

THE BULLETIN

NEW YORK STATE PSYCHIATRIC ASSOCIATION

Spring 2008, Vol. 51, #2 • Bringing New York State Psychiatrists Together



President's Message: APA Annual Advocacy Days

By C. Deborah Cross, MD

The APA held its annual Advocacy Days in Washington DC on February 10-13. This annual event is an exciting time for APA Legislative and Public Affairs Representatives. It offers an opportunity to become familiar with the inner workings of our APA Division of Government Relations and to be briefed by them on the legislative priorities of the APA. For those of us who have attended these in the past, there is much that is familiar, but always a new way of looking at issues and, often, new issues. The first two days are spent in briefings by the staff. Helpful fact sheets are prepared, handed out and gone over in detail. (I'll get to the actual content later in the column.) There is also a focus on media and public speaking training using a public relations firm which works with the APA. You may think you know your material extremely well until you are sitting in a chair being videotaped and interviewed by a "reporter" asking you tough questions about the Medicare cuts, parity, etc. Then you (and the others in the room) get to view the videotape and critique it! A wonderful learning experience—if just a bit harrowing!

There are always extremely interesting speak-



C. Deborah Cross, MD

ers. This year, at breakfast on Monday morning we were privileged to listen to Charlie Cook the editor and publisher of "The Cook Political Report" who gave us his view of the current political election season. Then at lunch we heard from The Honorable James B. Peake, MD the Secretary of the U.S. Department of Veterans Affairs. Obviously, veterans' mental health issues are of grave concern across the country and it was heartening to hear the plans that Dr. Peake and Dr. Ira Katz (the lead psychiatrist in the VA) are putting together to deal with this huge problem. This was followed by an outstanding panel discussing access to mental health for veterans and their families. The panelists included Michael Brownlie, the legislative director to US Representative Michael Michaud (D-ME); Alan Morgan, the CEO of the National Rural Health Association; Kathleen B. Moakler, Director, Department of Government Relations, National Military Family Association; Ralph Ibson, J.D., Vice President, Government Affairs, Mental Health America; and Dan Blazer, MD, Member, Department of Defense Mental Health Commission.

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Medicare 2008 Update

By Seth P. Stein, Esq.

On Saturday, December 29, 2007, the Medicare, Medicaid, and SCHIP Extension Act of 2007 was signed into law and provided a 0.5 percent increase in the Medicare conversion factor for six months. This increase averted the 10.1% reduction in the conversion factor that was originally scheduled for the 2008 Medicare physician fee schedule. However, other factors also impacted Medicare fees:

- Continued implementation of the four year phase-in of the revised practice expense relative value units resulted in small increases and decreases in the fees.
- CMS approved significant increases in work relative value units for anesthesiology services, subsequent nursing facility care (99307-99310) services and home health services as part of its five year review of the Work RVU assigned to all 7,700 CPT codes.
- Implementation of the statutory requirement for budget neutrality mandated that the increased costs to the Medicare program due to the specific increases authorized for anesthesiology and the other codes described above be offset by other reductions to achieve budget neutrality. This statutory mandate for budget neutrality required a 1% decrease in the Medicare fees for all CPT codes to offset the cost of the increases granted to the procedures codes that received a Work RVU enhancement.

The net impact on psychiatrists will be small increases and decreases in the range of 1% to 2% in the 908xx codes and in E/M codes typically used by psychiatrists. The one exception noted above is a substantial increase in the Subsequent Nursing Facility Care codes (99307-99310).

However, questions remain - what does a six month 0.5% increase mean and what will happen at the end of June, 2008? If there is no action in Congress, then the 10.1% fee cuts that were just averted would go into effect for the balance of the year. The APA is working with the AMA and other medical specialty organizations to develop a permanent solution to the flawed Medicare conversion factor update formula that is the source of the problem. Without a permanent solution to the formula used to determine the annual adjustment to the Medicare conversion factor, there will be no meaningful cost-of-living adjustments to the Medicare fee schedule.

If a permanent solution is not agreed upon before Congress adjourns for the 2008 campaign season this summer, one likely outcome is the extension of the 0.5% increase through the end of 2008 - a very temporary fix that will simply push the problem to the end of the year.

If there is any change in the Medicare fee schedule for the second half of 2008, NYSPA will send out an e-Bulletin with the latest information. If Medicare fees change for the

[See **Medicare** on page 3]

Legislative Brunches

By Rachel A. Fernbach, Esq.

The New York City District Branches of the APA hosted their Ninth Annual Citywide Legislative Breakfast on December 2, 2007, at The New York Academy of Medicine in New York, New York. One week later, the Psychiatric Society of Westchester hosted its 21st Annual Legislative Brunch on December 9, 2007, at the Crowne Plaza Hotel in White Plains, New York.

Barry Perlman, MD, NYSPA Past-President and current Chair of the NYSPA Committee on Legislation, spoke at both events and provided a highlight of current issues facing New York psychiatrists, including implementation and possible expansion of Timothy's Law, proposed federal mental health parity legislation, implementation of the Sex Offender Management and Treatment Act, universal healthcare, the New York State budget, Comprehensive Outpatient Program Services (COPS) funding, the treatment of mentally ill inmates in state jails and prisons, physician ratings, the failed special housing unit legislation, the critical shortage of child psychiatrists and other workforce issues, and finally, the proposed 10% cut in Medicare reimbursement rates for psychiatric services in 2008.

