President’s Message: The Assembly and Board of Trustees

By C. Deborah Cross, M.D.

First of all, I want to thank those members who responded to NYSPA’s request to contact the Board of Trustees regarding the Assembly’s budget for 2010. Your response was extremely important and informative. In fact, at its meeting in December 2009, the Board agreed that there would be no further reduction of the Assembly’s 2010 budget from the originally requested $200,000. Drs. Schatzberg and Bernstein’s response to many of those who wrote to the Board very clearly spelled out the financial difficulties facing APA at this time. What was not made clear in the email, I felt, was that the financial difficulties facing the APA could very well be a somewhat short term problem since the publication of DSM V may result in a significant increase in revenues. Additionally, points were made about other professional organizations, reimbursement of representatives (e.g., dele- gates to the AMA). In many instances AMA delegates have their expenses paid and other organizations reimburse their members in various ways. The email also raised questions about whether the Assembly needs to be as large as it is and whether it needs to meet twice a year. The size of the Assembly is certainly a debatable point, depending on one’s opinion of the function of the Assembly. As you have heard from me many times over the last few years, I believe the Assembly is essential to a well informed, well represented, psychiatric professional organization. In comparison to the APA, there are (to quote the AMA’s web site) “well over 500 delegates” to the AMA’s House of Delegates. They meet twice a year and are the “principle policy making body of the AMA.” It is characterized as a “demo- cratic forum” which “represents the views and interests of a diverse group of physicians.”

[See President’s Message on page 2]

NYSMA Makes A Difference: Disciplinary “Catch 22” – An Update

By Rachel A. Fernbach, Esq.

From time to time, The Bulletin plans to publish articles detailing how NYSPA makes a difference in the professional lives of its members and the patients they serve. The below article is an example of NYSPA’s advocacy and efforts on behalf of a psychiat- rist caught between the conflicting agendas of two state agencies.

In early 2009, the Bulletin reported on a puzzling situation involving a conflict between the work of the NYS Office of Professional Medical Conduct (OPMC) in rehabilitating physicians brought up on charges and the work of the NYS Office of Professional Medical Conduct Inspector General (OMIG) in preventing fraud and abuse in the Medicaid program. Physicians caught in a bureaucratic “tug of war,” are often unable to work towards rehabili- tation, even in a proscribed supervised setting, because the OMPG refuses to reinstate them as a Medicaid provider. NYSPA is proud to report that its advoca- cy on behalf of a particular psychiat- rist caught in just such a “Catch 22” has resulted in the psychiatrist’s full reinstatement in the Medicaid program, permitting the psychiatrist to resume employment at a community psychi- atric hospital as part of an OMPG supervised program of rehabilitation. NYSPA became aware of this unique sit- uation when a member was asked to consider employing a psychiatrist who had entered into a settlement agree- ment with OMPG for rehabilitation and resumed practice under supervision at a licensed facility. As part of the settle- ment agreement, the psychiatrist’s license had been suspended for a year and the psychiatrist had entered into psychotherapy, as was required. The individual’s license was restored with the contingency that the psychiatrist could only practice under supervision in a licensed facility. The psychiatrist’s application for reinstatement to the Medicare program had already been approved.

However, the New York State OMIG refused to reinstate the psychiatrist in the Medicaid program as a result of the finding of professional misconduct. OMIG’s final determination did not take into account the fact that the underlying professional misconduct did not involve any wrongdoing with respect to the Medicaid program and that the psychiatrist had already been reinstated in Medicare. No state licensed facility that participates in the Medicaid program can hire the services of a physician who has been excluded from the Medicaid program. Thus, OMIG’s denial of reinstatement effec- tively prevented this particular psychia- trist from complying with the terms of their probation and completing the OMPG program of rehabilitation.

In an effort to bring this issue to the forefront, NYSPA contacted the Office of Defender and OMPG Inspector General James G. Sheehan, to address the apparent con- flict between the activities of OMPG and OMIG. Following an unsatisfactory response from OMIG, the psychiatrist, with NYSPA’s assistance, initiated an Article 78 proceeding in the Supreme Court of the State of New York to chal- lenge reimbursement of representatives (e.g., dele- [See “Catch 22” on last page]

Fall Area II Council Meeting

By Rachel A. Fernbach, Esq.

