



The Enchanted

THE NEWSLETTER OF THE NEW MEXICO
PEDIATRIC SOCIETY— NEW MEXICO CHAPTER OF THE
AMERICAN ACADEMY OF PEDIATRICS
SUMMER, 2012

Pediatrician

NMPS Members Pass Medicaid Enrollment Resolution

In May 2012, the Executive Committee of the New Mexico Pediatric Society began work to address the issues related to the increase of uninsured children in New Mexico and the staggering number of eligible children not enrolled in Medicaid in the state. They decided to join other local agencies, including the NM Academy of Family Practice Physicians, and draft a resolution addressing this issue. The resolution was presented to the attending members at the 2012 Wylder Lecture Series and was passed. It has since been sent to the Office of the Governor, the Secretary of New Mexico's Health and Human Services and the Director of Medical Assistance Division for New Mexico. Below is a copy of the passed resolution:

Whereas, the NMPS represents over 300 Pediatricians in New Mexico who care for children every day; and Whereas, the members of the NMPS recognize the importance of insurance coverage to ensure good health and well-being of children because said coverage is closely related to regular preventive care services, proper treatment of acute and chronic disease, and other measures that greatly improve children's health; and

Whereas New Mexico Medicaid provides very good insurance coverage for children through the Early Periodic Screening, Diagnosis and Treatment Program, which requires regular well-child-checks, immunizations, and care for chronic conditions. Children's Medicaid also covers developmental, vision, hearing, and oral health care. This coverage is crucial for children's health and for their ability to fully participate in their schools and communities; and

Whereas, there are still an estimated 50,000 New Mexico children who are eligible but not enrolled in Medicaid. Many of them are Native Americans and/or located in rural areas; and

Whereas, the number of children enrolled in Medicaid has not grown at all since August of 2010, after steady growth for the previous three years; and

Whereas, the Human Services Department has indicated publicly that it is not aggressively reaching out to enroll new children in Medicaid because of concerns about the cost; and

Whereas, children's medical insurance is a cost-effective way to keep children from developing medical conditions that are much more expensive to treat than are routine visits; and Whereas enrolling all Medicaid eligible children helps to insure the economic stability of the entire child health care system; and Whereas New Mexico's Pediatricians care for all children, enrolling all Medicaid eligible children will advance that goal.

Now therefore, be it resolved by the officers of the New Mexico Pediatric Society, that the New Mexico Human Services Department take all reasonable steps to enroll the remaining children in New Mexico who are eligible but not enrolled in Medicaid, including adopting streamlined enrollment measures such as Express Lane Enrollment, passive renewal, and automatic transition of one-year-olds from newborn to children's Medicaid; as well as devoting more energy and resources into reaching out to New Mexico families whose children are eligible but not enrolled; and

Be it further resolved, that the officers of the New Mexico Pediatric Society are authorized and requested by the membership of the New Mexico Pediatric Society to meet with the Secretary of the Human Services Department and the Director of the Medical Assistance Division to urge the Department to take reasonable steps to increase children's enrollment in Medicaid; and

Be it further resolved, that a copy of this resolution be furnished to the Governor, the Secretary of the Human Services Department and the Director of the Medical Assistance Division.

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This publication is produced quarterly and edited by Lance Chilton, MD, Janis Gonzales, MD and Johannah Ruddy, Executive Director. Layout and design by Johannah Ruddy.

We welcome all submissions for the Enchanted Pediatrician. The next deadline is October 15, 2012. Please limit submissions to 700 words or less if possible.

The Editors reserve the right to edit submissions for clarity, spelling, punctuation and style to conform to the Associated Press style guidelines, and all submissions are published at the discretion of the Editors.

President's Corner



Following the June 28 US Supreme Court decision on the Patient Protection and Affordable Care Act (ACA), states now have a choice to expand Medicaid to the newly-eligible population to 133% of the federal poverty level (FPL, 138% with an ACA-implemented income disregard for non-aged, non-blind and non-disabled applicants). Our Academy supports AAP chapter advocacy efforts in support of such expansions as they will positively impact seamless coverage for children. **Evidence shows that children are more likely to be covered when their parents have insurance.**

The US Supreme Court's decision on the constitutionality of the ACA upheld most major provisions of the law, including the individual mandate as a tax. However, the Court decided that the withdrawal of all federal Medicaid funding as a penalty for states that do not enact the ACA's Medicaid expansion was coercive. As such, the Supreme Court ruling makes the Medicaid expansion to this new population an *option* for states.

This ACA expansion of Medicaid is for individuals younger than 65 years who are not pregnant, are not eligible for Medicare, have family incomes up to 133% FPL (138% with income disregard), and are not otherwise Medicaid eligible. In New Mexico, approximately 127,000 adults would be eligible. (Children are already eligible under CHIP programs or previous state Medicaid expansions.) States can expand Medicaid to this population beginning in 2014 with an enhanced federal match on spending, and can expand to this population before 2014 at the current federal Medicaid match. Those newly eligible under the expansion will receive Medicaid benchmark benefit coverage. The expansion is initially financed entirely by the federal government. The schedule of federal financing for this new population is as follows:

2014-2016: 100% federally financed
2017: 95% federal match
2018: 94% federal match
2019: 93% federal match
2020 and future years: 90% federal match

States have already begun to declare their intentions around this Medicaid expansion. New Mexico has not yet stated an intention regarding Medicaid expansion. In addition, there has been significant correspondence between governors and the administration on this issue US Department of Health and Human Services (HHS) Secretary Sebelius has with a letter to governors indicating that the federal government is willing to work with states and that **the Supreme Court ruling does not affect other Medicaid provisions of the ACA.**

Continued on next page...

President's Corner Continued...

The fact that the Court's decision applies only to the Medicaid expansion means that states must continue to comply with the ACA's maintenance of effort (MOE) provisions, and Medicaid payment for certain evaluation and management (E/M) and immunization administration codes will be increased in 2013-2014 to Medicare rates. This is excellent news for pediatricians in NM who will receive fairer payment for their care of Medicaid-covered patients.

