CAN@aapnj.org or by phone at 609-588-9988

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN
New Jersey Chapter

In 2008 there were over 8,000 substantiated cases of child abuse and/or neglect in New Jersey.
- NJ Kids Count, 2011

Strengthening Pediatric Partners, part of the Child Abuse & Neglect (CAN) program, is funded by the NJ Department of Children and Families
low the carrier to change its payment rate without notifying the practice first. Include provisions in the contract that give the practice the right to approve any changes to the carrier’s fee schedule and the option to terminate the agreement if the practice is not willing to accept the carrier’s changes.

If you encounter difficulties with breach of contract issues, contact your AAP chapter and/or the chapter pediatric council. If your chapter doesn’t have a council, complete the AAP Hassle Factor Form at www.aap.org/en-us/professional-resources/practice-support/financing-and-payment/Pages/Hassle-Factor-Form-Concerns-with-Payers.aspx.

Having a well thought out fee schedule based on your practice’s value will strengthen your financial viability and allow your practice to do what it does best — provide medical care to your patients.
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The Energy Plus offer is currently available in Electric areas serviced by Atlantic City Electric, JCP&L, PSE&G and Reckland Electric Company (O&G) and Natural Gas areas serviced by New Jersey Natural Gas and PSE&G. Your local utility company will continue to deliver your energy. Switching to an electricity or natural gas supplier is not mandatory and you have the option to remain with your local utility company. You may elect to receive a budget billing plan for the supply portion of your bill with Energy Plus. Electricity service is provided through Energy Plus Holdings LLC and natural gas service is through its affiliate Energy Plus Natural Gas LLC. Energy Plus reserves the right to discontinue or modify the program and other special offers cannot be combined with this offer. Offer not valid for government entities.

*Bonus offer only available to new Energy Plus customers. If enrolling an electric account, a $50 Activation Bonus for business accounts or a $25 Activation Bonus for residential accounts will be awarded after completing 2 billing cycles of active electric service with Energy Plus. If enrolling a natural gas account, a $25 activation bonus check for business accounts or a $25 activation bonus check for residential accounts will be awarded after completing 2 billing cycles of active gas service with Energy Plus. Active accounts are defined as those (i) that are billing more than 90 and (ii) for which Energy Plus has not received a request on behalf of the customer to discontinue (drop) their service. Please note, if you enroll both electric and gas accounts, it is possible your services will start on different dates – so your bonuses may be awarded on different dates. Members will receive a Cash Back rebate check after every 12 billing cycles of service for active accounts. The Cash Back rebate will be 5% of the annual supply charges per business account and 3% per residential account. Account eligibility for a natural gas Activation Bonus requires a minimum of 500 annual therms or cUs, based on historic usage as estimated by your utility at the time of enrollment. The initial rate that applies to your first month of service with Energy Plus will be FOR ELECTRIC (listed in the Rate section of the Terms of Service displayed on the application page as well as in your Welcome Letter/Email, and FOR NATURAL GAS, up to 10% lower than your utility’s applicable rate, as described on the enrollment website. The Energy Plus rate is variable and therefore subject to change each billing cycle. Current and historical rates should not be taken as a guarantee of future rates and Energy Plus makes no warranty, express or implied, regarding future savings. Terms and Conditions apply. Please see enrollment website for additional details. New Jersey License #s: ESL-0087 (electric); GSL-01100 (gas).
**TWO AAP/NJ PEDIATRICIANS AMONG FIRST IN NJ TO RECEIVE MEDICAID EHR INCENTIVE PROGRAM PAYMENT**

The American Academy of Pediatrics, New Jersey Chapter would like to congratulate **Nkem Nnaeto, MD/Universal Pediatrics**, solo practitioner in East Orange, NJ; and **Lorrie J. Vece, MD**, solo practitioner in Teaneck, NJ who are among the first 40 health professionals in NJ to receive their first payment for the Medicaid EHR Incentive Program.

The Medicaid EHR Incentive Program has been funded by federal ARRA (American Recovery and Reinvestment Act) monies and offers financial incentive payments of up to $63,750 per eligible professional (EP) for becoming a Meaningful User of a certified EHR. The first installment of the incentive program pays up to $21,250 per eligible professional and is based on the EP adopting, implementing or upgrading to a certified EHR. The second year's incentive payment of up to $8,500 per EP is based on 90 days of Meaningful Use during which the EP has met the designated Meaningful Use criteria. Subsequent incentive payments of up to $8,500 for each of years 3 through 6 are based on a full year of Meaningful Use compliance.