The New York State Psychiatric Association held its annual Fall Area II Council Meeting on Saturday, October 24, 2009 at the New York LaGuardia Airport Marriott in East Elmhurst, New York. NYSPA President C. Deborah Cross, M.D., called the meeting to order and invited all those attending the first Council meeting to introduce themselves. Introduction were followed with reports from NYSPA officers. As part of her President’s Report, Dr. Cross reported on three new work- groups created by Assembly Speaker Gary Weinstein, M.D.: (i) Model District Branch Work Group, (ii) Communications Work Group and (iii) Leadership Training Work Group. Seeth Vivek, M.D., a member of the Communications Work Group, spoke briefly about the group’s activities.

Drs. Vivek, NYSPA Secretary, also pre- sented minutes from the May 15-17, 2009, Area II Council Meeting at the Spring APA Assembly Meeting. NYSPA Treasurer, Darvin Varon, M.D., present- ed the financial statements for January- September 2009 with a comparison for the same period for 2008 and 2007. In addition, Edward Gordon, M.D., Chair of the NYSPA Political Action Committee, presented the PAC finan- cial statements for January-October, 2009, and a list of 2009 contributors to date.

Assembly William Sorum Award

Dr. Cross presented the Assembly William Sorum Award to the Queens District Branch, the Brooklyn District Branch and the New York County District Branch for sponsoring annual scientific research paper contests for residents. The Assembly William Sorum Award was created in honor of William Sorum, M.D., Past Speaker of the Assembly, to recognize members-in-training and district branches that have made notable progress in MIT activities, involvement and participa- tion. Herbert Peyer, M.D., Seeth Vivek, M.D., Jeffrey Borenstein, M.D., Lenore Engel, M.D., Vivian Pender, M.D., Henry Weinstein, M.D., and Kenneth Ashley, M.D., accepted the [See Area II Meeting on page 5]

Legislative Brunches

By Rachel A. Fernbach, Esq.

The New York City District Branches of the APA hosted their Eleventh Annual Citywide Legislative Breakfast on December 6, 2009, at the New York Academy of Medicine in New York, New York. One week later, the Psychiatric Society of Westchester hosted its 23rd Annual Legislative Brunch on December 13, 2009, at the Crowne Plaza Hotel in White Plains, New York. Barry Perlman, M.D., NYSPA Past- President and current Chair of the NYSPA Committee on Legislation, kicked off both events by providing an overview of current legislative issues affecting New York psychiatrists, including implementation of the new federal parity law, proposed budget cuts for mental health services, pay- ment for anytical anti-psychotics, con- cerns with the sexually violent predator civil confinement program, pending legislation that conflicts with the cor- porate practice of medicine doctrine and recently proposed changes to physician licensing requirements. Dr. Perlman also discussed issues of federal concern, including an increase in physicians opting out of Medicare and fewer graduating medical students choosing a specialty in psychiatry due to concerns about reimbursement for services. In addition, he cautioned against over-reliance on the use of cer- tain guidelines as a basis for pay-for- performance and liability relief.

Finally, at the Westchester event, Dr. Perlman expressed NYSPA’s support for the continuation of Grant Mitchell, M.D., in his role as Commissioner of the Westchester County Department of Community Mental Health under new county leadership.

The New York City event was moderat- ed by Marvin Nierenberg, M.D., a member of the New York County District Branch Committee on Legislation. Dr. Nierenberg welcomed those in attendance and [See Legislative Brunches on page 3]
Treasurer is published quarterly. Past President is also sent to the ■ is received by

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member physicians."