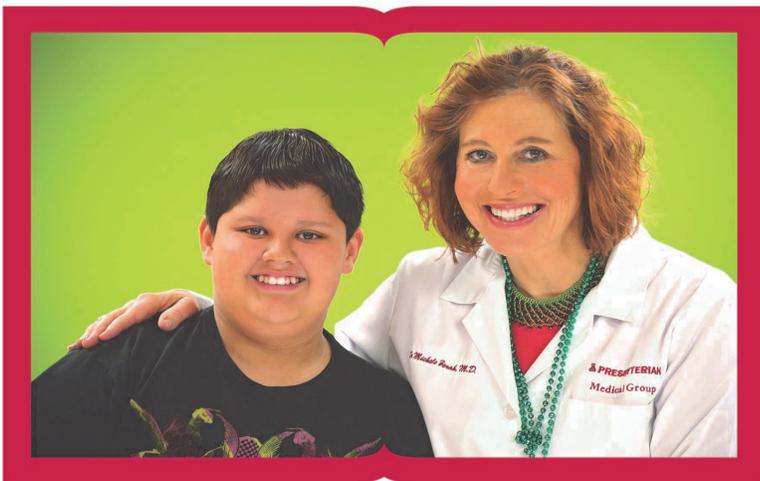
Michael Cooper, of the New York Times, writes " at a meeting of the National Governor's Association, most governors in both parties said that faced with a choice they did not expect to have, they needed to study how to proceed with this significant change in federal-state relations. Delaware's governor thought the expansion would be good for his state, noting that 'there is a significant cost to doing nothing,' because right now poor people without coverage get care in emergency rooms, which eventually drives up the costs for people who do have insurance. However, states are nervous about counting on the federal government, as Washington is consumed by talk of spending cuts. Gov. Tom Corbett of Pennsylvania, a Republican, asked, 'What's it going to cost the people of Pennsylvania?'"

In New Mexico, Governor Martinez has not yet clarified a position. The New Mexico Pediatric Society believes the expansion to be a better choice and we will continue to advocate in this direction.

Karen Carson MD, FAAP, Chapter President

Information courtesy of the American Academy of Pediatrics Legislative Action Website

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Pediatric Council Update



Joanne M. Ray, DO, Council Chair

Work on key initiatives continued at the May meeting of the NMPS Pediatric Council.

For the first time, United Healthcare was represented by two executives--Michael McCabe, vice president for business development, Western Region via phone and Willie Orr, COLTS medical director. Eugene Sun, former chief medical officer for Molina Healthcare, represented Blue Cross/Blue Shield in his new role as vice president and chief medical officer.

All Medicaid managed care organizations were represented (Norm White, Presbyterian; Jami Frost, Lovelace; Vickie Borrell, supervisor of health care services, Molina Healthcare for medical director Irene Krokos and Eugene Sun). Anne Foster, medical director of the Medical Assistance Division and Geri Jaramillo, Department of Health asthma program coordinator, attended via phone, as did our representatives Shelly Stam- McLaren and Sylvia Villarreal. Representatives attending in person were NMPS President Karen Carson, Melissa Mason, Jane McGrath, Janis Gonzales, and E.D. Johannah Ruddy.

Fluoride Varnish

At the time of the meeting, Presbyterian Salud didn't cover payment for application of fluoride varnish (CPT code D1206), but this just changed, effective July 1st. Coverage of varnish is now universal among all Medical managed care organizations. We notified the medical directors that we planned to offer formal varnish application training and certification at the Wylder Lectures in June. Shelly said some members are applying varnish in Gallup; Sylvia said she varnished patients' teeth in Taos no matter what insurance they had.

Anne suggested that varnish be applied by persons other than pediatricians—possibly WIC personnel, pharmacists and even parents, in an effort to increase coverage. This brought about a lively discussion which will definitely continue as the state addresses the problem of the “oral health crisis” (Anne's term). Janis said the DOH has a very limited dental sealant program. Still not addressed is the possibility of training family medicine physicians. Anne suggested that the NMPS consider buying varnish in bulk and acting as a distributor for Pediatric Society members.

Medical Home

The Salud medical directors updated other members on ongoing medical home pilot programs. A new program is that of Medicaid Health Homes, which feature a merger of physical and behavioral health care in the context of the medical home. (The Behavioral Health Collaborative will continue to exist, however.) Anne said 4-6 pilot sites will begin operation as Health Homes after January, 2013. This type of medical home is part of Centennial Care, the Medicaid reorganization, and is featured in federal health care legislation.

Medical directors discussed pay for performance (Anne: “Incentives need to be aligned;” Michael: United Healthcare is open to P4P and other strategies; Eugene: BCBS has been late to work on P4P parameters).

Asthma Utilization

Addressing asthma utilization in the Southeast Region has stalled with the loss of the DOH epidemiologist, but Geri reported on some limited data gathered from an education pilot program conducted at Norlea Hospital (Lovington area). She said 33 percent of those polled after the education program indicated an increase in their knowledge of asthma. Asthma visits have decreased (an unspecified number) in the area emergency departments.

The council continues to work to clarify payment among the insurers for CPT code 98960 (asthma education by non-physician) and the consultation codes 99401 and 99402 for asthma education by a physician.

Pediatric Council Continued...

Payment for Telephone Care by Non-Physicians

None of the state payers recognize the Telephone Care CPT codes (99441-3). Payment is limited at the national level, despite continued efforts by the AAP. Karen introduced a new wrinkle: payment for phone services in the physician's office by nursing staff. Karen said her Roswell practice employs a nurse whose full-time job consists of answering parent questions and triaging patients, but this service is not billable/payable (CPT codes 98966-68). Eugene said PMPM (Per Member Per Month) monies given to a certified medical home could cover this cost, as well as others.

Consultation Codes

The Council queried the managed care organizations on payment for the consultation codes (inpatient hospital codes 99251-99255 and office/outpatient codes 99241-99245). The Centers for Medicare and Medicaid Services eliminated payment for these codes on Jan. 1, 2012; Presbyterian adopted this decision effective February 1st. It later changed its stance and decided to cover the codes effective April 1. **We have subsequently learned that all Saluds pay physicians for these services.** Commercial insurance companies may or may not pay for the codes. Check your EOBs and communicate with your private payers.

Compounding Medications

Council members had learned that some pharmacies around the state had ceased compounding pediatric medicines because of inadequate payment for the process of compounding. This new topic was met with considerable confusion, so the Council decided to consult the New Mexico Pharmacy Association to determine the extent of this problem.

Next meeting will be held August 17th.



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2102 Wylder Lecture Series proves to be a huge success

The 34th annual Wylder Lectures Series was held on June 23-24, 2012 and proved to be enlightening and entertaining. This year we were lucky to have two visiting speakers. Dr. Ruy Carrasco is a former UNM resident and now a Pediatric Rheumatologist from the Dell Children's Medical Center in Austin, TX who spoke about Auto inflammatory Syndromes (Periodic Fever Syndromes) and Juvenile Idiopathic Arthritis (Juvenile Rheumatoid Arthritis). Dr. Robert Fifer, a doctor of audiology from the Mailman Center at the University of Miami, showed us how development of the auditory system is vital to development of the brain as a whole.



