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Summer 2010

The GrAAPvine

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Administrators in Academic Psychiatry

From the president's desk

by Narri Shahrokh

I hope you enjoyed our conference in Austin and the celebration of our 25th anniversary as much as I did. The speakers were incredibly knowledgeable and engaging and I came away with increased understanding of the need to more fully integrate health care and to move from a disability-focused to a recovery-focused model of mental health delivery. I think every presenter had a slide about persons with serious mental illness dying 25 years earlier than the general population, and although this is nothing new, it certainly sounds ominous every time I hear it.

A big thanks goes to **Radmila Bogdanich** (Southern Illinois U), **Hank Williams** (U Washington), **Toni Ansley** (Ohio State U), **Joe Thomas** (U Michigan), **Lindsey Dozanti** (Case Western Reserve U) and Dr. Paul Summergrad, Chair at Tufts University and representative of the AACDP, for all the hard work that has gone into crafting our benchmarking instruments. Over the last six months, this group has met by phone almost every week. We are putting the finishing touches on the document and will be sending it out to all members at the end of the academic/fiscal year. We are counting on you to make this effort a success so that we can be (as Radmila likes to say) the "go-to organization for academic psychiatry benchmarking."

As I look out into my courtyard, in full bloom with roses, geraniums and azaleas, I am reminded of what a remarkable group of people comprise AAP. This has always been a comfortable group to be around, very supportive, engaged and fun. I have learned so much from each and every one of you and I hope that, as I take on the responsibility of being the president of this vibrant organization, I can continue to count on your support.

At the business meeting in Austin, we elected a new slate of officers to continue to guide the organization: **Toni Ansley**, President Elect; **Betty Slavicek** (New York U), Secretary; **Tom Tantillo** (Children's Hospital of Philadelphia), Treasurer; **Glory Novak** (U Arizona), Membership Director; and three new Members at Large: **Mario Harding** (Denver Health Medical Center), **Annemarie Lucas** (U Michigan) and **Jim Myers** (Seattle Children's Hospital).

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Comings and goings

Please feel free to call new members and personally welcome them to our organization. One of the things that makes AAP special is its friendly members! The hospitality offered by a personal contact will surely be appreciated.

AAP wishes to extend a warm welcome to the following new members:

Nan Lewis
Medical College of Georgia
(706) 721-6719
nmlewis50@aol.com

Leslie Montgomery
University of New Mexico
(505) 272-3966
ldmontgomery@salud.umn.edu

Lindsey Tubbs
Texas Tech University
(806) 743-2800
lindsey.tubbs@ttuhsc.edu

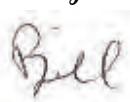
Happy 25th birthday from Bill Newel

Bill Newel is the founder and first president of Administrators in Academic Psychiatry.

This message is for all the members past, present and future that had, have or will have made AAP a very successful organization. It gives me great pleasure to see how AAP has grown from its humble beginnings back in 1985 to what it is today. I wish to thank each and every one of you for your contributions. Please take a moment to thank each other for all that each of you has done to help AAP.

Best of luck to all of you in your professional careers and personal lives. If you ever pass through Presque Isle in Northern Wisconsin, feel free to look me up. I would love to see you.

Warmest regards,



Bill Newel

Congratulations to . . .

Mike Cull (Vanderbilt U) for successfully defending his dissertation and receiving his PhD in Public Administration

President's desk

Continued from page 1

Welcome to all! I would like to express my sincere appreciation to **Hank Williams** for being a great mentor and for all his help in the last few years and a big thank you to our Immediate Past President, **Steve Blanchard** (U Iowa) and Member at Large, **Margaret Moran Dobson** (U Toledo) who are leaving the Board.

If you missed the Spring Conference, you are probably wondering where our 2010-11 meetings will be. Nashville was the unanimous choice for the Fall Conference, and since MGMA has decided not to hold a conference in the spring of 2011, we will need to come up with a city of our own. If you are interested in hosting the Spring Conference, let me or Toni Ansley know.

I wish you all a wonderful summer and look forward to seeing you again in Nashville!

2010 AAP award recipients

Annemarie Lucas
Rising Star Award for contribution by new member

Elaine McIntosh
Board of Directors Award for significant contribution to AAP

Joe Thomas
President's Award for long term commitment and contribution to AAP

Administrators in Academic Psychiatry

Fall Educational Conference
Nashville, TN
WATCH YOUR EMAIL FOR DATES
www.adminpsych.org

Medical Group Management Association

Annual Conference
October 24-27, 2010
New Orleans, LA
www.mgma.com

The Joint Commission

Behavioral Health Care Standards Update
November 10, 2010

Behavioral Health Care Conference
November 11-12, 2010

Chicago, IL
www.jointcommision.org

The GrAAPvine provides information about educational opportunities of interest to its members. It does not necessarily endorse these programs (except, of course, our own).