The New York City event was moderated by Ann Sullivan, M.D., Chair of the Legislative Committee of the New York County District Branch. The following legislators attended the breakfast: United States Congresswoman Carolyn Maloney (D-Manhattan, Queens), New York State Senator Liz Krueger (D-Manhattan), New York State Assembly members Jonathan Bing (D-Manhattan), James Brennan (D-Brooklyn), Richard Gottfried (D-Manhattan) and Micah Kellner (D-Manhattan), and New York City



Representative Carolyn Maloney

Councilmember David Weprin (D-Queens). Lloyd Sederer, MD, Medical Director for the NYS Office of Mental Health, and Diane Stein, a staff member from the office of New York City Councilmember Alan Gerson (D-Manhattan) also attended the event. Senator Liz Krueger was the first legislator to address the group. She discussed some of the challenges associated with implementation of Timothy's Law and noted that she is in support of a universal health care system. Senator Krueger reminded NYSPA and its district branches to enlist the help of state agencies when embarking on new initiatives and efforts.

Assemblyman Richard Gottfried opened his remarks by noting that he has worked with six different governors during his tenure in the Assembly. He is happy to report that Governor Spitzer's health care and mental health care team are intelligent, interested and enthusiastic individuals. Assemblyman Gottfried also announced that he has sponsored a bill that would seek to prevent health care professionals from participating in torture or mistreatment of prisoners by making such participation a violation of the New York Public Health Law as well as professional misconduct. In addition, he noted

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Albany Report

By Richard J. Gallo and Barry B. Perlman, MD

EXECUTIVE BUDGET FOR MENTAL HEALTH

Despite the \$4.4 billion budget gap and proposed cuts to close it, funding for mental health and related services fare well in the 2008-2009 Executive Budget Request. In health and mental health (including chemical dependency) the emphasis is on restructuring the payment systems methodology under Medicaid to enhance ambulatory services and reduce spending for inpatient care. The past several months have seen an unprecedented level of cooperative planning between the various state agencies responsible for health and human services. The joint planning efforts are clearly reflected in the Governor's Budget Request and the resulting proposed initiatives have been well received by most stakeholders. However, as they say, "the devil is in the details," which are still being fleshed out by the state agencies involved.

Highlights from the Executive Budget Request for the Office of Mental Health are as follows:

AID TO LOCALITIES

The 2008-2009 Budget Recommendation for the Office of Mental Health (OMH) advances initiatives to manage the care of high cost populations and rationalize reimbursement, including significant technical adjustments to OMH Aid to Localities appropriations.

Sustaining and Expanding the Ambulatory Care System and Removing Barriers to Specialty Mental Health Treatment for Children - (\$5 million)

Elements of this initiative include the establishment of minimum reimbursement for clinics licensed solely under the Mental Hygiene Law; rebasing COPS

providers one last time and then eliminating future rebasing of rates and reconciliations of COPS rates; removing the so-called Medicaid "neutrality cap" for mental health clinic services; and limiting "COPS-only" payments for managed care enrollees when a managed care plan has provided or approved payment for the base rate. OMH will also make the necessary changes to allow an increase in the number of Interim Specialty Clinics for Children, which supply significant, ongoing treatment to seriously emotionally disturbed children enrolled in Medicaid Managed Care.

Funding Year Three of a Multi-Year Cost-of-Living Adjustment (COLA) - (\$30.1 million)

Expanding Supported Housing - (\$1.1 million)

Expanding Efficiency Apartment Beds for Persons with Mental Illness - (\$145 million in Capital Funding)

Enhancing Community Residence and Family-Based Treatment Models - (\$12 million)

Enhancing Family Care Reimbursement - (\$1.5 million)

Adding Family Support Services to Child and Family Clinic Plus - (\$1.0 million)

Managing the Care of People with Co-Occurring Disorders - (\$1.0 million)

\$1.0 million (\$2.5 million full annual) for OMH, in conjunction with OASAS & DOH to engage in demonstration programs to address the treatment needs of persons who are both mentally ill and chemically dependent, effective January 1, 2009.

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THE BULLETIN

NEW YORK STATE

PSYCHIATRIC

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Information for Contributors

The Bulletin welcomes articles and letters that NYSPA 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 editor. 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 both NYSPA 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* is also sent to 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. NYSPA members receive a discount of 50% 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 NYSPA, its members, or its officers.

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FROM THE EDITOR'S DESK... By Jeffrey Borenstein, MD

This edition of *The Bulletin* covers issues related to advocacy including the President's Message, which describes the APA Annual Advocacy Day in Washington, D.C. On the state level and local level, we have an article describing the legislative brunches for NYC and West-



Jeffrey Borenstein, MD

chester. We have an update on Medicare as well as the Albany Report which includes an overview of the Executive Budget for Mental Health. These important issues certainly bring home the importance of advocacy on national, state, and local levels.