AAP/NJ has been working in partnership with the New Jersey Health Information Technology Regional Extension Center (NJ-HITEC) since December 2010 to provide free educational and technical assistance to primary care providers in successfully adopting, implementing and becoming Meaningful Users of certified Electronic Health Record (EHR) systems. NJ-HITEC is one of 62 federally designated Regional Extension Centers (RECs) nationwide established to improve American healthcare delivery and patient care through the investment in health information technology.

Both Dr. Nnaeto and Dr. Vece signed on to the NJ-HITEC program through AAP/NJ and have successfully implemented EHRs in their practices. AAP/NJ and NJ-HITEC staff are working closely with both of them in identifying methods to integrate the necessary workflow changes into their practice to meet the Meaningful Use criteria and thus become eligible for further Medicaid EHR Incentive Program payments. The partnership between AAP/NJ and NJ-HITEC offers NJ pediatricians free hands-on, in-office personalized assistance based on their particular EHR and practice setting. We help pediatric practices navigate through the Medicaid EHR Incentive Program registration and attestation process, as well as reach compliance with the Meaningful Use measures.

If your practice is utilizing an EHR and would like more information on how to join NJ-HITEC through AAP/NJ and access these valuable resources that will enable your practice to better utilize your EHR, achieve Meaningful Use, and qualify for Medicaid EHR incentives, please contact Anne Lorenzo, Program Manager, at alorenzo@aapnj.org or at 609-842-0014.

There are a limited number of subsidies remaining for FREE assistance through NJ-HITEC, so call us TODAY to secure one of them for your practice!

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**The Benefits of Being a Certified Presumptive Eligible Provider**

If you are a NJ Family Care provider you are eligible to become a Presumptive Eligible provider. The Presumptive Eligibility (PE) program provides temporary medical coverage to children up to 19 years of age.

Benefits of being a Certified Presumptive Eligible Provider include:

- Fee for service payment for uninsured patients in your practice.
- Ability to enroll eligible families in your practice in NJ Family Care
- Increase the number of NJ Family Care patients in your practice and reach the 20% eligibility requirement to qualify for financial incentives as a Meaningful User of Electronic Medical Records (EMR)
- Retain your uninsured population and be reimbursed for their care (Certified PE practices that submit NJ Family Care Presumptive Eligibility applications on behalf of uninsured patients receive fee-for-service reimbursement for the care of these patients during the PE period)

As of March 2012, a total of 8 NJ Pediatricians have obtained Presumptive Eligibility Certification and are very satisfied with the outcomes.

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"Presumptive Eligibility is working sooo well. We are very happy about it. Specially if a Mom loses insurance for example: 3 kids helping with Presumptive Eligibility until Mom put both feet together to get insurance within two months. We love it. I thank you all who are supporting it."

- Esme Dayaratna, Practice Manager

Children's Preferred Care

"We have been using Presumptive Eligibility and it has been working great, I am so happy and so are our patients."

- Delores Jones, LPN

Bellevue Pediatrics

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**CONGRATULATIONS TO SOUTH JERSEY HEALTHCARE - ELMER HOSPITAL ON RECEIVING CERTIFICATION AS NJ'S FIRST BABY FRIENDLY HOSPITAL**
The American Academy of Pediatrics, New Jersey Chapter (AAP/NJ) is partnering with the New Jersey Health Information Technology Extension Center (NJ-HITEC) to assist pediatricians in adopting certified Electronic Health Record (EHR) technology and in preparing their pediatric practices for Meaningful Use compliance under the federal HITECH Act.

NJ-HITEC is a federally recognized Regional Extension Center program established to provide 5,000 New Jersey health care providers with expert guidance and advice in the selection, implementation and Meaningful Use of certified electronic health technology.

**If You’re Using an EHR — We Can Help You Reach Meaningful Use!**

AAP/NJ in partnership with NJ-HITEC will:

- Provide **FREE** hands-on, in-office staff and personalized assistance based on your particular EHR and practice needs.
- Clarify the Meaningful Use measures and identify ways to integrate them into your practice workflow using your EHR to reach Meaningful Use compliance.
- Help eligible professionals (EPs) navigate through the Medicaid EHR Incentive Program registration and attestation process to access incentive payments of up to **$63,750** per EP.

There are a limited number of subsidies remaining for FREE assistance through NJ-HITEC. Call us TODAY to secure one of them for your practice!

