Governor Lays Out Agenda for 2012 Legislative Session in State of State Address

By Rachel A. Fernbach, Esq.

Asking in the glow of the successes of the 2011 Legislative Session, Governor Cuomo delivered his second State of the State address – an ambitious roadmap that largely focused on revitalizing the State’s economy and spurring job creation. Calling it a “blueprint for a new New York,” the Governor outlined several agenda items for the 2012 Legislative Session including:

- Closely a $2 billion budget deficit without any new taxes or fees
- Continuing the consolidation of State agencies and authorities, as recommend ed by the Governor’s SAGC (State Agency Grou p Commission)
- Commission, including the merger of the Office of Mental Health and the Office of Alcoholism and Substance Abuse Services. Details of re-organization and Medicaid budget proposal for 2012-13
- Passage of legislation establishing an insurance exchange pursuant to the federal healthcare reform law.


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Medicaid Redesign & the Public Mental Health System in NYS

By Barry R. Perlman, M.D.

In my last piece for the NYSAPA Bulletin I presented an overview of the attack on Medicaid, including mental health services, taking place across the nation. I expressed my belief that given New York State’s expendi tures on Medicaid, which are far higher than any other state, reductions were necessary although not welcome in the current dismal economic climate. We are fortunate that the changes in New York are being implemented in a thoughtful manner meant to preserve the delivery system in place in recent years and, perhaps, even to improve that system of care.

The 2011 New York State budget includ ed wide ranging budget reductions to the Medicaid program. These changes included but were not limited to: a 2%-3% reimbursement cut for hospitals, includ ing most mental health services, both inpatient and outpatient; creation of thresholds for outpatient mental health and drug & alcohol visits which when exceeded result in automatic reimbursement reductions; reduction of reim bursement for Continuing Day Treatment Programs (CDT) to the extent that many were shuttered or changed to PRBS (Personalized Recovery Oriented Services) programs.

The NYS Medicaid Forumu lary to a series of Medicaid HMO based formulas and a limited formula for those enrollees remaining in the Medicaid Fee For Service (FFS) system and elimination of the long standing statutory requirement that when a difference exist between a physician and a Medicaid formulary, the “physician pre vails,” the process of moving all of those covered under the Medicaid FFS system to a fully managed system; initiation of a process of creating Health Homes to provide varying intensities of case management for a “high use” population composed of persons with serious and persistent mental illness (SPMI) and/or chronic medical dis eases.

The work of fostering the wider ranging transformation of the mental health syst em and the Medicaid system more broadly is being developed under the aegis of the semitransparent/semi opaque MRT (Medicaid Redesign Team) process and its Behavioral MRT sub-steam.

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Medicaid Redesign Team Submits Final Report

Work Groups’ Recommendations

Advance to the Governor

Established by Executive Order on January 5, 2011, the Medicaid Redesign Team (MRT) concluded its year-long assignment and issued its final report on 12/31/11, concluding that the recommendations, if implemented, constitute “the most significant overhaul of the New York State Medicaid program since its inception.”

The last meeting of the MRT was held on 12/13/11 to receive and approve the recommendations of the remaining four of the nine Work Groups:

- Basic Benefit Review Work Group
- Workforce Flexibility and Change of Scope of Practice Work Group
- Payment Reform Work Group
- Affordable Housing Work Group

[See Albany Report on page 5]

LEGISLATIVE BRUNCHES

By Rachel A. Fernbach, Esq.


New York City Legislative Breakfast

The planning committee for the New York City event adopted a new and exciting format for this year. The organizers invited a panel of experts to discuss proposed changes to the Medicaid managed care system, which will move all Medicaid beneficiaries into a managed care plan. The Medicaid program plans to establish behavior health organizations (BHO) which will coordinate care for individuals with serious and persistent mental illness (SPMI), traditionally high volume users of the Medicaid system.

As individuals are transitioned out of fee-for-service Medicaid, mental health professionals must work to ensure that access to medically necessary care, treatment and medications are not compromised.

The panel discussed the need to preserve safety net institutions as well as the

[See Legislative Brunches on page 4]

Fall NYSAPA Council Meeting

By Rachel A. Fernbach, Esq.

The New York State Psychiatric Association held its annual Fall NYSAPA Council Meeting on Saturday, October 15, 2011 at the New York LaGuardia Airport Marriott Hotel in East Elmhurst, New York.

Glen Martin, M.D., NYSAPA President, called the meeting to order and welcomed Council members to a full meeting. After the call to order, various members of the Council provided reports.