A number of you, I am sure, have already heard the outcome of the November Assembly’s discussions regarding how to implement the $750,000 cut in 2010. The cuts were made with much debate and extensive testimony from numerous Assembly members. Various proposals were presented and ultimately the Assembly voted to preserve the twice-a-year meeting schedule, but to reduce the total number of committee participants. This affected NY the most drastically in that we (Area 2) will be reduced from 19 representatives to the Assembly to 11. Additionally, we will lose their Deputy Reps. Another change in the Assembly is that the Deputy Reps (for those District Branches who still have them) will be seated at the November Assembly meeting. Additionally, although the MEUs (residents), ICPS (Early Career Psychiatrists) and MURs (minority and underrepresented groups) were to receive a budget, it appears that they will be "unfunded" members of the Assembly. This may well mean a significant financial hardship on this group, particularly the residents, which NYSPA will look at in light of our own budget. As I have said many times, our

ực to receive Medicare, fixing the SGR permanently, providing better coordina-
tion and/or integration of primary care and psychiatric services, expanding the use of telemedicine, and thereby the potential for scope of practice conflicts. Psychiatrist prescribing bills this past year were defeated in Arizona, Hawaii, Illinois, Missouri, North Carolina, North Dakota, Tennessee, and Texas. A study bill was passed in Oregon, and a bill pending this past November in the Virgin Islands.

Dr. David Kupfer reviewed progress in the development of DSM-V. Proposed criteria will be placed on line for public comment to provide feedback inform-
ing pilot testing and phase 1 field testing for the next 35 days. Feedback will be requested on how to determine level of severity, and plans also include using the PRN (APA Physician Research Network of 1400 members) for feed-
back as well. Emphasis is being placed on developing cultural formulations, Axis 2 is being moved to Axis 1, Axis 3 is being revalued, Axis 4 is being examined for possible use of ICD-3 codes and Axis 5 is being looked at to develop new global impairment scales. Genetic issues are being studied for incorporation into the manual, and a request is being made to delay the publication of DSM-V to 2011 or 2012 to permit more extensive field trials. A Board workgroup is providing overview for the DSM-V work to be carried out in 2013.

The Bulletin has informa-
tion on Advocacy and Government Relations, providing an update on the rapidly changing Federal health care proposals and discussed scope of practice issues prominent in several states. APA dues are being increased to the full amount of GM dues the following year. The cost of developing such a streamlined, but demo-
cratic, form of organization.
Legislative Brunches continued from page 1

Evaristo Akerele, M.D., President of the New York State Psychiatric Association
C. Deborah Cross, M.D., President of the New York State Psychiatric Association
New York State Assembly Members Richard Gottfried (D-Manhattan) and Alan Maisel (D-Brooklyn), New York City Council Members David Weprin (D-Queens), Maria del Carmen Arroyo (D-Brorns) and Gale Brewer (D-Brooklyn), Warren Gardiner, a staff member from the office of United States Congresswoman Carolyn Maloney (D-Manhattan, Queens), Warren Gardner, a staff member from the office of New York State Senator Shirley Huntley (D-Queens), Evelyn Ortiz, a staff member from the office of New York State Senator Kevin Parker (D-Broklyn), Warren Gardiner, a staff member from the office of New York State Assembly Member Peter Rivera (D-Brorns), and Mike Lanza a member from the office of New York State Assembly Member Felix Ortiz (D-Broklyn) also attended the event. The legislators and staff members were joined by Lloyd Sederer, M.D., Medical Director for the New York State Office of Mental Health. New York City Council Member David Weprin was the first legislator to address the group. He reported on his work on the Council’s Autism Initiative, which raised $10 million dollars in funding for after school and summer programs for children with autism. He also discussed two mental health initiatives currently being supported by his office: one for the geriatric population and one for children under five.

The next legislator to speak was Assemblyman Richard Gottfried who discussed state budget issues related to the federal health care reform and expressed appreciation for NYSIPA’s support of his pending pharmacy bill. He also expressed his support for Assemblyman Toby Ann Stavisky’s (D-Queens) efforts to cover those eligible for the Healthy New York insurance program as well as his support for NYSIPA’s proposed amendments to a pending bill that conflicts with the corporate practice of medicine doctrine. Assemblyman Gottfried also noted his support for the addition of antipsychotic medications to the New York State Preferred Drug List. Next, Senator TobyAnn Slavsky addressed the group. She discussed state budget issues, the bill affecting the corporate practice of medicine doctrine and her work as Chair of the Senate Higher Education Committee. She noted that her committee frequently addresses scope of practice issues which she understands is a critical issue for psychiatrists in New York and across the country. Assemblyman Alan Maisel spoke next, noting that his previous career as an educator and school administrator has given him insight into mental health needs of children and families that are not being adequately addressed. He noted his support for expansion of mental health services across the state and increased awareness of the issues.