Dr. Ruy Carrasco opens the 2012 Wylder Lecture Series



Dr. Karen Carson, NMPS president at the Executive Committee Meeting

The lectures would not be complete without the many local speakers who came and spoke on diverse and interesting topics. They included Dr. Cate McClain, Dr. Steve Yabek, Dr. Carol Clericuzio, Dr. Bruce Trigg, Olin Dodson LPCC, Ms. Jennifer Weiss, Ms. Tara Ford, Dr. Jane McGrath, Dr. Karen Carson, Dr. Joanne Ray, Dr. Janis Gonzales, Dr. Dorsey Beggs, and Dr. Martha Middlemist.

This year, we held a sit down dinner and hosted bar on Saturday night for attendees and were entertained by Steve Chavez and his Marimba music. The highlight of the evening was an impromptu performance by our own Dr. John Ratmeyer and Dr. Shirley Murphy.

To see their performance, click here: https://www.facebook.com/photo.php?v=3566764135308&ref=notif¬if_t=video_tag#!/pages/New-Mexico-Pediatric-Society/17778853564451

Sunday morning began with a 5K Fun Run/Walk led by Dr. John Pederson and Dr. Alex Cvijanovich. Special thanks to Dr. Steve Cohen, Dr. Lance Chilton and Dr. Susan Diaz for their help in planning this fun event. The weather was perfect and we had plenty of sunscreen and cold water available thanks to the volunteer help of the men of Sigma Alpha Epsilon at the University of New Mexico. Participants were awarded ribbons and there were awards given out at breakfast as well.



This was all thanks to the hard work of the NMPS Education Committee: Dr. Janet Samarodin-McIlwain, Dr. Susan Diaz, Fauzia Malik, PA, and Dr. Stephanie Nevarez-Fernandez and Dr. Maggie English, Chair. Our Executive Director, Johannah Ruddy, did a great job in her first year coordinating the Wylder lectures.

Thanks again to this year's event sponsors: United Healthcare, DairyMax, UNM Department of Pediatrics, and the American Academy of Pediatrics.

Maggie English is a Pediatric Hospitalist at Presbyterian Hospital in Albuquerque and served as the 2012 Chair for the Education Committee for NMPS. Photos are courtesy of Fauzia Malik and video is courtesy of Bryan Ruddy.



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2012 Fall Leadership Meeting
November 9-11, 2012
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Meet the UNM Pediatric Interns...



Name: Rachel Bounds

Clinical Interests: Child Neurology, International Medicine

Hometown: Woodbine, Maryland

Hobbies/Interests: making jewelry, running, hiking, playing with my dog Stella, Ravens football, traveling, music, going to the pool/beach, snowboarding

Claim to Fame: (met someone 'famous', etc): I'll be famous soon enough. Maybe I'll star in my own reality TV show because honestly my life is more interesting than the Kardashians' or maybe I'll release my first album that's sure to go platinum, with songs featuring Adam Levine and Pit Bull.

What two people would you like to meet?: Ray Lewis and Ray Rice. I love Ravens football.



Name: Todd Brubaker

Clinical Interests: PICU; Pediatric Anesthesiology; Cardiology; Pharmaceuticals in wastewater and their effects on pediatric patients.

Spouse/Significant Other: Fiancée, Abby Roe, OMS-IV at KCOM

Kiddos: Nope!

Hobbies/Interests: Skiing, Mountain biking, Hiking, Mountaineering, Fly fishing, The Iowa State Cyclones; MLB.

Claim to Fame: (met someone 'famous', etc) My Uncle is a MLB Umpire;

What two people would you like to meet?: Theodore Roosevelt and Lewis and Clark (that's three, I know)



Name: Jenny Camacho

Clinical Interests: The main reason I decided to go to medical school was to become a Pediatric Endocrinologist and treat children with Type 1 Diabetes. Having this disease myself provides me a unique connection to these children. Furthermore, with childhood obesity on the rise, we are seeing more children with Type 2 diabetes. I know as a future Pediatric Endocrinologist that I will be treating these children on a daily basis. I hope to be able to make a difference in their lives. I am also a huge advocate of vaccinating children on time. I hope to be able to combat the misconceptions about vaccinations and to make sure that every child has the opportunity to be

properly vaccinated. With the recent resurgence of vaccine preventable illnesses, I have even more motivation to improve vaccination rates. I hope to pursue this as an advocacy project in residency.

Spouse/Significant Other: I have been happily married to a wonderful and supportive husband, named Bryce Camacho, since November 27, 2009. He is currently working on a Master's in Healthcare Administration.

Kiddos: Westin Harrison Camacho born on May 11, 2012. We also have an 85 pound golden retriever named Cooper. He is 3 ½ in human years, which makes him about 25 in dog years.

Hobbies/Interests: My husband and I like to go hiking and snowshoeing with our dog Cooper. I like to work out by doing a variety of activities including tae-bo and swimming or just doing a quick 30 minute workout on my elliptical. I also enjoy cooking and singing- often done at the same time. I recently started playing the piano again. I have enjoyed learning to play this instrument.

Claim to Fame: (met someone 'famous', etc) When I was a junior in high school, choir was a huge part of my life. We had the amazing opportunity to march in Macy's Thanksgiving Day parade and perform in Carnegie Hall all in the same week! It was an experience that I will never forget.

What 2 people would you like to meet?: I would like to meet Jay Leno and Tom Hanks some day. I think both of these people are very talented and have managed to maintain their classy personalities, despite fame and wealth.

UNM Pediatric Interns Continued...



Name: Akilah S. Crawford, MD

Clinical Interests: General Pediatrics

Significant Other: Christopher Tomingas

Kiddos: Sophia, age 6, and Jackson (Jackie), age 4

Hobbies/Interests: Racquetball, travelling, being outside with family

Claim to Fame: my kale greens (or at least that's what I think!)

What person would you like to meet? The first member of my family to come to this country



Name: Danielle Deines

Clinical Interests: Neonatology

Significant Other: Boyfriend, Raja, a newly graduated veterinarian!

Kiddos: 6! Libi the Dalmatian, Sydney the Border Collie, Jack the mini-mutt, and Glacier, Dax and Hawkeye the cats

Hobbies/Interests: Running, photography, gardening and anything outdoors!

Claim to Fame: (met someone 'famous', etc) Trained for and raced in 5 marathons since starting medical school

What two people would you like to meet?: Dr. Bob Kempainen ('96 Olympic Marathoner and Pulmonologist at the University of Minnesota) and Dr. A.T. Still, MD., the founder of osteopathy



Name: Rasha Elmaoued

Clinical Interests: hem/onc, GI, primary care, childhood obesity

Hobbies/Interests: cooking, trying new foods, traveling, meeting people from different ethnicities, learning new languages, gardening, drawing, hiking, being outdoors, spending time with my family, going to art exhibits and museums, watching TV (give me comedy over drama any day), studying abstract math, physics, astronomy, chemistry, and biology (I am a geek at heart).

Claim to Fame: I make killer dolmas, I've probably watched more TV in the last week of med school than I have in my entire life.