Richard Altman, M.D., NYSAPA Secretary, presented minutes from the March 26, 2011, meeting of the NYSAPA Council, which were approved. NYSAPA Treasurer Jeffrey Borenstein, M.D. presented NYSAPA financial statements for January-September 2011 with a comparison for the same period for 2010 and 2009. Dr. Borenstein reported that the $1.5 dues increase slated for 2012 should begin to have an impact in the next billing cycle.

The Council voted to adopt the 2012 budget.

Edward Gordon, M.D., Chair of the Political Action Committee, presented the NYS-PAC financial statement for January-October, 2011, comparisons for the same time period for 2010 and 2009, and the list of contributors so far this year.

In his President’s Report, Dr. Martin provided an update on a variety of Council issues. He confirmed that no additional cuts have been made to the New York State Delegation to the APA Assembly and that the number of representatives remains at 14. Dr. Martin announced that the Assembly Speaker, Ann Sullivan, M.D., has formed a special Planning Committee to review the structure of the Assembly and determine whether it is best suited to represent and serve the needs of APA members.

Dr. Martin noted that he was pleased to have been appointed a member of this committee.

Dr. Martin announced that NYSAPA and MSSNY have collaborated to improve membership in both organizations and that MSSNY has agreed to offer reduced dues for the first two years of membership for any APA member who joins MSSNY.

[See Council Meeting on page 3]
THE BULLETIN
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Information for Contributors
The Bulletin welcomes articles and letters that NYSAPA members will find timely, relevant, and compelling. Articles should be between 750 and 1500 words (three to five double-spaced manuscript pages) and letters no more than 750 words. All submissions must be made electronically, preferably by email to the editors. All authors are encouraged to also provide a photograph of themselves which will be printed alongside their article.

Information for Advertisers
The Bulletin welcomes advertisements from NYSAPA members and commercial enterprises. Total circulation averages 5,500 copies per issue. The Bulletin is received by members of the American Psychiatric Association who belong to a district branch in New York State. The Bulletin also provides the leadership of other district branches across the United States and to New York State legislators, medical libraries, and science writers. The Bulletin is published quarterly. Both classified advertisements and display advertisements are available. Please contact the editor for current rates and media requirements. NYSAPA members receive a discount (25% off the basic classified ad rate).

The opinions expressed in the articles or letters are the sole responsibility of the individual authors, and may not necessarily represent the views of NYSAPA, its members, or its officers.

Announcement
Barry B. Perlman, M.D. has been asked to serve as Chair of the Behavioral Health Task Force for HANYS, the Hospital Association of New York State, for a two-year period beginning January, 2012. Dr. Perlman is the Legislative Chair of American Hospital Association and a past President of NYSAPA. He explained that he looks forward to working with HANYS on issues impacting mental health care in New York State and the role played by departments of psychiatry and behavioral health in our state’s system of care. Many NYSAPA members are employed in institutions that are members of HANYS. One example of an area in which HANYS may be able to work collaboratively with NYSAPA and the APA is the ongoing effort to realize the promise of the MHPAEA, the federal Mental Health Parity and Addiction Equity Act within New York State. Dr. Perlman is the Director, Dept. of Psychiatry, Saint Joseph’s Medical Center in Yonkers, N.Y.
Council Meeting continued from page 1

Dr. Martin acknowledged Dr. Sullivan for her work as a member of the Medicaid Redesign Team (MRT) Behavioral Health subgroup and also acknowledged Richard Gallo and Jamie Papapetros for their continued monitoring of the MRT. He also reported that NYSIPA has drafted a letter to the State Mental Health Commissioner Michael Thrombey expressing concerns about OAHM’s policy regarding use of ECT by children and adolescents. Finally, Dr. Martin reported that the Governor’s office has formed a Medicaid Inspector General. However, the Governor’s office vetoed a recent bill to create a Managed Medicaid Inspector General. Dr. Perlmutter announced that the Medicaid managed care plans are very competitive at 4% lower than other programs. They are also awaiting approval on the issue of mental health parity, which is currently being debated. Ms. Tunney confirmed that there is no penalty to switch from a primary care provider to a Medicaid provider for credit for time with a previous provider and that members can start with American Professional Agency (APA) at first year rate even if the member has tail coverage from a previous provider. She reported that the American Professional Agency offers coverage for fire damage up to $51,000, including cost of debris removal and works up to $25,000. Finally, Ms. Tunney reported that there is no additional charge for ECT or telepsychiatry.