Next, City Council Member Maria del Carmen Arroyo acknowledged the legislative challenges the city faces including issues affecting the aging and elderly populations and also expressed her support for NYSIPA’s efforts to improve mental health services for returning veterans and their families. The last legislator to speak was City Council Member Gale Brewer who discussed his efforts to improve mental health services in New York City schools. She continues to advocate with the New York State Education Department to bring issues of mental health to the forefront of educational policy and welcomes input on how to better achieve these goals. Council Member Brewer also addressed issues regarding housing for seniors.

Lloyd Sederer, M.D., Medical Director for the New York State Office of Mental Health, provided an update on OHM activities, including budget issues. He also discussed evaluation and management codes by psychiatrists and a new prospective payment system for inpatient medicare services. He noted that psychiatric clinics are now required to collect information on certain health indicators, including BMI, blood pressure and...
smoking. This information is being collected in an attempt to address the serious health problems that disproportionately affect individuals with serious and persistent mental illness.

The New York City event was concluded with remarks from Assemblymember Peter Rivera, and Assemblymember Felix Ortiz. The Westchester brunch, which took place the following week, was moderated by Edward Herman, M.D., Legislative Representative for the Psychiatric Society of Westchester. He welcomed New York State Assembly Members Adam Bradley (D-White Plains), Sandy Galef (D-Ossining), George Latimer (D-Westchester), Amy Paulin (D-Scarsdale), Mike Spano (D-Yorktown) and Westchester County Legislators William Burton and Kenneth Jenkins, M.D., Commissioner of the Westchester County Department of Community Mental Health, also attended the event.

The first legislator to address the group was Assemblymember Amy Paulin, who discussed the Medicaid formulation issue, the sexually violent predator civil confinement program and the corporate practice of medicine issue.

Next, Assemblymember Adam Bradley announced that this is the last year he will be attending the legislative brunch as a legislator because he is about to become the next Mayor of the City of White Plains. He congratulated the group on the permanency of Timothy’s Law and indicated his support for adding mental health benefits to the existing Healthy NY program. Assemblymember Bradley addressed the civil confinement program for sexually violent predators and agreed that the focus should be on treatment for offenders within the corrections system rather than placement within the mental health system. Finally, he discussed the lack of treatment and services for those suffering from PTSD and recognized NYSPA’s advocacy work on behalf of veterans and others.

Assemblymember Sandy Galef spoke next, discussing state budget issues, her support for legislation addressing improper treatment of prisoners, and lack of available services for returning veterans and their families. Next, Assemblymember Mike Spano discussed state budget concerns and expressed his support for NYSFJN’s position regarding the sexually violent predator civil confinement program.

Assemblymember George Latimer stated that he appreciates attending events like the legislative brunch because it provides him with an opportunity to be educated about issues of concern to his constituents. He discussed the state budget crisis and noted that mental health services are an excellent illustration of the important distinction that should be made between the cost of certain services and the value of those services. Assemblymember Latimer emphasized that he supported a public hearing on state budget issues on Thursday, February 18, 2010 at the Osborn, a senior living community in Rye, and encouraged anyone interested to attend.

Next, Westchester County Legislators William Burton and Kenneth Jenkins addressed the group, discussing the state budget crisis and the need for enhanced mental health services in New York State prisons. The Westchester event was concluded with remarks from Grant Mitchell, M.D., a psychiatrist who serves as the Commissioner of the Westchester County Department of Community Mental Health. Dr. Mitchell provided an update on the Care Coordination Project, a pilot program aimed at the top users of Medicaid services within the county to provide coordination of care in an attempt to improve outcomes and reduce Medicaid expenditures. To date, the program, which costs only $170,000 to operate, has saved $1.8 million in incarceration costs, state hospital costs and Medicaid costs.