What two people would you like to meet?: Stephen Hawking and Professor Hubert J. Farnsworth



Name: Alicia Gill

Clinical Interests: General Pediatrics/Pediatric Hospitalist

Spouse: Keith Gill

Hobbies/Interests: I love to watch sports, and try to participate in most (although, not always well). I also did gymnastics for 10 years, so naturally love everything about it. My husband and I have 2 dogs that are always keeping us busy and entertained.

Claim to Fame: (met someone 'famous', etc) Last year, I had to opportunity to go to both the World Series and the Super Bowl.

What two people would you like to meet?: My husband's father, because he seemed like an amazing person and passed away before my husband and I met. Also, any member of the Texas Rangers or Dallas Mavericks!

UNM Pediatric Interns Continued...



Name: Ben Greenfield

Clinical Interests: Sports Medicine, Preventative Care, International Medicine

Spouse/Significant Other: Jessica

Kiddos: Cami and Aaron

Hobbies/Interests: Tennis, basketball, backpacking, mountain biking, piano, guitar, golf, skiing, hiking, traveling

What two people would you like to meet?: My grandpa (Dad's Dad), Abraham Lincoln



Name: Joseph Harmon

Clinical Interests: Global health, advocacy, epilepsy, child neurology.

Spouse: Julianne Harmon

Kiddos: Asher (3) & Annette (1)

Hobbies/Interests: Soccer, hiking, bird watching, looking at maps and globes, gardening, foreign languages.

Claim to Fame: My brother came up with the idea for the Pirates of the Caribbean movies.

What two people would you like to meet?: Mahatma Gandhi and Gabriel Garcia Marquez



Name: Katie Harmoney

Hometown: Milton-Freewater, OR/Ferndale, WA

Clinical Interests: pretty much everything, which can be problematic at times...

Spouse: Chris Harmoney, computer programmer extraordinaire.

Hobbies/Interests: playing guitar, running at a leisurely pace, reading everything I can get my hands on, wandering around barefoot.

Claim to Fame: I was attending a chemistry conference in San Diego and some friends and I took the local light rail downtown, but missed our stop. We wound up in Tijuana and had to sneak back into the USA because none of us had our passports.

What two people would you like to meet?: Sherman Alexie, my maternal grandmother who passed before I got to know her.



Name: Alisha Jabar

Clinical Interests: Neonates, Respiratory diseases

Spouse/Significant Other: Ian

Kiddos: One on the way

Hobbies/Interests: Travelling, reading, listening to music, playing volleyball & swimming



Name: Steven Lunderman

Clinical Interests: Pediatric Hematology/Oncology and Palliative Medicine

Hobbies/Interests: I like sports of all kinds, mostly football and basketball. I enjoy live theatre, movies, and cartoons. I like listening to live music and going on adventures to places I've never been before.

Claim to Fame: I earned my black belt when I was 10 years old

Meet Two People: Joseph Vincent Paterno and LeBron James

UNM Pediatric Interns Continued...



Name: Rolando Macias

Clinical Interests: Child advocacy, underserved populations and Neonatology.

Significant Other: Sandy Alvarez

Hobbies/Interests: Traveling, soccer, running and going to the movies.

Claim to Fame: Met Kobe Bryant once.

What two people would you like to meet? President Obama and Robin Cook.



Name: Danisha McCall

Clinical Interests: Hospitalist or Critical Care

Hobbies/Interests: Basketball, hanging out with friends, spending time with family

What two people would you like to meet?: Kobe Bryant and Barack Obama



Name: Courtney Michel

Clinical Interests: International & adoption medicine, infectious diseases and emergency medicine

Spouse/Significant Other: Shawn Handlin

Hobbies/Interests: Canoeing, mountain biking, cross country skiing, soccer, learning about other cultures

Claim to Fame: I was once mistaken for Cameron Diaz and pursued until I gave my autograph.

What two people would you like to meet?: Heidi Baker, the Apostle Paul



Name: Tamar Nazerian

Clinical Interests: Pediatrics, Behavior & Development, Early Intervention, Neurology, Public Health

Spouse/Significant Other: Raffi Chorbajian (Fiancé)

Hobbies/Interests: Family & Friends, Cooking, Dancing, Traveling

Claim to Fame: (met someone 'famous', etc): I held the torch at the 1984 Olympics in Los Angeles and now have a Commemorative license plate with my name on it to show for it! I've also organized large celebrity fundraisers for various pediatric conditions and have hung out with many celebrities from Matthew

Perry, Boyz II Men, George Lopez, Jennifer Aniston, etc.

What two people would you like to meet?: Hunter Doherty "Patch" Adams and Elizabeth Blackwell



Name: Deepthi Reddy

Clinical Interests: Primary Care, Neonatology

Spouse: Dheeraj Reddy

Hobbies/Interests: music, reading, shopping, being outdoors, traveling, cooking (Indian food) but also love baking, and generally having fun

What two people would you like to meet?: My paternal grandfather and aunt (both passed away before I was born)

UNM Pediatric Interns continued...



Name: Laurel Rose

Clinical Interests: My plan is to practice general pediatrics and spend part of my time doing medical mission work and teaching in the future.

Hobbies/Interests: My interests include exploring, country music, and I recently picked up a new hobby, sewing.

Claim to Fame: A project in the lab I worked at was featured on ABC World News and they showed a clip where I was processing samples. I usually prefer to lay low though.

Two people I would like to meet: Dolly Parton seems like a fun lady. Besides her I would love to meet my great grandmother who immigrated to the United States from Poland in the 1910's just to hear what her experience was like.



Name: Leah Schraga

Clinical Interests: Advocacy, Neurology, Medical Genetics, Preventative Medicine.

Hobbies/Interests: Hiking, Climbing, Biking, Crochet, Capoeira Angola, Reading, and Travel.

Claim to Fame: verbosity

What two people would you like to meet?: Susan Sontag, David Bowie



Name: Bich Truong

Clinical Interests: General Pediatrics, Outpatient Clinic and Hospitalist Medicine

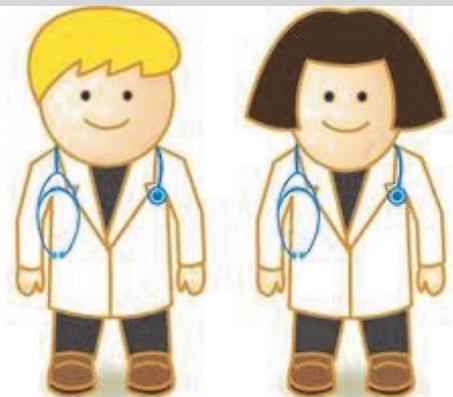
Spouse/Significant Other: Thang Do

Hobbies/Interests: Singing, drawing, I like to play sports mostly just to get some exercise, because I'm not very good at anything

Claim to Fame: (met someone 'famous', etc) I don't think I really have one

What two people would you like to meet?: Michael Buble (I love his voice), Kristen Bell (I just think she's so funny on interviews)

Best of Luck to all the Pediatric Interns at the University of New Mexico Hospital!