Legislative Report

Barry Perlman, M.D., Chair of the Committee on Legislation, noted that the Council that NYSIPA has a regular column in the Albany Times Union Health First. If any one has a suggestion or a question for that topic that would be educational for consumers and their families, please contact him. Dr. Perlman provided an update on NYSIPA’s parity compliance efforts and reported that NYSIPA has been working closely with the APA on this issue. Also, NYSIPA has been contacting insurers and plans to report them if they are not in-network providers under the health care provider even if the provider does not have a payment agreement with the health care provider. Finally, APA spokespersons have been given the opportunity to participate in the debate on mental health parity implementation to file individual complaints with the DFS Consumer Affairs Office. All NYSIPA members receiving denials are encouraged to request from each plan copies of the denial rationale, and if their policies appear to violate the parity rules, members are encouraged to contact NYSIPA’s New York Central Office for guidance. Finally, Mr. Stein reported on recent changes to the Medicaid system in New York State.

Going forward, all individuals with serious and persistent mental illness will be transferred from fee-for-service Medicaid into a managed care environment. Care will be provided and managed by a behavioral health organization that will receive reimbursement based on a capitation rate for each individual served. This capitation rate model represents a sea change in how Medicaid providers will be reimbursed in the future. NYSIPA Policy for Disclosure of Interests and Affiliations Dr. Vieve, Chair of the Ad Hoc Committee on a NYSIPA Conflict of Interest Policy, presented the proposed NYSIPA Policy for Disclosure of Interests and Affiliations. Dr. Vieve summarized the proposed policy and thanked Herb Peyer, M.D., for serving on the committee with him. He encouraged all branches to consider adopting similar conflict of interest policies as well. Following discussion, the Council voted to adopt the NYSIPA Policy for Disclosure of Interests and Affiliations.

NYSIPA Reorganization Proposal The Council reviewed the NYSIPA Reorganization Proposal, which had been tabled from the Spring 2011 Legislative meeting. The Reorganization Proposal includes revisions to the NYSIPA Code of Procedures required as a result of recent changes in the number of New York State representatives to the APA Assembly. The revisions include (1) new methods for determining the members of the New York State delegation to the Assembly and (2) an effort to increase local representation at the Council level, the addition of District Branch Presidents as voting members of the NYSIPA Council. Following discussion, the Reorganization Proposal was adopted.

APA Election Guidelines Dr. Kelly, Chair of the APA Election Committee, presented proposed changes to APA Election Guidelines designed to streamline and update the campaign and election process. The proposed changes will be voted on at the upcoming Assembly meeting.

Assembly Update

Ann Sullivan, M.D., Assembly Speaker, announced that the Assembly meeting in November will include new breakout sessions from 3:00-4:30 pm on Saturday. She encouraged everyone to participate in the breakout topics, which will include DSM-5, Communications, Mentorship, Legislation, Substance Use, Maintenance of Certification and Practice Guidelines. Dr. Sullivan reported that all members of the Board of Trustees are expected to attend the upcoming Assembly meeting and that the Board will be meeting with the Assembly Executive Committee over the weekend. In addition, Board members will be visiting Area Council meetings to observe and listen. Scott Benson, M.D., Assembly Speaker-Elect, reported that the APA has recently established a LinkedIn account and encouraged all members to join. He hopes the LinkedIn account will provide members with a forum to discuss issues on a large scale. He also noted that he is very excited about the breakout sessions scheduled for the upcoming Assembly meeting and hopes everyone will participate.

Action Papers

The Council discussed the following action papers that will be reviewed by the Assembly in November: (1) Endowment of the Convention for the Elimination of All Forms of Discrimination Against Women; (ii) Completion of the application for APA Psychology Fellowship; (iii) Provision of Formalized Mentorship for Members in APA’s Division of Reinstating the APA State Legislative Institutes; and (iv) APA Documentation Template.

New Business

Edmund Aymot, M.D., announced that the next meeting of the MSSNY House of Delegates will be held at Saratoga Springs, New York, April 21. The meeting was concluded with reports from the New York State Psychiatric Association Committees: Psychiatry and the Law, Public Affairs, Public Psychiatry, and MHC. DSM-5, current psychiatry and addiction medicine.
involved of the provider community in ensuring the success of a managed care model, especially for those with SPMI. Commissioner Hogan noted and other panelists agreed that a good managed care system is one where realigned savings are reinvested back into the system to improve care and outcomes and that an ideal system is one designed with the needs of patients in mind. Ms. Cohen echoed that sentiment, stating that the system should focus on integrated care and that a silo model does not necessarily serve the needs of the individual.