We also report on the upcoming NYSPA Scientific Paper Contest. Awards will be presented at the NYSPA Spring Meeting. The Area II Trustees Report provides an updates on activities of the APA Board. We also have an article about the transition from Member-In-Training to the Early Career Psychiatrist. Finally, we have a farewell letter from Michael Blumenfield, MD who is moving to California. ■

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Then it was time for the break out sessions by state. Barry Perlman, MD, past president of NYSPA, and also Chair of the APA's Committee on Government Relations, led our break out session. New York had 14 people attending (and I want to take this opportunity to thank all of them for coming and working so hard) and the APA staff had set up appointments for us with 20 legislators on Tuesday and Wednesday. These were full days with each of us visiting 3 to 5 legislative offices. New APA members were paired with those of us who had participated before and after our 2 days of intense briefings everyone felt ready to tackle the job. Most of the times when we go to a Congressional office in Washington we meet with the Senator's or Congressperson's Health Aide. These people are extremely knowledgeable about these issues and often have some tough questions for us.

The APA prepares us well. We each have briefing sheets (and a briefing packet to leave in each office we visit). We focus on a few very important issues and let the staff person know that if any further information is needed, they can contact us or we make sure that the APA staff have the information and quickly follow up.

The issues that we focused on this year were familiar—Medicare and Parity! We all are extremely concerned about the ongoing Medicare cuts. One staff person said it very well, "They keep us so focused each year on trying to prevent drastic cuts that we can

never make a long range plan to deal with Medicare funding for doctors." (Of course, we in New York are fortunate in many ways since our Senators and Congresspersons are usually very sympathetic to APA's issues.) As all of you know, the Medicare "fix" expires the end of June and again cuts are looming. There are additional Medicare issues: the 50% co-pay inequity which we have been lobbying against for years; and the benzodiazepine exclusion in Medicare Part D.

The issue regarding parity is somewhat more complex. You probably know that both the House and the Senate have parity bills, sponsored in the Senate by Pete Domenici (R-MN), Ted Kennedy (D-MA) and Michael Enzi (R-WY) and in the House by Patrick Kennedy (R-MN) and Jim Ramstad (R-MN). They need to be reconciled if we are to get a parity bill passed this year—and there are political reasons to push to get one passed this year. Senator Domenici and Congressman Ramstad are both retiring this year. Our position is that we urged both Houses of Congress to come together and pass a bill this year.

Another key issue of concern is medical records privacy and health information technology (HIT). The APA and NYSPA have lobbied hard for strong privacy protections in any HIT legislation. There is currently a bill in the Senate and Congressman Markey (D-MA) plans to introduce one in the House. Our APA staff will be watching

carefully to protect the privacy of our patients.

The final issue which we discussed with the legislative staff was the mental health needs of minority populations and their families. There are currently bills in both Houses focused on improving the health and health care (including mental health) of racial and ethnic minority groups. There are also issues regarding the ongoing funding of the Minority Fellowship Program and the Center for Mental Health Services clinical training program.

Our legislators and their staff want to hear from us—their constituents! They want to know what issues we consider important, and most of all they want feedback from us that they are doing a good job fighting for what we consider important. Of course we won't agree with every stand our legislators take, but my experience has been that they and their staff are extremely bright, and quick to understand our issues and to seek common ground.

Between now and next February (the next APA Advocacy Days!), your job is to contact your Representative when he or she is at home. You can make a difference! To get any APA information about the issues discussed above or other legislative issues, all you need to do is go on the APA web site, call the Division of Government Relations or email me. Get involved; work for yourself, your profession and your patients. ■

Why Continue Your APA Membership as a Member-In-Training (MIT) or Early Career Psychiatrist (ECP)

Our collective experience as MIT and ECP members of the APA has been beneficial both educationally and practically. As a dues-paying member of the APA, you also automatically belong to the New York State Psychiatric Association, as well as your local District Branch. Both of these regional and local governing bodies are valuable sources of information, providing you opportunities to become involved in governance, attend symposia and other educational events, as well as maintain contact with colleagues. Other important benefits can be found on the APA website: Members have free online access to the Practice Management for Early Career Psychiatrists Reference Guide; a compendium with topics including: How to Establish and Maintain Your Own Private Practice; Legal Issues; Patient Care Issues; Professional Issues, and Managed Care Issues. Members are also eligible for APA awards and fellowships (such as Addiction Minority Fellowships). Jose was very fortunate to be one of the recipients of the Jeanne Spurlock MD [See **Membership** on page 3]



Jose Vito, M. D.



Laurence Dopkin, MD

Farewell

Dear Editor

After being a New York Psychiater and a member of Area II/NYSPA for more than 35 years, I have to say farewell to my friends and colleagues. I am relocating to Woodland Hills in Southern California to do private practice and live near my three children and grandchildren. Therefore I will be transferring to Area VI and the California Psychiatric Association.

In the last few years as an Assembly officer, I had an opportunity to regularly travel to each of the other six Areas. I have come to appreciate the unique blend of high quality DBs of all sizes that we have in Area II. I have visited many of our own DBs and know of the outstanding contributions that many of you make to urban, rural and suburban psychiatry as well as to our top notch academic medical centers. We have the most energized MITs and ECPs along with some of the most respected senior psychiatrists in the APA. New York State psychiatry has been a leader in having government relations programs, innovative public affairs projects and in helping our members work in the community and with managed care programs. I am very proud to have been identified as a NYSPA psychiatrist.

I will continue to be active in the APA and will always visit NYSPA meetings whenever I am able to do so. While I will be transferring to Area VI, my heart will always be in Area II.