“In The Know” Practice Updates...

Presbyterian Salud Now Pays for Fluoride Varnish

Payment for application of fluoride varnish on your patient's teeth is now universal among the four Medicaid managed care organizations.

Effective July 1st, Presbyterian Health Plan will pay you to apply varnish when you report the D1206 CPT code. You can apply varnish to patients twice a year to age three years. You do not need to attach a modifier to a preventive medicine code to receive payment.

The Pediatric Council has worked for four years to achieve universal payment by the Saluds. For the past two years all but Presbyterian paid for varnish application as an enhanced benefit (a Value Added Service). We continue to advocate that payment for varnish application be a covered benefit (part of a Medicaid patient's benefit package).

You will not get paid for application of varnish on a patient's teeth whose parents have commercial insurance and who may or may not have separate dental benefits. It's up to you whether or not you varnish these patients and charge a fee or varnish and not expect payment. Studies show that varnish is most effective in the low risk (primarily low socioeconomic group) population, but genetic factors and consumption of carbohydrate-rich drinks (including formula and breast milk) while sleeping also increase the risk of dental caries.

You can receive formal training and CME credit by completing a 45-minute varnish module at the following website: <http://smilesforlifeoralhealth.org> Click on Module 6 on the Home Page. Smiles for Life is the nation's only comprehensive oral health curriculum. It has been developed by the Society of Teachers of Family Medicine Group on Oral Health and is endorsed by the AAP, which no longer offers a formal varnish training module. Click on State Varnish Program to learn how to earn CME credit.

Payment for Consultation Codes Clarified

In other Council news, we have received clarification on the use of inpatient (99251-99255) and office/outpatient (99241-99245) consultation codes. The Centers for Medicare and Medicaid Services changed its payment policy this year and eliminated payment for these codes. We recommended that you not use these codes in a previous ITK after being informed by Presbyterian Health Plan that they adopted this change effective Feb. 1, 2012. We subsequently learned that only Presbyterian had eliminated payment, and it later reversed its position and reinstated payment for these codes. Continue to use these codes for Medicaid patients. Payment for claims using these codes is **not** universal among the commercial carriers. Check your EOBs to see if your commercial insurance companies pay for these codes.

Dr. Joanne Ray is a practicing pediatrician in Las Cruces, NM and the Chair of the NMPS Pediatric Council. She is also a proud grandma and passionate about children's health.

The New Mexico Pediatric Society...working in your community

A Word From Our Retired Members

Dr. Joe Dean is a retired pediatric physician who practiced in Roswell, NM. The following story occurred in the 1980's when he had been in practice for around 10 years. We invited Dr. Dean to share with us a memorable story from his days of practicing pediatric medicine. If you have a story that you would like to share, please submit it to us for publication. Your experiences are not just interesting to read about but also prove helpful to practicing physicians who might encounter a similar situation!

Dr. Dean writes; "One of the challenging situations that occurred was one of referrals of problem cases from nearby towns such as Artesia, Hagerman, Dexter and Ruidoso. This frequently occurred when I was on call and would receive a distressed call from a local practitioner. One of the practitioners in Ruidoso was a Family Practice doctor I will call "Dr. Jones". He always called his cases, "very interesting" which were somewhat frightening because I knew a disaster was on the way!

One afternoon Dr. Jones called about an 18-month old girl who had pneumonia (according to him) and had been hospitalized for several days in Ruidoso without much improvement. After sending her home, he readmitted her a few days later to the Ruidoso hospital in worse condition than before. He wanted to send her to Roswell by ambulance for admission to our hospital for a consultation and management. I told him I would accept the admission and would inform him of her progress.

When she arrived with a parent, I saw her in the hospital Pediatric Ward and was quite surprised to note a roaring heart murmur when listening to her chest. This had not been mentioned by the referring physician. The chest X-ray revealed her to be in congestive heart failure with pulmonary edema. Her "pneumonia" was instead heart failure that had not been diagnosed nor treated to this point. I admitted her to the intensive care unit and gave her intravenous diuretics and digoxin as well as limited fluids through the IV and oxygen via mist tent. She survived the night, and I planned to transfer her to a cardiologist in Albuquerque for further diagnostic tests in the morning.

My partner, Dr. Bill Liakos, saw her with me the next morning and stated, "I think you're going to lose this one!" (meaning the patient). This contributed to my anxiety as I was already aware she was critically ill. I called a Pediatric Cardiologist in Albuquerque to discuss the case and to arrange for her transfer to their hospital that day. Then I called Dr. Jones and informed him the girl was in heart failure, and she was being transferred to Albuquerque for further evaluation and treatment.

The child was stable enough to transport via ground ambulance and was taken to surgery immediately upon her arrival at the Albuquerque hospital. The surgery went well, and a large Patent Ductus Arteriosus, was repaired. Her recovery was routine, and I saw her in the office several months later, growing and developing normally with no heart murmur.

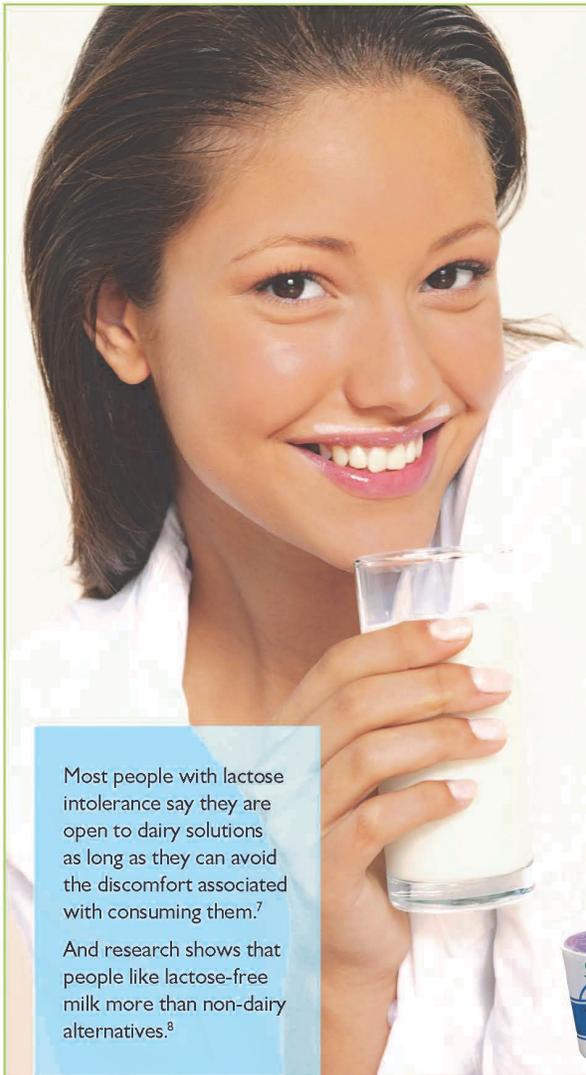
Dr. Jones would never know how close his patient with "pneumonia" came to becoming an "angel" and consequently whenever he called, my knees would begin to knock with apprehension as another "interesting" patient would arrive from Ruidoso.