The panelists discussed the October 1, 2011, "carve-in" of the Medicaid pharmacy benefit into individual managed care plans and uniformly expressed concerns about the change.

They noted that the new carve-in has created a "Tower of Babel" approach, resulting in a myriad of different rules, requirements and available medications from plan to plan. Under the newly deconstructed system, patients and psychiatrists will be forced to navigate a complicated web of rules where one medication may be included in the formulary of one plan but not included in the formulary of another. Switchover between managed care plans may force individuals to change medications, which may result in destabilization and other dire consequences for individuals with serious and persistent mental illness.

Next, the panel discussed the future of public psychiatry and need to cultivate young psychiatrists interested in the field, which truly needs renewed talent and energy. Finally, the panel answered questions from the audience.

Following the panel discussion, Assemblyman David Weprin addressed the group, noting that prior to his time in the Assembly, he served on the New York City Council for eight years. He stated Perlman, MD, that he was very involved in supporting the passage and implementation of Timothy’s Law and will continue to work hard to ensure that mental health services are not cut back in the future.

Assemblyman Brian Kavanagh spoke next, stating that he serves the east side of Manhattan and that there are several health care facilities in his district. He noted that in the past he worked with indigent families on the Lower East Side of Manhattan who were affected by mental health issues. Assemblyman Kavanagh also noted that his sister is a psychiatrist working at Columbia Presbyterian Hospital and that he is committed to retaining core services for the mentally ill and ensuring that health care professionals are compensated for their valuable services.

Dr. Katz concluded the New York City event by thanking the panelists for their time and insightful comments. He reminded those assembled that the New York County District Branch participates annually in a community program called One for All, aimed at improving mental health in the community. Each year, participating District Branch members donate their time, equivalent to one patient hour, to a community organization. This year, the designated organization is GLSEN, the Gay, Lesbian & Straight Education Network. He encouraged all members to participate.

Westchester Brunch

The Westchester brunch, which took place the following week, was moderated by C. Deborah Cross, MD, President of the Psychiatric Society of Westchester and NYSHP Past-President. Dr. Cross welcomed Benny Palumbo from PBHs and thanked PBHs for its support of the event. She acknowledged other NYSHP Past-Presidents Edward Gordon, M.D. and Barry Perlman, M.D.

Dr. Perlman, Chair of the NYSHP Legislative Committee, was very pleased to report that the event marked the 25th year that the Psychiatric Society of Westchester has hosted a legislative brunch. He continued by providing an overview of issues facing psychiatrists in New York, including sweeping changes to the Medicaid program and transfer of all Medicaid beneficiaries into Medicaid managed care plans. It is important that organized psychiatry play a central role in these changes to ensure that access to care for persons with mental illness is protected and that any savings achieved are re-invested back in the system. Dr. Perlman also discussed the carve-in of the Medicaid pharmacy benefit and reported that the Assembly Committee on Health is host-

ing a public hearing on December 19, 2011, to address how the transition is impacting Medicaid enrollees. On the federal side, Dr. Perlman noted that NYSHP is continuing to work diligently to ensure full implementation of the federal parity law and regulations NYSHP plans to contact state and federal legislators to ask for assistance in communicating with federal and state regulators about key areas of concern. Dr. Cross then welcomed New York State Senator Andrea Stewart-Cousins (D-Yonkers), New York State Assembly Members George Latimer (D-Mamaroneck) and Robert Castelli (D-Westchester and NYSHP Past-President, as a relatively new member of the Assembly, noted that 2011 has proven to be a year of improvement, with evidence of greater cooperative capabilities among state leaders and legislators. Assemblyman Castelli noted that Medicaid expenditures represent the single largest portion of the New York State budget and that revisions to the Medicaid system should not be taken lightly. He encouraged all members to feel free to stop by his office if they have any concerns or questions.

Next, Senator Andrea Stewart-Cousins addressed the group, discussing Medicaid redesign and the importance of ensuring that the most vulnerable and marginalized populations have a voice in the process. Senator Stewart-Cousins concluded her remarks by stating that she is committed to working towards solutions. Assemblyman George Latimer took the podium next and discussed the state budget process and current efforts to redesign the state Medicaid system. He stated that he looks forward to working with organized psychiatry to identify specific issues and areas of concern after the 2012-2013 budget is presented.