Best regards,

Michael Blumenfield, MD, Immediate Past Speaker



Michael Blumenfield, MD



Ann Sullivan, MD

Board Meeting December 7-9, 2007

2007 was another active and successful year for the APA! Membership increased, the DSM V was launched and APA set effective guidelines for industry related activities for DSM V faculty. DSM faculty includes members that are diverse, global and have clinical and research backgrounds. The Board will continue to monitor the DSM V process to ensure its effectiveness. Psychologist prescribing was defeated in several states, but the battle continues in full force.

There were also serious challenges. National Parity came close, but never passed. Many district branches struggled with higher costs and less income. The APA continues to struggle with appropriate industry disclosure and guidelines for all its activities including governance, practice guidelines, resource documents and position statements.

And so here are some highlights of the December Board meeting:

Financial

The APA continues to be strong financially. As of October, we project a surplus of about 1.6 million for 2007. There has been increased revenue from publishing, meetings and the insurance program, as well as less expenditures for research, the APA Foundation and Governance. As the DSM annual budget is projected at 2.3 million from reserves, it is important to replenish the reserves with any surplus. Conservative spending still makes sense! Members have asked about pharma's contribution to the APA budget. As of October 2007 pharma revenue was about 12 million, expenses on the related programs or publishing 8 million with a net contribution of about 4 million. A key question is should APA decrease its involvement with pharmaceutical dollars, and, if so, how much and how quickly? This needs to be discussed at the Board, in

the Assembly and at the District Branch and member level. However fewer dollars also means fewer important APA activities, at least in the short run, so the decision is a difficult one.

Membership

APA membership has increased 9.7 % over the past five years!! This includes a significant increase in dues paying members. The growth has been slow and steady, and your continued support for the APA is critical. The many membership initiatives are beginning to pay off, and need to be continued.

Disclosures and Conflicts of Interest for APA Activities

When the APA produces critical works that impact on the treatment and diagnosis of psychiatric disorders such as the DSM V and our Practice Guidelines, we must be vigilant in protecting the integrity of such work. For the DSM V the APA has established specific guidelines for disclosure and dollar limits on industry related involvement. Apa President, Carolyn Rabinowitz, MD has appointed a Task Force to look at the same issues in other APA activities such as the practice guidelines, etc. This will continue to be an ongoing issue that requires ongoing review and reassessment.

Board Certification

Psychiatry has the lowest board certification rate among all physician specialty groups. The ABPN supported by the APA will soon allow certification for Part 1 while still in residency. Changes to Part 2 will include a video rather than live patient interview, and a more standardized approach to the exam. While the changes are controversial, it has also been recognized that there are issues with the current process. Time will tell the effectiveness of the new approach!

Assembly slate of candidates for 2008

Once again there is a talented slate of candidates for the Assembly 2008-09:

Speaker Elect: R. Scott Benson, Area 5
Gary Weinstein MD, Area 5
Recorder: Bruce Hershfield MD, Area 3
Jo-Ellyn Ryall MD, Area 4
Ramaswamy Viswanathan MD, Area 2
Let your Assembly Reps know your choice!!

Assembly and Component Actions

The Assembly moves the association through its action papers, which are often

the stimulus for APA activities and policies. Our components also bring forward actions for the Board to act on based on their area of expertise. The board moved a number of assembly action papers and component actions including:

New committees and task forces:

Corresponding Committee on Information Technology: to explore technology issues affecting members and patients and develop key actions.

Task force on APA communications strategy: to examine the overall APA strategy and how to best implement it.

Task Force on the Assessment of Violence risk: to examine the state of the art of violence risk assessment and make practical recommendations for members use

Task Force to revise the monograph The Practice of Electroconvulsive Therapy, the needed update to this practical critical resource.

The Board also approved the position statement on the Insanity Defense Position and the position statement on Electroconvulsive therapy. These can be accessed on the APA website. All the components are also in the process of updating or retiring past position statements, a big job but an important one!

Finally, the Board approved \$20,000 for the development of an APA Amicus Curiae brief that can be filed in support of same sex marriage. The APA has been signing on to other organizations amicus briefs on this issue, but it is clearly important that the APA speak its own voice loudly on this issue.

Advocacy

Parity legislation is still stalled between the House and the Senate. Many of the issues in the Senate bill that may have had a negative impact on state laws were resolved, but we are still waiting for the "compromise" bill. Despite major efforts by mental health coalitions with the APA, the disparity in mental health coverage persists. The APA, and our partners will continue the fight!

We have been successful in holding off psychology prescribing in Hawaii, California, Florida and other states. So far only New Mexico and Louisiana have passed psychologist prescribing legislation, and the jury is still out as to its implementation in those states. The APA continues to develop critical strategies to be successful in the ongoing battle.

Medicaid coverage for the mentally ill requires constant vigilance, as proposed cuts to the Medicaid program continue to be a threat to our patient's care. While legislation to end the disparity in the Medicare co-pay was again introduced, with increased support, it will not pass this session. The APA supported expansion of insurance for children, SCHIP, but in the final design this was much reduced in scope. Finally, there has been a small increase in research funding, which needs to be continually supported!