Because of its marked successes, the Department will be expanding the program for 2010.

MediComment: How To Get Managed Care to Pay You More by Edward Gordon, MD

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lder readers of the Bulletin will remember prior columns with this name. When CPT introduced the E/M codes over 15 years ago, I wrote a series of columns to teach the proper use of the codes to members billing for their services. With all the recent coding issues and changes in state and federal laws, I decided to come out of hibernation and offer some new advice.

This column will review my recent experiences with managed care and my efforts, mostly successful, to obtain fee increases from managed care companies. If you never bill insurers, you won’t benefit from this column, although you might get some ideas.

Fee Schedules

Managed care companies operate with “standard” fee schedules. On signing a contract with insurers or their mental health contractors, such as ValueOptions or Magellan, the psychiatrists agree to accept the attached fee schedule, and the requirements. Be aware that Magellan and ValueOptions fee schedules are among the lowest around. Review your options carefully before signing up with such mental health contractors, as other insurers you contract with may lower your payments if they buy into those networks and their corresponding lower fee schedules. Thereafter, if things go right, bills are sent to the insurer, and the contracted fee, minus coinsurance and/or deductibles, is received within 30 days, according to New York law. Delayed payments are subject to an interest payment. What’s wrong with this scenario? There is almost no incentive for the insurer to increase its fee schedule. In addition, inertia on the part of the psychiatrist helps the insurer to maintain its level of underpayment. It is well known that some of the fee schedules in my files hadn’t been changed in many years. Although patient copayments and deductibles have been increased, often at an alarming rate, almost none of these funds have gone to pay for physicians services. One tendency would be to decide not to accept patients covered by these plans. Most psychiatrists will, however, continue to treat old patients, and often end up building a stable of underpaying patients.

As the active network shrinks, insurers are left with “phantom networks.” Patients unable to obtain care frequently complain to the New York State Insurance Department, which publishes an annual table of insurance companies’ complaints, often printed in newspapers. Employers paying for insurance policies expect their employees to be able to get care from their plans. They are under some pressure to increase fees, in order to provide enough care to reduce complaints and negative press. How to get your fees increased? It’s simple. Just ask. If your patients are upset by their insurer failing to pay for their care, they may be more likely to tell their employer, their union, or whoever is paying for the policy. Complaints can be filed with the Insurance Department online at http://www.ins.state.ny.us/complsh.htm.

Negotiating

Here’s how to proceed:

1. Review your fee schedules in light of your expenses and draft a “wish list” - what fees would you like to be paid for your standard services. What is the minimum which will allow you to accept new patients from this insurer? 2. Call the 800 number for your insurer and speak to your “Provider Representative.” This is harder than it sounds, as these individuals can be difficult to reach and often fail to return telephone calls and emails. Request a copy of the insurer’s most recent fee schedule. Speak to the Provider Representative and explain that you want your fees increased or you won’t be able to accept and treat your insured. You will likely be told to make a list of the codes you want increased and where to send it. Don’t yell at the Reps. It’s not their fault. Besides, you need them to navigate the fee process.

3. Prepare a standard letter, keep it simple and polite, explaining your fee requirements, listed by CPT code. Ask for any increase to be retroactive to the date of the request. Since the approval process may take six months, this is important. Mail it fax it on and keep copies and request receipts, either from the post office or from the fax machine. Follow up every couple of weeks. They are slow. Keep a file on your desk on the progress of the requests and follow up periodically.

4. Repeat for each insurer with which you are contracted.

Overall, when I received increases, most were in the range of 25-30%, depending on the variance from reasonable fees and the length of time since the last increase.

What results can you expect? That depends on your volume of service, the availability of others in your neighborhood who are willing to accept paltry fees, whether you treat a high priority group (e.g., children), as well as the nature of the company you are dealing with.