Next, Grant Mitchell, M.D., addressed the group. Dr. Mitchell is a psychiatrist who serves as the Commissioner of the Westchester County Department of Community Mental Health. He discussed the July 1 closing of all county mental health clinics and the successful transfer of 1,200 patients over to private not-for-profit clinics. This decision to close the county clinics generated $3 million in savings and strengthened the private non-profit clinics, which are now able to serve new patient populations. The successful transition is an excellent example of what can be accomplished when government, the business sector and the not-for-profit sector work together.

Dr. Mitchell also reported on a new county initiative to provide mobile crisis services with a focus on prevention, early intervention and ancillary services to help patients, particularly children, avoid emergency room visits. Finally, Dr. Mitchell discussed the county Police Department's program, which pairs social workers with police officers specially trained in responding to persons with behavioral issues. The recently expanded program, which encourages police to utilize verbal techniques instead of physical interventions and arrests, creates a powerful interface between the criminal justice system and the mental health system.

The event was concluded with a question and answer period.
As reported in the last issue of The Bulletin, the MRT Behavioral Health Reform Work Group submitted its final recommendations on October 15, 2011, the text of which can be found online: https://www.health.ny.gov/healthcare/redesign/docs/mrt_behav_11_2011.pdf. The Work Group on Workforce Flexibility & Scope of Practice

After considering 87 proposals that ran the gamut of expanding the scope of practice of podiatrists and certified nurse anesthetists to establishing certification for midwives in the work group on Workforce Flexibility and Scope of Practice voted in favor of forwarding 13 recommendations to the Medicaid Redesign Team. MRT member, Richard Gottfried, Chair of the Assembly Health Committee, abstained, noting he was the Assembly’s representative to the MRT and that Assemblywoman Deborah Glick, Chair of the Assembly Higher Education Committee, had expressed concern and opposition to some of the recommendations.

The recommendations that are of particular importance to NYSPA:

• Remove the requirement that certi-
fied nurse practitioners enter into a collaboration agreement with a licensed physician.

• Extend to July 1, 2016, the exemp-
tion that private entities or services operated, regulated, funded or approved by the Department of Mental Hygiene, the Office of Children and Family Services, the Department of Correctional Services, the State Office for the Aging, the Department of Health, the government unit or social services districts have from the laws providing for the licensing of practitioners, psychologists and mental health prac-
titioners.

• Remove physician supervisory ratio of 1:1 for practitioners.

• Establish an advisory committee to the State Education Department’s Office of Professions that would create a system of review of workforce flexibility proposals including changes in scope of practice that would not take effect absent an action regarding impact of the proposed change on cost, quality and access to care.

The proposal to establish an advisory committee to the State Education Department’s Office of Professions incorporates a number of the proposals brought to the Workforce Flexibility/Scope of Practice Work Group, including those from the Medical Society of the State of New York and the State University of New York urging a comprehensive study of workforce matters beyond the New York Health and Home Care Redesign Act on behalf of the professional associations on the work group. The standing members of the 19 member Medical Society of the State of New York Board of Directors and 19 officials from the Department of Health, Office of Mental Health, Office of Alcohol and其它 Behavioral Services, Department of Labor, State University of New York, City University of New York, legislative staff, professional associations representing physicians, nurses and other allied health professionals, health work unions, the Center for Health Workforce Studies, the Paraprofessional Healthcare Institute, and consumer groups. Upon the State Education Department’s request to review a particular proposal, a small work group would be con-
voked. Drawn from the membership of the Advisory Committee, the small work group would have no more than ten members and consist of a member who is a proposer of the proposal, a member impacted by the proposal, a member that represents an impacted provider group and others who would represent impacted stakeholders, such as managed care unions and consumers. The Center for Healthcare Workforce Studies will serve as staff to the committee tasked with con-
vening work groups and preparing reports. The full text of the Workforce Flexibility and Scope of Practice Work Group recommendations can be found online at: http://www.health.ny.gov/healthcare/redesign/docs/mrt_rkforce_flexibility_scope_of_practice_wg_recommend.pdf

Update on Medicaid Redesign Team Progress

OMH/OASIS Name Regional BHOS

The Department of Health has imple-
mented or is in the process of imple-
menting 16 major proposals or MRT imple-
ments that were approved in the 2011-12 state budget, the most important of which are to provide for the inclusion in the “OBRA” (short for the Omnibus Budget Reconciliation Act) of: BHOS, which provides for the establishment of regional behavioral health organiza-
tions; General Inpatient Services, which requires the timely and efficient delivery of services; managed care, which will extend eligibility for Medicaid beneficiaries with mental illness or developmental delays; and the Medicaid Reform Act, which requires that Medicaid managed care “acts in the best interest of the patient” and that all providers receive timely and efficient payment for their services.