Have a great 2008!!! Please contact me with any ideas, suggestions etc. at sullivan@nychhc.org. ■

Membership

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Congressional Fellowship where he worked as a staffer with a U.S. Senator on Capitol Hill. Members are also eligible for travel scholarships to the Institute on Psychiatric Services and the APA annual meeting. Members also get a 25% discount on books and journals from American Psychiatric Publishing, Inc. Laurence was awarded a Public Policy Fellowship through the American Psychiatric Institute for Research and Education while he was starting out in his first job after residency training. That experience sparked his interest in furthering his involvement with the APA.

It can be intimidating transitioning from MIT to ECP, and so the APA provides its junior members mentoring opportunities by senior psychiatrists. Having someone give you advice and guidance can be reassuring when you are starting your professional career, making a job change, or other transition. Membership in the APA provides the MIT or ECP numerous opportunities for networking with peers, professional development, job banks, and even malpractice insurance. As a member, you get a free "member only" electronic newsletter on advocacy activities in your local, state, and national levels on mental health issues, including parity and confidentiality.

These are only some of the many benefits that membership in the APA provides.

We welcome any questions that you might have. Feel free to contact either of us at the central office at centraloffice@nyspsych.org. Laurence Dopkin, MD, Chair, National Committee of Early Career Psychiatrists, American Psychiatric Association
Jose Vito, M. D., Chair, National Committee of Members-In-Training (ACOM), American Psychiatric Association, and Chair, New York State Psychiatric Association Committee on Members-in-Training. ■

Medicare continued from page 1

second half of 2008, NYSPA will post new fee schedules on its website, but no additional mailing is planned at this time. Therefore, it is imperative that all members send their email address to NYSPA to insure that all members receive vital information as quickly as possible. If you are not already receiving e-Bulletins from NYSPA, please send your email address to NYSPA at centraloffice@nyspsych.org.

In early February, NYSPA sent out its 20th annual memorandum prepared exclusively for the members of the New York State Psychiatric Association on Medicare issues. The Medicare 2008 Update continues the new format implemented last year:

- The locality fee schedules with Medicare fees for 29 key psychiatric (908xx) and Evaluation/Management (99xxx) CPT codes for each of the five Medicare localities in New York are enclosed. A fuller schedule of 92 codes for each locality is now available to be viewed or downloaded from the Members Only section of the NYSPA website www.nyspsych.org. Just click on the 2008 Medicare Update button and follow the instructions. If you don't have your password, call or e-

mail the NYSPA office at 516 542-0077 or centraloffice@nyspsych.org.

- A Medicare Primer with extensive basic information on the Medicare Part B program is available to be viewed or downloaded from the NYSPA website. The Medicare Primer includes information on Medicare guidelines for documentation of psychiatric services, an explanation of how to use the full Medicare fee schedule, instructions on opting out of Medicare, and special rules for psychiatric services. The Medicare Primer should be reviewed by those members not familiar with the Medicare program.
- The NYSPA website also includes a special memo entitled "CPT E/M Codes: New Coding Options for Psychiatrists" which was included in last year's update. This memo reviews the impact of significant enhancements to the Work Relative Value Units assigned to certain CPT Evaluation & Management Codes (99xxx) effective January 1, 2007. These E/M codes have significantly higher Medicare reimbursement than comparable psychiatry codes and psychiatrists are urged to review this

memo. Psychiatrists, as all physicians, can use E/M codes for Medicare services provided in office and in hospital instead of the psychiatry (908XX) codes. However, E/M codes can be used only when E/M services are provided. Use of E/M codes requires familiarity with CPT coding and documentation rules and with the special rules regarding providing counseling and/or coordination of care as the primary E/M service. The NYSPA website includes documentation templates and instructions for those considering using E/M codes.

Finally, psychiatrists who are interested in receiving regular updates on the Medicare program can register to receive regular email updates from their local carriers:

Empire Medicare - <http://www.empiremedicare.com/servlist/listservformindex.htm>
GHI Medicare - <http://www.ghimedicare.com/provider/inform.html>
Upstate Medicare - <http://www.umd.nycpic.com/listserve.html#Physician>. ■

Classifieds

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that his office is developing legislation to address the proposed physician rating system. Finally, the state is holding public hearings on a possible universal health care system in the next few weeks.

Next, Congresswoman Carolyn Maloney provided some statistics about the nation's mentally ill population and stated that in the last year Congress has put mental health issues at the forefront. She described her support for the extension of the SCHIP program, a universal health care bill, and federal parity legislation. Finally, she discussed the critical mental health needs of veterans returning from war and her dedication to provide care and treatment for those individuals.



Assemblyman Jonathan Bing



Assemblyman James Brennan

Assemblyman Micah Kellner, a new member of the Assembly, introduced himself to the group and noted his support of Timothy's Law and the work of NYSPA and its district branches.

The next speaker was Assemblyman Jonathan Bing who spoke about the importance of Timothy's Law, the upcoming state budget, and the issue of malpractice insurance reform. He announced that he is working on two new pieces of legislation regarding health care benefits for 9/11 cleanup workers and strengthening prompt payment deadlines for social service and nonprofit organizations who enter into contracts with the state.

Assemblyman James Brennan followed by discussing proposed Medicaid cuts,

Medicaid fraud issues and the Assembly's work in funding 10,000 housing units for persons with serious mental illness in the last two years.