Some Examples

From Company A, I received an increase to 100% of their highest published fee schedule, as well as agreement to reimburse me at this increased fee schedule, even for their lowball fee schedules (PPO, etc.). From Company B, I received an increase of fees to “reasonable fees,” comparable to those paid to other physicians for E/M codes.

Company C declined to raise my fees. I will follow up again soon.

Good luck!

Keep NYSPA informed of any problems you may be having in getting your fees reviewed and increased, and the outcome of your efforts, successful or otherwise.

Edward Gordon, M.D., a NYSPA Past-President, is currently a member of the Committee on Economic Affairs.
Area II Meeting  continued from page 1

award on behalf of the three district branches.  Dr. Cross also recognized Dr. Vivek for his work in establishing the NYSAPA Annual Resident Paper Contest which accepts submissions from resi-
dents throughout the state.

Legislative Report
Richard Gallo, NYSAPA Government Relations Advocate, reported on the Veterans’ Mental Health Training Initiative (VMTII), a new program jointly sponsored by NYSAPA, the National Association of Social Workers (NYS Chapter) and the Medical Society of the State of New York. VMTII is conducting training sessions for mental health providers on mental health issues affecting returning veterans and their families. Upcoming training ses-
sions will be held at Fordham University in New York City on April 23, 2010, and at SUNY New Paltz, on May 21, 2010.

Mr. Gallo provided an update on Timothy’s Law, New York’s mental health mandate which became perma-
nant this past summer. The New York State Insurance Department recently issued a Circular Letter addressing how Timothy’s Law will be impacted by the new federal parity law. NYSAPA expects significant improvements in mental health and substance use disorders ben-
efits for many New Yorkers.

Finally, Mr. Gallo provided an update on NYSPA’s efforts to ensure that pri-
vate insurance carriers process claims from psychiatrists for outpatient evalua-
tion & management services. In response to NYSPA’s advocacy, the Insurance Department announced that it plans to issue a Circular Letter on the topic. NYSPA will provide members with information regarding the Circular Letter as soon as it is made available. Barry Perlman, M.D., Chair of the NYSAPA Committee on Legislation, pro-
vided an update on recent OMH guidelines on use of ECT in youth and ado-
lescents. In response to the guidelines, NYSAPA drafted a letter to Commissioner Hogan’s office express-
ing its concern over many of the guide-
lines and also forwarded the matter to the APA ECT Advisory Committee. In addition, NYSAPA has asked Laura Kochmann, M.D., a NYSAPA member with expertise in the use of ECT in youth and adolescents, to prepare a re-
commended protocol on the topic to be submitted to OMH.

Finally, Dr. Perlman provided an update on the OMH Clinic Restructuring Task Agreement. HIPAA Notice of Privacy Practices and HIPAA Policies and Procedures. In addition, as of September 23, 2009, HIPAA providers will need to provide written notice to any individuals whose unsecured pro-
tected health information is breached by an unauthorized third party. To assist members, NYSAPA is preparing new model HIPAA documents that will be posted on the NYSAPA website. Finally, Ms. Fernbach provided a brief overview of the new Medicare and Medicaid payment incentive programs for providers who adopt health infor-
mation technology in their practices.

Area II Trustee’s Report
Area II Trustee James Ninninger, M.D., provided an update on APA finances. In 2009, the APA expects a $1.2 million deficit, which will be offset by with-
drawals from the reserve fund. In 2010, the APA expects a $1.4 million deficit. In addition, APA central office plans to lay off some employees in an attempt to reduce costs. Finally, Dr. Nininger presented the Draft Report of the APA Workgroup on Relationships between Psychiatrists and the Pharmaceutical and Medical Device Industries.

Assembly Update
Gary Weinstein, M.D., Assembly Speaker, and Bruce Hershfield, M.D., Assembly Speaker-Elect, both provided updates on Assembly activities and sev-
eral cost-reduction and restructuring proposals currently being considered by the Assembly. Assembly Recorder Ann Sullivan, M.D., discussed the restructuring proposals and their potential effect on the functioning of the APA as well as member activity and involvement. Following the reports, the Council dis-
cussed issues relating to APA govern-
nance.