• New York City Region:

OptumHealth

• Hudson River Region: Community Health Behavior

• Central Region: Magellan Behavioral Health

• Western Region: New York Care Coordination Program

• Long Island: Northshore LJI/Value Health

In Phase 1, the above behavioral health organizations will be responsible for the following: concurrent review of behavioral health services, a 90-day period of stay; reducing behavioral health inpa-
tient readmission rates; improving rates of engagement in treatment and post discharge; gathering information on clinical conditions of children with a serious emotional disturbance who are covered by Medicaid and receiving treatment in an OMH-licensed specialty clinic; and profiling provider performance and testing sys-
tems metrics. NYSPA will continue to monitor the developments of this ini-
tial phase as preparations for the sec-
ond phase in 2013 will include estab-
lishing “some form of risk-bearing Medicaid managed care” for those with serious and persistent mental illness.

The State is moving full steam ahead with proposal #89 to establish health homes for high need Medicaid enrollees with two or more chronic conditions or a serious and per-
sistent mental illness for which it will receive a $20,000 annual payment. While the Department initially intended to imple-
ment the proposal on a statewide basis all at once, it has now decided to phase in implementation into three phases with the first phase scheduled to start on February 1, 2012, with Medicaid approval of the State Plan Amendment in the following ten counties: Bronx, Kings (Brooklyn), Nassau, Warren, Washington, Essex, Suffolk, Clinton, Franklin, Schenectady.

To date, the savings achieved from the proposals, which were projected to pro-
duce $2.2 billion in savings for the State Share Medicaid spending in 2011-
12, total $596.35 million. Meanwhile, you will recall that the budget also set a Global State Medicaid Spending limit of $15.3 billion in 2011-12 and $15.9 bil-
lion in 2012-13. Through September, Medicaid State spending is $13.49 mil-
nion below projections or 1.6 percent, while cumulative spending from April through September totaled $4.99 billion, which is about $7.64 billion. Still, pressure on the Medicaid budget is increasing as enrollment in Medicaid nurse specialists is expected to reach up to 71,000 enrollees since April.

Parity & E&M CPT Codes

NYSPA is actively monitoring insurers’ compliance with the federal parity regu-
lations and the directive the State Insurance Department issued late last year that requires all in-network providers to accept and initiate the pro-
cessing of all claims submitted by psy-
chiatrists including evaluation and management (E/M) Current Procedural Terminology (CPT) Codes. In regards to parity, NYSPA has received some com-
plaints from members in program #37 that are not disclosing the criteria it uses to make medical necessity determinations even though the fee schedules for services do not require such disclosure upon the request of a provider or patient. In addition, it has come to NYSPA’s atten-
tion that some insurance carriers and the Office of Alcoholism and Substance Abuse announced that they have con-
tractions with the following:

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• Central Region: Magellan Behavioral Health

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In Phase 2, the remaining behavioral health organizations will be responsible for the following: concurrent review of behavioral health services, a 90-day period of stay; reducing behavioral health inpa-
tient readmission rates; improving rates of engagement in treatment and post discharge; gathering information on clinical conditions of children with a serious emotional disturbance who are covered by Medicaid and receiving treatment in an OMH-licensed specialty clinic; and profiling provider performance and testing sys-
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duce $2.2 billion in savings for the