We are creating a new and improved retired members group and would love for you to join us...our retired members are crucial to our continued success in advocating for children in New Mexico. If you are retired from practice and not currently involved, please contact Johannah Ruddy at the NMPS office, 505-962-2207 to add your name to our retired member section. We want to hear from you!



A NEW CONVERSATION ABOUT LACTOSE INTOLERANCE

Help Your Patients Enjoy Dairy Again



Most people with lactose intolerance say they are open to dairy solutions as long as they can avoid the discomfort associated with consuming them.⁷

And research shows that people like lactose-free milk more than non-dairy alternatives.⁸

Many health authorities agree that low-fat and fat-free milk and milk products are an important and practical source of key nutrients for all people – including those who are lactose intolerant.^{1,2,3,4,5,6}

In fact, the 2010 Dietary Guidelines for Americans (DGA) recognizes dairy foods as an important source of nutrients for those with lactose intolerance.⁷ Milk is the #1 food source of three of the four nutrients the DGA identified as lacking in the diets of Americans – vitamin D, calcium and potassium – and the DGA recommends increasing intakes of low-fat or fat-free milk and milk products to help fill these nutrient gaps.

A Solutions-Focused Approach

People who are lactose intolerant should know that when it comes to dairy foods, practical solutions can help them enjoy the recommended three servings of low-fat and fat-free dairy foods every day*, without experiencing discomfort or embarrassment:

- Gradually reintroduce milk back into the diet by drinking smaller amounts of milk at a time, trying small amounts of milk with food, or cooking with milk.
- Drink low-lactose or lactose-free milk products, which are real milk just with lower amounts or zero lactose, taste great and have all the nutrients you'd expect from milk.
- Eat natural cheeses, which are generally low in lactose, and yogurt with live and active cultures, which can help the body digest lactose.

Visit nationaldairyCouncil.org for more information, management strategies and patient education materials.



NATIONAL DAIRY COUNCIL



These health and nutrition organizations support 3-Every-Day™ of Dairy, a science-based education program encouraging Americans to consume the recommended three daily servings of nutrient-rich low-fat or fat-free milk and milk products, to help improve overall health.



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

eat right. American Dietetic Association



NMA National Medical Association



1 U.S. Department of Health and Human Services and U.S. Department of Agriculture. Dietary Guidelines for Americans, 2010. 7th Edition, Washington, DC: U.S. Government Printing Office, January 2011

2 National Institutes of Health Consensus Development Conference Statement. NIH Consensus Development Conference: Lactose Intolerance and Health. Draft statement, issued at 7:47 p.m. ET on February 24, 2010. http://consensus.nih.gov/2010/images/lactose/lactose_draftstatement.pdf

3 American Academy of Pediatrics. Lactose intolerance in infants, children, and adolescents. Pediatrics. 2006; 118 (3):1279-1286.

4 USDA. FNS. Special Supplemental Nutrition Program for Women, Infants and Children: Revisions in the WIC Food Package, Interim Rule; 7 CFR, Part 246.

5 National Medical Association. Lactose Intolerance and African Americans: Implications for the Consumption of Appropriate Intake Levels of Key Nutrients. Journal of the National Medical Association. Supplement to October 2009; Volume 101, No. 10.

6 Wooten, WJ and Price, W. Consensus Report of the National Medical Association: The Role of Dairy and Dairy Nutrients in the Diet of African Americans. Journal of the National Medical Association 2004; 96:15-31S.

7 JN Keith et al. The prevalence of self-reported lactose intolerance and the consumption of dairy foods among African American adults are less than expected. J Natl Med Assoc. 2011; 103:36-45

8 Palacios OM, et al. Consumer Acceptance of Cow's Milk Versus Soy Beverages: Impact of Ethnicity, Lactose Tolerance And Sensory Preference Segmentation. Journal of Sensory Studies, 2009; 24:5.

* The 2010 Dietary Guidelines for Americans recommends 3 daily servings of low-fat or fat-free milk and milk products for those ages 9 and older; 2.5 cups for children ages 4 to 8 years, and 2 cups for children ages 2 to 3 years.

Legislative Update with Dr. Larry Shandler, FAAP



This is an election year, a **big** election year. In addition to the Presidential and Congressional elections, all the seats in the New Mexico Senate and the New Mexico House of Representatives are up for election. Many state legislative leaders, such as Senator Dede Feldman and Representative Danice Picraux have retired and are not standing for re-election. So get to know the candidates and VOTE!

State Affairs: We continue to deal with a tight economy and partisan politics. Medicaid is a chief issue.

In the *current Medicaid plan* we, along with others continue to press HSD to expand enrollment to those children who are eligible but not enrolled. There are an estimated 50, 000 children who are eligible but not enrolled. Although the majority of these children are Native Americans, this is an issue throughout the state. The NM Pediatric Society's Pediatric Council has led the fight to get all Medicaid MCOs to cover dental varnish applications by pediatric providers. In the *future plan, Centennial Care*, we are working to mold a program that works well for children and pediatricians. The NM HSD has just withdrawn their request for an 1115 Waiver after they were informed by the federal CMS that the Waiver was not acceptable because there was not enough tribal input. The state has scheduled meetings around the state (Las Cruces, Las Vegas, Santa Fe and Albuquerque) to gather additional public input. In addition, you can email (Medicaid.Comments@state.nm.us), phone (1-855-830-5252) or write (Centennial care comments-Human Service Department P.O. Box 2348, Santa Fe, NM 87504). You view the Centennial Care document at the HSD website: <http://www.hsd.state.nm.us/Medicaid%20Modernization/index.html> The major issue that we have been working on is to retain the 90 day retro-active coverage in the new plan. There are other issues of concern: mandating MCO membership for Native Americans, the full benefit package for children, the role of the Patient Centered Medical Home, melding physical and behavioral health and reducing the number of MCOs. If there are other issues in Centennial Care that concern you, please let us know.

The NM Department of Health continues to face budget difficulties and personnel changes. In the past months, DOH has lost its Chief Medical Officer and Chief Epidemiologist. These changes challenge our interactions with DOH.