OMH Report
Lloyd Sederer, M.D., OMH Medical Director, provided an update on OMH activities, including the clinic reform project, the OMH psychiatrist work-
force, prescription of antipsychotics, and proposed budget cuts to clinic and other mental health services.

Committee on Physician Health
Jeffrey Selzer, M.D., Medical Director for the Committee on Physician Health, addressed the Council. The Committee on Physician Health is a division of the Medical Society of the State of New York that provides non-disciplinary, confidential assistance to medical profes-
sionals experiencing problems from stress and difficult adjustment, emo-
tional, substance abuse and other psy-
chiatric disorders, including psychiatric problems that may arise as a result of medical illness. Dr. Selzer provided an overview of the activities of the Committee and encouraged any NYSAPA members who may be interested in pro-
viding volunteer evaluation services to contact him.

Healthy Minds
Jeffrey Borenstein, M.D., provided an update on the Healthy Minds television program, which he hosts. Public response to the program has been extremely posi-
tive and the show is now being dis-
tributed nationally. Healthy Minds is currently broadcast in the NYC metro-
politan area on Channel 13 on Saturdays at 7:00 a.m. and on WLIW 21 on Sundays at 9:30 a.m. and Tuesdays at 11:30 p.m. In addition, the ThinkRight digital television stations in New York State are broad-
casting the series on Tuesdays at 2:00 p.m. and 8:30 p.m.

Committee Reports
Barry Perlman, M.D., Chair of the NYSAPA Nominating Committee, report-
ted that NYSAPA will be holding its regu-
lar biennial elections for the offices of NYSAPA President, Vice-President, Secretary and Treasurer in May 2010. Council members interested in holding an office are encouraged to contact the Nominating Committee. A proposed slate of officers will be presented at the March 2010 Area II Council Meeting.

The meeting was concluded with reports from the following NYSAPA Committees: Addiction Psychiatry, Children and Adolescents, Economic Affairs, Early Career Psychiatrists, Members-in-Training, and Public Psychiatry.
“Catch 22” continued from page 1

The NYSPA Members-in-Training Committee is pleased to announce the results of its inaugural Brain Bowl Challenge, an online contest for psychiatry residents, covering a broad range of topics in psychiatry, neurology and general knowledge. Each participating residency program identified two residents to compete in the contest, which was administered online between September 28, 2009 and October 30, 2009.

FIRST PLACE AND A PRIZE OF $300:
SUNY Upstate Medical University in Syracuse, NY
SECOND PLACE AND A PRIZE OF $200:
SUNY Downstate Medical Center in Brooklyn, NY
THIRD PLACE AND A PRIZE OF $100:
St. Vincent’s Hospital in New York, NY

Eleven residency training programs throughout the state competed in the competition.

Trustee’s Report continued from page 2

ler OPMG’s final determination. An Article 78 proceeding permits a private individual to obtain judicial review of a determination made by a government agency or public official. The Court found wholly in favor of the psychiatrist, stating that the OMIG’s decision not to reinstate the psychiatrist in Medicaid was arbitrary and capricious and in direct conflict with the settlement agreement. The OMIG’s decision not to reinstate the psychiatrist, stating that the OMIG’s settlement agreement. According to OPMG and the Committee on Physicians’ Health, this precedent-setting case has already benefited other New York State physicians caught in the same bind, allowing them to move forward with their plans of rehabilitation and return to practice.

The Court chastised OMIG for making a settlement agreement that had been approved and administered by OPMG. The Court chastised OMIG for making a determination that included no independent investigation or analysis and stated that “the IG’s perfunctory refusal to reinstate petitioner – thus hampering petitioner’s return to such employment – was baseless.”

The decision of the Court permitted the psychiatrist in question to resume full employment pursuant to the terms of the OPMG settlement agreement. According to OPMG and the Committee on Physicians’ Health, this precedent-setting case has already benefited other New York State physicians caught in the same bind, allowing them to move forward with their plans of rehabilitation and return to practice.