The NYC breakfast was concluded with remarks from Lloyd Sederer, MD, Medical Director for the NYS Office of Mental Health (OMH). Dr. Sederer shared some statistics about the state mental health system and described an assessment of the system recently completed by his office that focused on clinical care, workforce issues, and local government opportunities. He outlined some recent improvements made within OMH: shortening wait times for admissions to state psychiatric centers to one day; reducing lengths of stay by finding



Assemblyman JRichard Gottfried



Senator Liz Krueger

additional outside placements and housing opportunities; improving skill-based programming within the psychiatric centers; enhancing partnerships with local housing and treatment centers; and efforts to encourage psychiatric residents working for the state to specialize in public psychiatry.

The Westchester brunch, which took place the following week, was well attended by members and local legislators. Edward R. Herman, MD, Legislative Representative for the Psychiatric Society of Westchester, moderated the event and welcomed New York State Assembly members Adam Bradley (D-White Plains), Mike Spano (D-Yonkers) and George Latimer (D-Mamaroneck), and

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Establishing Managed Care Demonstration Programs - (\$1.5 million)

Expanding Access to Vocational Services in PROS - (\$0.8 million)

to expand access to vocational services within the Personalized Recovery Oriented Services (PROS) program.

Annualizing Prior Year Initiatives - (\$36.8 million)

STATE OPERATIONS

Enhancing the Workforce (\$2.3 million)

State Employee Salary Enhancements:

The Executive Budget includes \$2.3 million to provide targeted salary enhancements for clinical staff at OMH facilities. This represents the initial phase of a three year effort, with an annualized value of \$12 million, designed to enable OMH to recruit and retain a qualified clinical workforce.

Expanding Rural Telepsychiatry:

A portion of the \$2.3 million referenced above will be dedicated to expanding the Rural Telepsychiatry Program for children and families to 10 additional counties. This program provides consultations, education and training to clinicians working in not-for-profit programs located in rural areas of the State without adequate access to psychiatric services.

Improving Prescribing Practices (\$1.0 million)

expands PSYCKES (Psychiatric Clinical Knowledge Enhancement System).

Implementing Statutory Mandates (\$2.3 million)

Jonathan's Law: (\$1.1m); Unmet Needs Study: (\$728,000); Workplace Violence Prevention Law: (\$520,000)

Continuing Prior Year Additions for the Research Program (\$4.4 million)

Includes increase of 25 FTE positions Research Programs begun during 2007-08.

Enhancing Services to State Prison Inmates with Mental Illness (\$8.5 million)

Implements multi-year effort for enhanced services to State prison inmates with mental illness-- an increase of \$4 million and 86 new FTEs and, when fully annualized, will total \$9.0 million. Includes an additional 20 inpatient beds

at Central NY PC and the establishment of a new 100 bed intensive residential model at the Marcy Correctional Facility. \$4.5 million, (61 additional FTEs) to augment services for State prison inmates with mental illness who are currently housed in Special Housing Units (SHU). These resources will provide service enhancements in the areas of clinical assessment, evaluation and training.

Annualizing Funding to Support the Sexual Offender Management and Treatment Act (\$7.1 million)

\$40.3 million to support its responsibilities under SOMTA, an increase of \$7.1 million. Total staffing for the program may increase up to 890 FTEs by March 31, 2009, an additional 256 FTEs above the prior year level. This funding will support the commitment of sex offenders under SOMTA as well as funding for treatment of individuals ordered into strict and intensive supervision and treatment in the community.

Other Budget Actions

Workforce: The Executive Recommendation provides All Funds support for up to 18,034 positions as of the end of Fiscal Year 2008-09, reflecting a net increase of 415 positions from March 31, 2008 levels.

Census/Bed Levels: The Executive Budget includes ongoing support for 4,030 Adult inpatient beds, 695 Forensic inpatient beds and 538 Children & Youth (C&Y) inpatient beds.

Capital: New capital appropriations for State Facilities totaling \$266.3 million include new funds to support facility activities of building preservation, design, and construction, health and safety, accreditation, energy conservation and environmental protection.

TIMOTHY'S LAW UPDATE

NYSPA, together with our coalition partners, continues to work on insurance parity issues involving both the implementation of Timothy's Law and new legislation augmenting it.

On the legislative front, the Timothy's Law Campaign is fighting for passage of two initiatives:

1. S.6818 by Senator Morahan (R-Orange; Rockland) - adds post traumatic stress disorder (PTSD) to the list of biologically

based mental illnesses requiring full parity coverage under Chapter 748 of the Laws of 2006 (Timothy's Law);

2. Requiring (as part of the 2008-2009 budget) parity coverage for mental health and substance abuse services be included in the State's Child Health and Family Health Plus programs.

The PTSD bill (S.6818) has been favorably reported from committee and has advanced to the Senate floor (Calendar # 355). On the Assembly side, Assemblyman Peter Rivera (D-Bronx), Chair of the Assembly Mental Health Committee has agreed to carry the "Same As" bill in his house but, as of this writing, has not yet introduced it.

Implementation Issues

Timothy's Law has been in effect for over thirteen months. However, we are still receiving questions and complaints about the implementation tactics of some insurers and HMOs. Representatives of the Timothy's Law Campaign meet regularly with State Insurance Department (SID) officials to sort through the questions and complaints in an effort to distinguish non-compliance from misinterpretation.

In addition, NYSPA has consulted separately with the SID about various implementation issues, including those unique to psychiatry. For example, NYSPA members have complained about health plans refusing to accept and process claims submitted by psychiatrists for Evaluation and Management (E/M) Services, despite the provisions of Chapter 551 of the Laws of 2006 to the contrary.