Contact Anne Lorenzo, Program Manager at alorezzo@aapnj.org or at 609-842-0014
Edward J. Ill
Excellence in Medicine Foundation, Inc.,
announces the 2012
EDWARD J. ILL
EXCELLENCE IN MEDICINE
AWARDS®

Proudly sponsored by:

SAVE THE DATE
Wednesday, May 2, 2012 • 6:00 p.m. • Greenacres Country Club in Lawrenceville
To participate in this year’s event by purchasing tickets, an Honor Roll sponsorship or an ad in the awards journal, call 609-803-2350.

OUTSTANDING MEDICAL EDUCATOR AWARD
Jeffrey S. Abrams, MD

OUTSTANDING MEDICAL EXECUTIVE AWARD
William F. Owen, Jr., MD

EDWARD J. ILL PHYSICIAN’S AWARD®
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VERICE M. MASON COMMUNITY SERVICE LEADER AWARD
Judy Donlen, RN, DNSc, JD

OUTSTANDING MEDICAL RESEARCH SCIENTIST AWARD FOR BASIC BIOMEDICAL RESEARCH
Paola Leone, PhD

OUTSTANDING MEDICAL RESEARCH SCIENTIST AWARD FOR CLINICAL RESEARCH
Jeffrey L. Carson, MD

PETER W. RODINO, JR., CITIZEN’S AWARD®
Eve E. Slater, MD

Profits from this event will benefit the Edward J. Ill Excellence in Medicine Scholarship Fund.
To learn more about this event, visit www.Effawards.org.
Aspiring pediatrician Claudia Clarke will be loaded down with $210,000 in loans when she graduates in June from the University of Medicine and Dentistry of New Jersey with plans to practice medicine in depressed areas where doctors are scarce.

"I don't think that where you live should determine what kind of medical care you get," she said.

Clarke's idealism is getting some financial affirmation from the federal government. She is one of 77 medical students nationwide - and the only one in New Jersey - chosen in this year's round of grants from the National Health Service Corps, which provides incentives to increase the number of primary-care doctors serving communities in need.

The young physician has witnessed firsthand the effect of disparities in access to health care. "I have seen a lot of disease in my own family that would have been prevented if they had good care, so it really rings home to me," Clarke said. "I have cousins with cancer that went undiagnosed, and strokes that people didn't understand how to recognize, so they went untreated."

Clarke will receive $30,000 a year during her residency in pediatrics and internal medicine, for a total of $120,000 to be used to help repay her student loans. As a condition of the grant, she must work for two years after her residency in a medically underserved area.

Clarke said she would like to do a rotation in a Native American community "because I've heard a lot about how health care is pretty limited. It's very difficult to recruit physicians, and they need a lot of help."

For years, New Jersey had a loan-repayment grant program nearly identical to the National Health Service Corps. The state's loan-redemption program provided up to $120,000 to doctors, dentists, and nurses going into primary care, in exchange for two years of service in a medically underserved community.

The program had been funded at $2 million annually but was not funded this year, said Deborah Briggs, senior vice president of health policy at the New Jersey Council of Teaching Hospitals. It is not known whether the money will be restored in the budget Gov. Christie will announce Tuesday.

The NJ Department of Health and Senior Services did not respond to questions about the future of the funding. But Briggs said the state's loan-redemption program is "absolutely critical for us to be competitive with other states." Restoring the program and raising its funding level "would be a step in addressing our physician-retention problem."
AAP/NJ launches its Members Only website!

To date, many of the administrative aspects of your Chapter Membership, including payment and maintaining member profiles, have been handled by National AAP. Although National AAP has done a great service to the Chapter in providing these services, we feel that member’s needs will be better managed in house by our own team. To that end, the Executive Council decided in July to take the next step and bring all Membership Subjects in house. This means that as of January 1, 2012, all Chapter Membership matters are being handled by the Chapter directly.

As part of this transition, the Chapter recently launched its Members Only Website. Through this website, you will be able to:

- Maintain your Profile
- Make your Profile public if you so choose.
- Make payments online - including payments for Purchasing Alliance
- View your Transaction History
- Access a Member Directory
- Access Members Only information such as legal resources for Physicians, 3rd partner benefits and access to Chapter Committee Leadership
- Register for all AAP/NJ’s events (more information coming soon)
- Access Publications of the “New Jersey Pediatrician”

The website can directly be accessed by visiting www.aapnj.org (click on “Member Login”).

Your primary email address that the Chapter has on file is your login ID

Initial Password: Password1  Upon your first visit, you will be asked to change your password.

