

New Jersey Academy of Otolaryngology-Head & Neck Surgery
New Jersey Academy of Facial Plastic Surgeons

May 2014

REGISTER ONLINE NOW!

2014 Annual Meeting

Friday, June 13, 2014

Seaview Hotel & Golf Club

Galloway, NJ



Adult Subglottic Stenosis: Etiology, Diagnosis, Management, and Current Research
Natasha Mirza, MD

Hearing Loss Updates/Economic Social Issues in ENT
Sujana Chandrasekhar, MD, FACS, FAAO HNS

TORSA in NJ, 2014; Transoral Robotic Sleep Apnea Surgery
Scott R. Schaffer, MD, FACS

Interpreting Polysomnograms for Otolaryngologists
Gabriel Wong, MD

Transoral Robotic Surgery for Head and Neck Cancer
Soly Baredes, MD

Functional Nasal Surgery: The Nasal Valve
Oren Friedman, MD

Advances in Endoscopic Skull Base Surgery: The Rutgers New Jersey Medical School Experience
Jean Anderson Eloy, MD, FACS

REGISTER ONLINE NOW!

Optional golf outing to follow!

Only \$69/per person!

*If you would like to sign up for a tee time following the annual meeting
please contact Dr. Jeff Roffman at (732) 547-3960 JRoff43@aol.com*

UPDATE: NJ PRESCRIPTION MONITORING PROGRAM

The Division of Consumer Affairs recently announced an update to the New Jersey Prescription Monitoring Program (PMP), which requires pharmacies to update the PMP every seven days. Previously, pharmacies were only required to update the state-based database bi-weekly. The Division has provided the pharmacies with a grace period for complete implementation, although fines will be issued in August for those who are not in compliance.

The PMP is a statewide database that allows New Jersey-licensed prescribers and pharmacists to access a patient's prescription information for Controlled Dangerous Substances and Human Growth Hormone. The PMP also features a "self-lookup," which allows prescribers to see if any fraudulent scripts have been written in their name. To register for the PMP, or to find out more about the program, visit: NJRxReport.com/newregistration.aspx

NEW DCA DIRECTOR APPOINTED

Steve C. Lee was appointed as the new Acting Director for the New Jersey Division of Consumer Affairs by the New Jersey Attorney General in April 2014. As Acting Director, Lee is responsible for managing and overseeing the Division's Office of Consumer Protection, Bureau of Securities, Office of Weights and Measures, and 47 State professional licensing boards that regulate more than 80 professions and occupations.

Prior to his appointment, Lee worked for almost nine years as an Assistant United States Attorney for the Southern District of New York. During his career as a federal prosecutor, Acting Director Lee served as a member of the Securities & Commodities Fraud Task Force, the Public Corruption Unit, and the Organized Crime Unit. Acting Director Lee earned his law degree at Harvard Law School in 2003 and his undergraduate degree at Bowdoin College in 1999.

Acting Director Lee lives with his wife and son in Hudson County, New Jersey.

MEDICARE PAYMENTS TO PHYSICIANS AVAILABLE TO PUBLIC

For the first time, Medicare has released the details and amounts of physicians' billings. Supporters believe that the release of this information is a positive improvement for greater transparency in government. Physicians, who can be identified and searched by name, have contested that the billing information is taken out of context. This information was previously unavailable after the AMA won a federal injunction in 1979 that prohibited the release of doctor-specific Medicare information based on the grounds of physician privacy. To search for Medicare payments to providers in 2012, click [here](#).

UPDATE: NJ MEDICAID EXPANSION

During the April Senate Budget Committee hearing, NJ State Human Services Commissioner, Jennifer Velez, testified that the state is expecting to spend \$87.6 million less on new Medicaid enrollees than it had previously budgeted. While New Jersey FamilyCare, the state's Medicaid program, was successful in enrolling residents throughout New Jersey, the number of individuals seeking enrollment was far less than anticipated. The majority of new Medicaid enrollees will have their benefits covered by the federal government, per the 2010 Affordable Care Act (ACA). The ACA provides that the federal government will cover 100 percent of the cost for newly eligible residents through 2016. The state is required to pay a percentage of the costs for children participating in FamilyCare, and for parents or legal guardians who are eligible for WorkFirst NJ. About 250,000 adults enrolled in New Jersey Medicaid between January and March 2014. New Jersey was required to cover partial benefits for only four percent of these individuals.

NEW JERSEY RESIDENTS UNABLE TO FIND IN-NETWORK DOCS

New Jersey residents are more than four times as likely to have difficulty finding a doctor who accepts their insurance compared to the national average. According to a recent Rutgers University report, 14.6 percent of New Jersey residents ages 18-64 reported having trouble finding a doctor who would accept their insurance. These numbers are significantly higher than the national average of 3.3 percent within that age group.

In general, those surveyed did not have difficulty finding a primary care doctor, but reported greater difficulty in finding a specialist who accepted their insurance. To no surprise, Medicaid and New Jersey FamilyCare patients reported the greatest difficulty finding a doctor. This is undoubtedly related to the poor Medicaid reimbursement rate in New Jersey.

Legal Report

Kern Augustine Conroy & Schoppmann, PC

Temporary "Doc Fix" Agreement Delays ICD-10 Implementation: Although CMS adamantly opposed any delay to the October 1, 2014 ICD-10 implementation date, the Protecting Access to Medicare Act of 2014 contains a provision where CMS will have no choice but to postpone implementation of ICD-10 for at least one year. The American Health Information Management Association has already asked for clarification of the critical term "at least one year" as it could lead to speculation that implementation may be delayed more than one year. ICD-10 implementation is now postponed to at least October 1, 2015.

CMS Reveals Medicare Part B Physician Payments: CMS released the data in response to demands for transparency in the wake of a court case requiring the agency to provide public access to physician billing records. Analysts sifting through the data in the coming days and weeks will try to shed light on payment trends and expose outliers among services and providers. Insurers and government payers will use the data to identify high-cost providers and spot inter- and intra-regional variations in the patterns of care. One of the reasons CMS officials gave for releasing the data was to aid in the search for healthcare fraud and abuse, particularly by exposing statistical outliers.

United States Senate Committee on Finance Supports Increased Notice and Appeal Timeframes from CMS: The United States Senate Committee on Finance recently wrote to CMS supporting CMS' proposal to improve beneficiary notices such as the Annual Notice of Change to contain a clear explanation of an enrollee's rights if a plan terminates a provider from its network. Medicare Advantage ("MA") networks should provide CMS information about the steps the plan will take to ensure affected enrollees can locate new providers that meet their individual needs. CMS should also ensure affected providers have sufficient time to exercise their appeal rights before enrollees are notified of network changes. These safeguards are intended to help beneficiaries understand what the provider networks in their MA plan will look like before they have to make decisions about enrolling in a particular plan.

Proposed Bill Seeks to Align Mental Health Privileges: In an effort to reorganize and bring clarity to the varying degrees of protection afforded to different mental health professionals, a new rule has been proposed in New Jersey seeking to establish one unified mental health service provider evidentiary privilege. The special subcommittee headed by Appellate Division Judge Mitchel Ostrer found that currently, privilege "often depends on the license or professional credentials of the provider" and current evidence rules "provide for different and sometimes inconsistent privileges." This leads to disparate treatment of privilege amongst different types of professionals, which the subcommittee found "difficult to justify" given the policy goals of encouraging the utilization of mental health services and ensuring the patients' privacy, regardless of the provider. The Supreme Court Committee on the Rules of Evidence released the draft proposal and is seeking comments by June 2, 2014.