Enacted in August of 2006, Chapter 551 requires all insurers and HMOs, "... to accept and initiate the processing of physician [emphasis added] claims utilizing the American Medical Association's current procedural terminology (CPT) codes, reporting guidelines and conventions and the centers for Medicare and Medicaid services (CMS) health care common procedure coding system (HCPCS). Insurers and HMOs shall accept all such physician claims received after January 1, 2007. However, insurers and HMOs are not limited to utilizing only these coding procedures." (Insurance Superintendent's Circular Letter # 23 (2006) Accordingly, NYSPA has argued, if a health plan covers (i.e., accepts, processes and provides reimbursement for) E/M services pro-

vided by physicians in their office or in the hospital, then health plans must accept, process and reimburse claims submitted by psychiatrists for E/M services in the same manner and to the same extent as for E/M services provided by physicians in other specialties (subject to any limitations on coverage of the treatment of mental illness under the health plan and permitted by law).

"Pursuant to Chapter 551, health plans cannot restrict psychiatrists to submitting claims only for psychiatry procedure codes and must permit psychiatrists to use all E/M codes covered under the health plan," said NYSPA's Executive Director, Seth Stein, in a recent conference call with SID officials. Presently, we are awaiting a determination from the SID on the matter.

Another area of concern regarding the implementation of Timothy's Law is the need to cross-walk and convert the DSM-IV definitions of "biologically based mental illness" and "serious emotional disturbances" used by the authors of Timothy's Law to ICD-9 diagnosis codes used by insurers to pay claims pursuant to the law. In that regard, the State Office of Mental Health, in consultation with NYSPA, has supplied the Insurance Department with a DSM IV to ICD-9 conversion document, which, when circulated, should clarify any ambiguities arising out of the definitional-coding differences between ICD-9 and DSM-IV.

In addition, NYSPA together with our coalition partners in the TLC, are strenuously objecting to the ever increasing practice by insurers and HMOs of requiring psychiatrists and other mental health professionals to provide copies of treatment records to substantiate each diagnosis and subsequent treatment involving a patient with a biologically based mental illness or serious emotional disturbance as defined in Timothy's Law. While Timothy's Law specifically states that, "nothing herein shall be construed to prevent medical management or utilization review of mental health benefits, including the use of preauthorization of care," the scope of the requested information far exceeds that which is required of practitioners to substantiate claims for diagnosis and treatment of other covered illnesses. This emerging UR practice is abusive and contrary to the spirit, if not the letter, of Timothy's Law. ■

Excellent Response to First Scientific Paper Contest

Seeth Vivek, MD, Chair, Scientific Paper Committee

We are pleased to announce the 23 entries received for the First NYSPA Scientific Paper Contest.

Our committee contacted all training directors and chairs of the 29 residency training programs in Area 2 (New York State), inviting papers by residents at all levels of training.

The papers could represent original research, review of literature or case reports limited to 5000 words. The paper needed to represent work that was primarily that of the resident.

These entries will now be evaluated by an eminent panel of judges consisting of:

Jack McIntyre, MD, Past President, APA Donna Norris, MD, Secretary Treasurer, APA Nada Stotland, MD, President Elect, APA

The judges will chose first, second and third place winners. Awards will be presented on March 29 at the Spring Meeting of NYSPA at the LaGuardia Marriott. The first place winner will have the opportunity to present his or her paper. All entrants will receive a certificate of participation.

We congratulate our contestants who are listed in alphabetical order:

Rashi Aggarwal, MD
Maimonides Medical Center
Self-Perceived & Patient Perceived
Psychiatrist Empathy
Recovery Orientation in Mental Health Staff

Sunny P. Aslam, MD
SUNY Upstate University
Valacyclovir-Induced Psychosis and Manic
Symptoms in an
Adolescent Female with Genital Herpes

Jafar Bozorgmehr, MD
Jamaica Hospital Medical Center
A Case Study: Increased suicidal ideation
among patients with pathological gambling

Raphael J Braga, MD
North Shore LIJ Zucker Hillside
Somatic Therapies for Treatment-Resistant
Psychiatric Disorders

Anthony Charuvastra, MD
NYU Child Study Center
Unconscious Emotional Reasoning & the
Therapeutic Misconception

Susan Chlebowski, MD
SUNY Upstate University
Personality Change Due to Spontaneous
Intracranial Hypo-Tension

Michael Cirrani, MD
NYU Medical Center
The Relative Toxicity of Second-Generation
vs. First Generation Antipsychotics

Sigrid Formantes, MD
Brookdale University
Determinants of Acute Psychiatric Inpatient
Hospitalization for Children & Adolescents

Zachary Freyberg, MD
New York Presbyterian Hospital
What's In A Sentence? Narrative Content &
Psychiatric Diagnosis

Marian S. Georgiev, MD
Jamaica Hospital
Case report of Parasomnia with violent
behavior

Ragy R. Girgis, MD
Columbia University
Antipsychotic Drug Mechanisms: Links
between Efficacy, Metabolic Side Effects,
and the Insulin Signaling Pathway

Rose Michael, MD
Jamaica Hospital
Is There a Relationship Between Affective
Disorder & Creativity?