Implementation of the Patient Protection and Affordable Care Act (ACA) at the state level, especially the development of Health Insurance Exchanges will continue now that the U.S. Supreme Court's ruling has upheld the ACA including the individual mandate requiring everyone to purchase health insurance or pay a penalty. According to the ruling Medicaid expansion by states will be voluntary and as of this printing our Governor has not indicated whether or not this will occur in NM. (See the letter we signed on to urging Governor Martinez to approve Medicaid expansion, reprinted on pages 18 and 19.)

Federal Affairs: Since many states' issues, such as Medicaid, are influenced by action at the federal level, the committee has needed to become more involved in federal affairs. Just as the NM Pediatric Society has our Legislative Action Network, the AAP has its Key Contact Network to help us communicate with our Senators and Representatives in Washington. I urge you to join that Key Contact Network as well as be part of our statewide Legislative Action Network.

The AAP has been active in support of the ACA while the legislation was before Congress and the Supreme Court. In addition, it has been active to help protect children's programs in the federal appropriation process. AAP activities have centered around four specific areas: (1) Pediatric Work Force, (2) Prevention and Public Health, (3) Early Brain and Child Development, (4) Medical Research and Health Care Innovation. Last month, in May, the AAP brought me to Washington, D.C. to learn how to improve our advocacy utilizing social media and to lobby on Capitol Hill. I met with representatives from the offices of Senator Bingaman, Senator Udall and Representative Lujan. I made that personal connection to these important staffers. We talked about Medicaid and research on pediatric drugs and medical devices.

During the last NM Legislative session, we have increased the pediatric residents' involvement with legislative/governmental affairs advocacy. I want to acknowledge NMPS members Karen Armitage and Lance Chilton for spearheading this effort.

The next few months will be important ones for the children and pediatricians/pediatric providers of New Mexico. The Supreme Court's decision, the new 1115 Waiver application on Centennial Care Medicaid, and the results of the elections on the national and state levels will have results that will last for many years. So get involved, let your voice be heard, be part of the New Mexico Pediatric Society's Legislative Action Network and the AAP's Key Contact Network.

Get to know the candidates and VOTE!

Dr. Larry Shandler is a practicing pediatrician in Santa Fe, NM and is chair of the Society's Legislative/Government Affairs committee. He is passionate about advocating on behalf of children and is well versed in the art of Legislative Advocacy in Santa Fe. You may reach him at shandlerlaurence@qwestoffice.net

Letter to the Office of the Governor

The following letter, drafted by Nick Estes, staff attorney at Voices for Children, was sent to Governor Martinez in July, 2012. The New Mexico Pediatric Society is among the 53 organizations signing on to the letter, in a rare work of unanimity. The NMPS Executive Committee approved the signing on, even though we could not convince those who had already signed the letter to add a bullet point that it would make the letter even more relevant to pediatricians, to the effect that, “Children, for whom New Mexico provides generously in its Medicaid program, do better when their parents are insured and able to get better medical care.” As yet we have heard no response from Governor Martinez.

The Honorable Susana Martinez
State Capitol
490 Old Santa Fe Trail, Rm. 400
Santa Fe, NM 87501

Dear Governor Martinez:

We, the undersigned organizations—representing many thousands of New Mexicans—urge you to implement the Medicaid Expansion for low-income adults under the federal Affordable Care Act. We believe it is the right thing to do for New Mexicans and is a win-win for New Mexico. Here are just some of the benefits:

☑ **Expanding Access to Health Care.** Medicaid Expansion will provide health coverage for about 150,000 New Mexicans, most of whom are “working poor” adults—they have jobs but no health insurance. When they get any health care, it’s likely to be in the emergency room at great expense. Medicaid coverage will mean these individuals can get check-ups and preventive services, follow-up care for accidents or illnesses, and management of chronic diseases. This is a golden opportunity to reduce New Mexico’s high rate of uninsured and bring us up from the bottom of the national rankings on health coverage. Far beyond statistics, this is literally a matter of life and death for people who otherwise can’t afford insurance or routine health care.

☑ **A Real Bargain for the State.** The federal government will pay the entire cost of the expansion for the first three years. The federal share then will gradually phase down to 90% for 2020 and thereafter. The most the state will ever pay is just ten cents on the dollar. Even that minimal portion of the cost will be more than covered by revenues to the state from existing health care taxes generated by the Medicaid Expansion. Additionally, the expansion will save the state \$40 to \$60 million annually because we’ll no longer have to fund the State Coverage Insurance program for this population.

☑ **New Mexicans Will Get the Benefits of Our Own Tax Dollars.** Many other states will choose to expand Medicaid and the costs will be paid mostly by federal dollars. If New Mexico does not expand Medicaid, we will still be paying federal taxes to support other states’ programs without getting the benefits of health care coverage for New Mexicans.

☑ **Fairness.** The federal law was written assuming that low-income people would get coverage through Medicaid. They are not eligible for subsidies to buy private insurance. If New Mexico refuses to expand Medicaid, poor families—including parents and people working for low wages—won’t have the means to afford it. It would be unconscionable if the poorest and most vulnerable among us were left without help.

Letter to the Office of the Governor Continued...

☐ Economic Stimulus and Jobs. Federal Medicaid funds for the expansion will inject billions into New Mexico's economy starting in 2014. The economic activity generated by these new federal dollars will create tens of thousands of new jobs in our state, especially in rural areas, and increase revenues to state coffers.

☐ Reduce Uncompensated Care. New Mexico hospitals and other health care providers furnish an estimated \$335 million in uncompensated care every year. When people have health coverage like Medicaid, doctors, hospitals, and other health care providers can count on getting paid for their services. That's not only good for the providers, but it also reduces the burden on local governments to help cover these costs through their County Indigent Funds, which are paid for by taxpayers.

☐ Lower Health Insurance Premiums. Uncompensated care also raises insurance premiums for everyone as hospitals and other providers try to recover those costs. A typical New Mexico family with private insurance pays an estimated \$2,300 extra each year to cover uncompensated care. Because we have the second highest percentage of uninsured residents in the country, this cost-shifting to insurance premiums is particularly high in New Mexico—and it will continue if we leave people uninsured rather than covering them through the expansion of Medicaid. Businesses that pay for health insurance for their employees will be big losers if the state does not expand Medicaid coverage.

☐ Health Care for Veterans. Half of all uninsured veterans will be eligible for health care coverage under the Affordable Care Act. A refusal to expand Medicaid to low-income adults will leave many of these veterans without access to health care coverage.

For all these reasons we urge you to protect all New Mexicans by implementing the Medicaid Expansion and bringing the federal funds to cover our poorest citizens. We welcome the opportunity to meet with you and/or members of your staff should you have any questions or would like to discuss this further. Please don't hesitate to call Veronica Garcia, Executive Director, New Mexico Voices for Children, at 505-244-9505, ext. 14. Thank you for your consideration.