Albany Report

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The New York State Psychiatric Association is pleased to announce that Jeffrey Borenstein, M.D., has been named Editor-in-Chief of Psychiatric News, the official newspaper of the American Psychiatric Association (APA).
Many of these formularies do not conform to the Office of Mental Health PsychCRES Quality Initiative, the goal of which is to minimize exposure for those requiring antipsychotics who are at risk for cardiometabolic syndrome to those medications which put them at high risk. The state’s Medicaid formulary is similarly flawed. Also, given the limitations on drugs, doses and numbers of pills dispensed, psychiatrists are forced to expend undue time on these matters during patient visits. The new approach is especially problematic when patients are seen in the Emergency Department. NYSIPA provided testimony on this matter to a Hearing held by Assemblyman Rich Gottfried, Chair of the Assembly Health Committee, who shares our perspective on this issue. The loss of ‘pharmaceutical prevails’ was ill advised, harmful for patients and deserves to be reversed. Psychiatrists’ experience with managed care has traditionally been particularly difficult. Thus, the news that all New York State Medicaid enrollees will be moved into managed care over the next several years was not good news! However, we are pleased that the transition is being phased in over time, providing an opportunity for a more collaborative, less adversarial form of care management. By designating five regional carve-out Behavioral Health Organizations (BHOs), which will gather data and engage in collaborative management for the next year or so, the state and providers will gain information that should inform decisions when the BHO comes under the control of risk bearing entities starting in 2013. Mental health advocates have seen their interests decimated when they are drawn into full service medical managed care and have been savaged by commercial carve-out managed care, which is notorious for “just saying no” without helping to solve clinical problems. Hopefully, nonprofit carve-out managed care will provide a more collaborative route, one which New York State may wish to embrace going forward. Health Homes, encouraged by the PPACA, will replace Targeted Case Management (TCM) over the next couple of years. They will seek to incorporate more than 700,000 persons enrolled in the state Medicaid program who by virtue of having SPMI and/or multiple chronic medical diseases cost the system disproportionately large amounts of money. While New York State will be advantaged by the federal government’s assumption of 50% of the cost for the first two years, it remains unclear given the reimbursement scheme whether there will be adequate funding to realize the cost saving goals of the effort, especially given the limited funding for the SPMI cohort when contrasted with current funding of the TCM program, an approach tailored specifically for those with SPMI. Ultimately, whether Health Homes and BHOs will work together and align their goals or trip over each other remains an open question with serious potential consequences for patients and providers. The NYS Office of Mental Health has sought to refocus the mental health system into a person-centered, recovery-oriented approach. The agency has also expressed its belief in a data driven system and one in which consumers should experience more choices of accessible services. Recent years have seen reimbursement for CDT programs so reduced as to force the closure of many across the state in favor of pushing for the opening of PROS programs. Many clinicians remain skeptical of this programmatic realignment, believing that for an important cohort of vulnerable persons with SPMI, CDT offered an important level of care, given its focus on stability and protection, which PROS may not offer with its emphasis on focused skills training and shorter stays. They believe that one program should not have been endorsed at the expense of the other and that both might have continued to be viable and thus provided consumers with a broader array of care options. It also would have been appropriate to collect data on the impact of the shift, especially on metrics such as avoidable inpatient readmissions which has correctly been identified as an important focus of BHOs. Unfortunately, such data was never sought.

I should like to call attention to a final area of concern having to do with “scope of practice.” Under ordinary circumstances, changes affecting the requirement for a “practice agreement” for nurse practitioners would be addressed by the legislature in a bill after the end of the fiscal year. However, the MRT Workforce subcommittee, going beyond its original charge, chose to make recommendations dealing with this sensitive public health issue.

[See Medicaid Redesign on page 7]
organized medicine believes the recommendation to drop the requirement for health concern. It would allow nurse practitioners, including psychiatrists, with the necessary training gained through residency. For this reason, NYSPA shall work to oppose such change.

This piece can only begin to focus attention on the tectonic areas of transformation in psychiatry, and others have disregarded our profession. To date, the state, medical care and others have disregarded the improvements. It is critical that change is properly solved, we may see those treated. Thus, valuable professionals are forced by the calculus of cost to grind out patients at a rate of three or more per hour leaving a meaningful relation with their patients. If the system does not permit improved practice patterns that allow for better therapeutic relations, younger colleagues, often graduating with significant debt, may choose to look elsewhere when making their career choices which would represent a great loss to our field and the public mental health system.

Dr. Perlman is the Director, Dept. of Psychiatry, Saint Joseph's Medical Center, Yonkers, N.Y. and NYSPA Legislative Chair and Past President.
### Seeking a dynamic and dedicated Chief of Psychiatry to join our progressive and innovative health system in Rochester, NY

Rochester General Health System (RGHS) is seeking a dynamic Board Certified Psychiatrist with a commitment to excellence for our Chief of Psychiatry opportunity. This outstanding candidate should have at least 5-7 years of experience in the field of Psychiatry, demonstrated clinical leadership and administrative experience. Key components of this position include the participation and active support of the overall Rochester General Health System strategic plan in collaboration with the Chief of Psychiatry; the development of a fully integrated behavioral health program throughout Rochester General Health System; support and cultivation of relationships among the behavioral health services and other services within the System; and the collaboration with other departments in the development of joint services to enhance the mission and vision of Rochester General Health System.