Sachid Peteru, MD
Jamaica Hospital Center
Long Term Psychodynamic Psychotherapy

Padmaja Puppala, MD
Jamaica Hospital Medical Center
Mesial Temporal Sclerosis (MTS) An
Interesting Interface between Psychiatry and
Neurology

Padmaja Puppala, MD
Jamaica Hospital Medical Center
Asperger's Syndrome: Is It Coincidental or
Under diagnosed In the Elderly

Salah Qureshi, MD
Jamaica Hospital Medical Center
Unhappy Feet: One Woman's Severe
Akathisia

Sagarika Ray, MD
Jamaica Hospital Medical Center
Religious Faith or Psychosis? : A Diagnostic
Dilemma

Andrew Rosenfeld, MD
Columbia University
Oxytocin, Dopamine, & the Amygdala: A
Model of Emotion Processing Deficits &
Negative Symptoms in Schizophrenia

Kulwant Singh, MD
Jamaica Hospital Medical Center
Dreams in a Psychotic patient

Saloni Wadia, MD
Jamaica Hospital Medical Center
Elder Abuse-Watch Out for Grandma! A
Literature Review

Saloni Wadia, MD
Jamaica Hospital Medical Center
From Pieces to Piece! Does Dissociative
Identity Disorder (DID) Really Exist? The
Controversy Continues

Anna Yusim, MD
NYU Medical Center
Normal Pressure Hydrocephalus Presenting
as Othello Syndrome: Case Presentation &
Review of the Literature

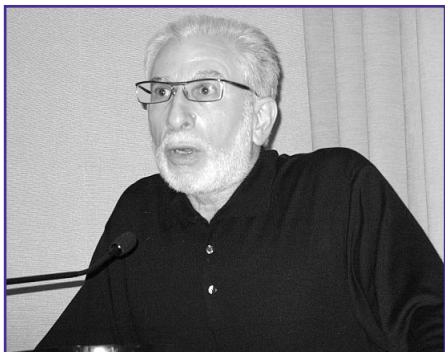
We thank all our participants and our judges for their efforts.

Scientific Paper Committee

Jose Vito, MD, Emily Stein, MD, Evaristo Akerele, MD, William Lewek, MD, Marvin Koss, MD, Seeth Vivek, MD

NYSPA Staff: Donna Gajda, Christina DiGiovanni

Brunches continued from page 4



Lloyd Sederer, MD

Westchester County Legislator Thomas Abinanti. Grant Mitchell, MD, Commissioner of the Westchester County Department of Community Mental Health,

Robin Bauer, Board Member of the National Alliance for the Mentally Ill – Westchester, and Richard Gallo, NYSPA Government Relations Advocate, also attended the event. Assemblyman Adam Bradley expressed support for Timothy's Law and his agreement that drug and alcohol addiction and post-traumatic stress disorder should be included as covered conditions. He noted that there is tremendous support for these changes in the Assembly. Assemblyman Bradley also discussed the problem of mentally ill inmates and his commitment to work on improving care and treatment for the mentally ill prison population. Finally, he discussed legislation he plans to propose regarding viability of hospitals and the failure of many HMOs to make prompt

payments.

Assemblyman Mike Spano also stated that he supports the inclusion of drug and alcohol addiction and post-traumatic stress disorder as covered conditions under Timothy's Law. In addition, with respect to the proposed doctor ratings system, he hopes that health care providers will have significant input in the development process.

Assemblyman George Latimer spoke briefly and echoed the sentiments of Assembly members Bradley and Spano in their support of the issues raised by psychiatrists and NYSPA.

Westchester County Legislator Thomas Abinanti stated that it is important for county government to partner with state legislators and the federal government in order



Assemblyman Adam Bradley

to achieve goals at the local level. However, the County has had to increase its own budget recently due to budget cutbacks at the state level. Legislator Abinanti shared

[\[See Brunches on page 6\]](#)

Brunches continued from page 5



Westchester County Legislator Thomas Abinanti

with the group that, as the parent of a child with autism, he has had to navigate the local and state mental health system as a consumer and he is aware of the challenges that individuals face in obtaining appropriate care and treatment. He also supports an integrated system for universal health care. Grant Mitchell, MD, Commissioner of the Westchester County Department of Community Mental Health, who is also a psychiatrist, urged those present to focus on the 20% of the mentally ill population who have trouble accessing the mental health system and as a result, are not getting the care they need. He discussed the Care Coordination Project, a new pilot program to be conducted by the Department in 2008-2009 that will create two new care coordination positions. The care coordinators will work with the top 200 users of Medicaid services within the county to provide coordination of care in an attempt to improve outcomes and reduce Medicaid expenditures. Next, Robin Bauer, a Board Member of NAMI-Westchester and a legal aid attorney, addressed the group. She described her work on the establishment of a mental health court in Westchester, which is a non-

adversarial court that provides a team approach to assisting individuals with mental illness who have been charged with a criminal offense. Ms. Bauer noted that NAMI was also involved with the creation of the court which has been a huge success in

providing support and assistance to mentally ill individuals in the county. The Westchester event concluded with remarks from Richard Gallo, NYSPA Government Relations Advocate, who discussed ongoing issues regarding the imple-

mentation of Timothy's Law. He encouraged members experiencing problems or issues in connection with Timothy's Law to contact him at rjgallo@msn.com or 518-465-3545. ■

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