Please note that as of January 1st, membership dues for the Chapter will be invoiced by - and need to be paid to - the Chapter directly. National AAP will still invoice you for your National Dues. In addition, the Chapter is moving towards a calendar based billing date of January 1st as opposed to the current Anniversary Billing Date (including Purchasing Alliance memberships). This means that invoices will be prorated for the remainder of the year. At the end of this year you will receive an invoice reflecting full dues for January – December 31, 2013.

This change will help AAP/NJ keep expanding our community outreach and quality improvement programs in vital areas such as; immunization, obesity, oral health, mental health, child abuse and neglect prevention, medical home and others. It will also help our Chapter remain a leading voice in educating and advocating on legislative matters vital to your concerns and practice.

Question, please contact Bert Mulder, Director of Membership & Events. As always, every member of the AAP/NJ staff is available to assist you with any of your questions or needs.
Please join us for the
2012 CARING for KIDS
Pediatric Special Needs Health Care Conference
For Professionals, Caregivers, Parents, and Kids

Friday, May 18, 2012
9:00 am to 1:00 pm
Hilton East Brunswick Hotel

- Kids’ Activities and Fun … and more!
- Door Prizes
- Speakers
- Nursing CE Credits (FREE of Charge)
- Exhibitors and Demonstrations
- Hospitality and Lunch (FREE of Charge)

For more information and to make your reservation,
visit us at www.caringforkidsconference.com or call 800.901.1194

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MARK YOUR CALENDARS! AAP/NJ UPCOMING EVENTS

REGISTER TODAY!

AAP/NJ Annual Conference & Exhibition presents
Re-Stock Your Pediatric Toolbox
The Palace at Somerset Park, Somerset, NJ

June 12, 2012 - 4:00-6:30 PM
Practice Management Workshop - CPT Coding & ACO
Clinical Workshops - Mental Health or Oral Preventative Care

June 13, 2012 - 7:00 AM - 5:15 PM
Topics to Include:
Visual Diagnosis | Urinary Tract Infections | Genetic Testing
Adolescent Medicine | Psychopharmacology

Speakers to Include:
Meg Fisher, MD, FAAP | Thomas Vates, MD, FAAP | Susan Brill, MD, FAAP
Binita Shah, MD, FAAP | Patty Vitale, MD, MPH, FAAP
followed by a membership at large business meeting and dinner presentation

For more details visit www.aapnj.org

Early Bird Registration Fee
Register for the Conference
by March 31st and
receive a 20% Discount.
Please call 609-842-0014 for more details.

www.aapnj.org

Annual Conference & Exhibition Presentations

Small Changes Means Big Success
Richard Lander, MD, FAAP

Accountable Care Organizations (ACOs): Do I Want/Need Them?
Jill Stoller, MD, FAAP

The “New Morbidity” Comes of Age: Screening in Mental and Behavioral Health
Denise Aloisio, MD, FAAP, Robert Brown, MD & Ted Kastner, MD, MS, CPE, FAAP

Integrating Oral Health into Routine Well Care
Cathy Ballance, MD, FAAP & Yasmi Crystal, DMD

Visual Diagnosis - Foresee Your Next Patient!
Binita Shah, MD, FAAP

AAP Grand Rounds - In Case You Missed It … Hot Topics!
Patty Vitale, MD, MPH, FAAP

Changes in UTI Diagnosis and Management: Forever In-Flux
Thomas Vates, MD, FAAP & Meg Fisher, MD, FAAP

What's New in Pneumonia and Immunizations
Meg Fisher, MD, FAAP

Teens, Sex and Gender Identity
Susan Brill, MD

Born Too Soon: Office Management of the Premature & Late Preterm Neonate
Michael Graff, MD, FAAP & Lori Feldman-Winter, MD, MPH, FAAP

Overview of Mental illness and Psychopharmacology for Children With Developmental Disabilities
Theodore Kastner, MD, MS, CPE, FAAP

Personalized Genomic Medicine: The Future is Now!
Robert Marion, MD

Pediatric Headache and The Five Minute Neuro Exam
Michael Goodman, MD, FAAP

Manners & Mindfulness to Improve Pediatric Outcomes
Daniel Monti, MD

SAVE THE DATE!
21ST ANNUAL AAP/NJ SCHOOL HEALTH CONFERENCE
WEDNESDAY, OCTOBER 17, 2012
THE PALACE AT SOMERSET PARK, SOMERSET, NJ

EARLY BIRD REGISTRATION FEE
AVAILABLE BEFORE AUGUST 17TH

For more information visit - www.aapnj.org

Resident Career Day
September 2012
Hilton Garden Inn, Edison, NJ

Designated for 2nd Year Pediatric Residents to assist them on understanding how their education can be put into practice

For additional information, visit www.aapnj.org