With nine locations across the area, including two of the area’s best mental health centers, Genesee Mental Health Center and Rochester Mental Health Center, RGHS’ Behavioral Health Network (BHN) has over 40 years of experience. The Behavioral Health Network provides a comprehensive system of clinical mental health services, readily-accessible, culturally-sensitive services uniquely matched to the individual needs of each patient and their family, convenient access to mental health outpatient services with locations throughout the greater Rochester area, and an unwavering commitment to serve those in our community who have emotional needs.

Caring for the whole person is our primary focus. In so doing, we are able to provide integrated Mental Health Services throughout the entire BHN System. With our multidisciplinary team that includes psychiatrists, nurses, certified alcohol and substance abuse counselors, other counselors, social workers, psychologists and case managers, we provide the necessary support and service to meet your daily needs. To learn more about the Behavior Health Network visit www.rochestergeneral.org/behavioral-health-network.

### Highlights of Rochester General Health System

A top 100 Integrated Health Network and the 3rd largest employer in the region encompassing seven affiliates including:

- Rochester General Hospital, a 528-bed tertiary care facility treating more patients than any other hospital in the region
- Newark-Wayne Community Hospital, a Joint Commission accredited, 128-bed acute care community hospital & 180 bed hospital-based nursing facility
- 1st in New York State for Overall Medical Care, according to the latest report from CareChex®, a division of The Delta Group
- Only Thomson Reuters Top 100 Cardiac Hospital in the region
- Nurse Magnet Designation
- National Top 20 Robotic Surgery Center
- New York State Designated Stroke Center – Joint Commission accreditation
- World class medical and dental staff with exceptional specialist support
- Large primary care referral base
- Recognized leader in quality improvement & commitment to deliver unparalleled patient care inclusive of an Institute for Patient Safety and Clinical Excellence as a means to develop a comprehensive program of patient safety education initiatives, performance improvement processes, and prevention techniques.
- Cutting edge EHR system
- State-of-the-art Emergency Department with average annual patient volume of 110,000
- Innovative affiliations/strategic partnerships with Rochester Institute of Technology, Cleveland Clinic, Roswell Park Cancer Institute and Carestream Health
- Our Centers of Excellence include: Rochester Heart Institute, Lipton Cancer Center, Orthopaedics, Women’s Health, Primary Care, Surgical Services, and Behavioral Health
- For more information on our healthcare system visit: www.rochestergeneral.org

### Highlights of Rochester, NY

Located on the shores of Lake Ontario and proximity to the Finger Lakes Region, Rochester provides residents with an exceptional quality of life. We have the arts, sports, and culture of a big city and the comfort and easy commutes of a small town. Rochester’s unsurpassed private and public educational institutions include 15 of the country’s finest colleges and universities, and public high schools ranked among the 100 Best High Schools in America. Rochester is ranked 4th on Forbes magazine’s list of most affordable cities and 3rd best metropolitan region in the country for raising a family.

If you are looking to join a world class Medical and Dental team please contact: kathy.peishel@rochestergeneral.org or alison.ayres@rochestergeneral.org in the Office of Physician Services or visit our website: www.rochestergeneral.org/physicianrecruitment

### Notice Of Good Faith Estimate Of Non-Deductibility Of NYSPA 2012 Dues

The Omnibus Budget Reconciliation Act of 1993 included certain provisions denying tax deductibility for the portion of dues paid to 501(c)(6) professional organizations that is spent on influencing state or federal legislation. The law requires NYSPA to provide its members with a good-faith estimate of the portion of their dues which is attributable to lobbying and therefore, is non-deductible for federal income tax purposes.

For 2012 dues, NYSPA has estimated that 33 1/3% of NYSPA/Area II dues are attributable to lobbying and cannot be deducted. The schedule below sets forth the calculation of the deductible and non-deductible portion assuming payment in full. If only a partial payment was made, then 33 1/3% of the amount paid is non-deductible.

<table>
<thead>
<tr>
<th>Membership Category</th>
<th>2012 Dues</th>
<th>Deductible</th>
<th>Non-Deductible</th>
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<tr>
<td>General Member/Fellow</td>
<td>165.00</td>
<td>110.00</td>
<td>55.00</td>
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<tr>
<td>Member in Training</td>
<td>15.00</td>
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<td>5.00</td>
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<tr>
<td>Life Member/Life Fellow (1-5)</td>
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<td>55.00</td>
<td>36.00</td>
<td>19.00</td>
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Please note that this notification only applies to NYSPA/Area II dues. It does not apply to APA dues or to district branch dues. If you have any questions, please do not hesitate to contact the NYSPA Central Office.