Sincerely,

AARP – New Mexico, Albuquerque Health Care for the Homeless, American Federation of State, County, and Municipal Employees, The Arc of New Mexico, Bernalillo County Off-Reservation Native American Health Commission, Church Women United, Committee of Interns and Residents/SEIU Healthcare, Communications Workers of America – Local 7076, Comunidades en Accion y de Fe (CAFé), Democratic Women of Sandoval County, The Disability Coalition, Disability Rights New Mexico, Encuentro, Enlace Comunitario, Equality New Mexico Foundation, Health Action New Mexico, Gray Panthers, Interfaith Worker Justice – New Mexico, La Vida Felicidad, Inc., League of Women Voters of New Mexico, Lutheran Advocacy Ministry – New Mexico, Mandy Pino Center, National Union of Hospital and Health Care Employees – District 1199, New Mexico, National Association of Social Workers – New Mexico, Native Health Initiative, Network of Health Professionals for a National Health Program, New Mexico Academy of Family Physicians, New Mexico Alliance for Retired Americans, New Mexico Alliance for School-Based Health Care, New Mexico Center on Law and Poverty, New Mexico Coalition to End Homelessness, New Mexico Community Health Workers Association, New Mexico Conference of Catholic Bishops, New Mexico Conference of Churches, **New Mexico Pediatric Society**, New Mexico Primary Care Association, New Mexico Religious Coalition for Reproductive Choice, New Mexico Voices for Children, New Mexico Women's Agenda, Pecos Valley Medical Center, Pegasus Legal Services for Children, Policy Connections, Prosperity Works, Senior Citizens Law Office, Southwest Creations Collaborative, Southwest Women's Law Center, St. Joseph Community Health, State of Women's Health – New Mexico, Strong Families New Mexico, VIDA in Healthcare, Young Children's Health Center, Young Women United

Graduating Residents Secure Positions Throughout the Country

Of the pediatric residency Class of 2012 at UNM Hospital, each resident has a job, some in and some outside of New Mexico. Of the 5 staying in New Mexico, one will be a hospitalist, 3 will begin a fellowship, and one will be chief resident, all at UNMH. Of the 7 leaving the state, all will be in outpatient practice, two in Colorado, one in Washington, one in Idaho, one in Utah, one in California, and one in Oregon. Unfortunately, for this has been an excellent class, none will be staying to practice in New Mexico, at least not now.

Yadira Caraveo, Horizon Pediatrics, Thornton, CO

Megan Dudley, Kaiser Northwest Permanente, Longview, WA

Candace Eyman, Hospitalist, UNM

Byron Knowles, Salzer Medical Group, Boise/Meridian/Nampa, Idaho

Shawn Kreiner, Sutter Health, Auburn, California

Nate Link, General Pediatrics & Research, UNM

Dawn Novak, Neonatology Fellowship, UNM

Sarah Beth Powers, Metropolitan Pediatrics, Portland Oregon

Matt Rogers, Intermountain Healthcare, Logan, UT

Melinda Rogers, Chief Resident, UNM

Blair Simpson, Emergency Department, Pediatric Hospitalist, Newborn Nursery, SkyRidge Medical Center, Lone Tree, CO

Ann Winegardner, Neonatology Fellowship, UNM

Dr. Lance Chilton is a practicing pediatrician and currently works at the University of New Mexico. He actively works with the Pediatric Interns and Residents at UNM. When he isn't helping to engage the brightest pediatric minds in NM, he is the co-editor of the NMPS newsletter, chapter CATCH co-facilitator, and chapter immunization champion.



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Children's Medical Services Update

Children's Medical Services is probably best known as the coordinator of the Pediatric Outreach Clinics (130+ annually) or as a payor of last resort for children with special healthcare needs. Many of you know that we are currently busy with getting provider agreements in place (enabling us to pay you for services provided to CMS clients), but there is much more going on. Our small staff has been busy with many projects.

CMS is working with an interagency team from DOH, CYFD and HSD on a national initiative to reduce premature births by 8% by 2014. The team recently attended a two day Infant Mortality summit in Washington D.C. along with 12 other states to develop strategies and policy recommendations to reduce infant mortality rates and premature births. Groups discussed specific issues such as reducing elective C-sections and inductions prior to 39 weeks, providing interconception care to ensure the health of women of childbearing age, smoking cessation strategies prior to and during pregnancy, perinatal regionalization, and reducing SIDS and SUIDS through education of parents and child care providers with regards to safe sleep practices.

The Newborn Screening Program continues to evaluate new technologies in anticipation of further expansion of the screened for conditions. As most of you know our newborn screening utilizes Oregon Public Health Laboratory and they have told us that they will be adding SCIDS to the newborn screening panel within the next year or so. The Newborn Hearing Screening program has completed a year-long quality improvement initiative and you will be seeing the results of that shortly. When a baby in your practice refers on the newborn hearing screen you will receive an information packet and roadmap to guide you through the process of re-screening, referral to audiology for diagnosis, and referral to early intervention.

CMS will also be focusing a lot of effort on the area of youth transition over the next three years. We have received a state implementation grant (the "D70 grant") from HRSA to improve transition services, training and infrastructure in NM. We will be working closely with the Center for Development and Disability, the UNM Transition Consultative Clinic, and Parents Reaching Out to do some exciting work including a peer mentoring program, new in-person and online trainings for providers, expansion of the transition consultative clinic services using Telehealth, and development of a medical home portal to provide NM-specific resources and information on all aspects of care for CYSHCN.

If you have questions or would like more information on any of these projects, please contact Janis Gonzales at Janis.gonzales@state.nm.us

Dr. Janis Gonzales is the Medical Director for Children's Medical Services, NM Department of Health, Public Health Division and in her spare time is the co-editor of the newsletter, the AAP EHDI Chapter Champion for NM, the NMPS representative on the ICC, and the Early Childhood AAP Chapter Co-Champion.





The New Mexico Chapter of the American Academy of Pediatrics is dedicated to the principle of a meaningful and healthy life for every child.

Your financial support of the New Mexico Pediatric Society helps to not just ensure our financial stability and also ensures that we can continue to educate and support the physicians in our state through our events, CME opportunities and MOC assistance. Finally, your support ensures that we are able to continue to advocate on behalf of the children in New Mexico, provide information to parents and care-givers on a variety of health issues affecting children today and make sure that our next generation has every possible chance of a successful and happy life.

If you would like to donate by credit card, please visit our website at www.nmpeds.org and look for the donate now button on our Home Page. All financial gifts are tax deductible as allowed by law. Thank you for all you do for children in New Mexico and thank you for your support of the New Mexico Chapter of the American Academy of Pediatrics.



New Mexico Pediatric Society

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