Joint Commission online publications

TJC offers a variety of free online publications on topics of interest. All you have to do is sign up!

http://www.jointcommission.org/Library/Newsletters/

Four trends academic psychiatrists need to know about

by Beth Ambinder

As the title suggests, the objective of the presentation by Octavio N. Martinez, Jr. MD, MPH, MBA, FAPA and Lynda E. Frost, JD, PhD was to identify factors that should be considered in the development and delivery of psychiatric services in the future.

The first trend is the need for integration of services to reflect the true relationship that behavioral and traditional medical health have with one another. A disturbing statistic is that patients with mental illness have an average life expectancy that is 25 years less than someone who does not carry this diagnosis. Patients with mental illness frequently develop medical comorbidities such as diabetes and hypertension as a result of smoking, obesity and inadequate exercise. Alternatively, patients with chronic medical conditions are at increased risk for developing mental illness such as depression. Integration of services is critical as 50% of patients with mental illness are treated by primary care providers and in fact, a large share of psychotropic prescriptions are written by primary care providers. Integrated care programs are cost effective, decrease the need for hospital admissions and are viewed positively by staff and patients who may feel less stigmatized in such a setting. With one in four (60 million) people suffering from mental illness and the shortage of psychiatrists, especially in rural areas, the need to provide integrated services is obvious.

A case study of an integrated service was provided in which the wait time for an appointment at a community behavioral health program was reduced from six to eight months to three weeks. A "no wrong door" philosophy was adopted in which the role of psychiatrists was to serve as consultants who stabilized the patients and then transferred them back to the primary care provider for ongoing management. The behavioral health and primary care providers worked in one location which allowed for "curbside consultations" and education in small group learning sessions and case conferences. A mental health curriculum was provided to all center staff. Lastly, availability of urgent appointments within a day or at most a week resulted in a decrease of 18-25% in admissions to the psychiatric emergency center.

The second trend is that of consumer, youth and family involvement which alters the view from one of chronic mental illness to one of recovery and wellness. The trend of incorporating consumers into the development of mental health policy, management, treatment options and services provided offers valuable insights into the real needs patients have and the expectation that recovery is possible. The peer support movement has offered consumers employment opportunities and supports the trend toward consumers taking an active role in their treatment decisions and adaptations necessary to return to an active role in their communities.

The third trend is that of cultural and linguistic competence. The diversity of the United States has implications for how services will be encountered and utilized. Some of the factors addressed included the greater reluctance by ethnic and minority patients to seek

care early in their illnesses, to remain in treatment and to seek care in hospitals and emergency departments more frequently. Of particular concern is that as the number of people for whom Spanish is the primary language has increased, the number of providers with the requisite language skills has not. With 14% of the US population identified as Hispanic in origin, only 4% of physicians and 5% of psychiatrists share this ethnicity. During this particular portion of the presentation, several administrators shared their difficulty in recruiting and retaining Spanish speaking social workers. Dr. Frost discussed a scholarship program funded by the Hogg Foundation which provides the opportunity for social workers to develop the language competence necessary to provide services for these patients. Although the program is successful in recruiting candidates, they have experienced less success in placing the graduates in small, rural border towns where there are currently few if any services available. The ability of the behavioral health community to engage patients earlier, retain them in treatment longer and to prevent severe symptoms leading to institutional care is dependent on the identification of greater numbers of mental health providers with the requisite understanding and appreciation for the cultural and linguistic attributes of the patients they serve.

The need for seclusion and restraint reduction represented the final trend of which psychiatrists need to be aware. The use of seclusion and restraint has come under scrutiny following reports of death and serious injury to patients when such methods were employed. They are felt to be traumatic interventions that represent a

failure to provide the appropriate supportive and environmental milieu. This is one of the most high profile quality indicators for institutions and in Texas have been the focus of Senate Bill 325 and a STARS/SAMHSA grant. At every level of the organization effort should be focused on continued reduction with recognition provided by leadership for education and training that promotes safe and effective alternatives. As consumers are empowered by their participation in service delivery, it is inevitable that the trauma and risk of these methods will receive greater attention.

In summary, the trends that we as administrators, should be aware as we participate in strategic planning with our psychiatrist colleagues are:

- The inclusion of primary care services into psychiatric settings will provide opportunities for integrated health care that will better meet the needs of both patient populations.
- Consumer, youth and family involvement should be considered in the development of advisory boards, employment of peer counselors (consumers) and in the way services are planned and delivered,
- Cultural and linguistic competence will be critical components of how patients seek and utilize services for their mental health needs. In particular, the need for providers with Spanish language fluency and appreciation for Hispanic culture will continue to increase and significantly increased effort in the recruitment and training of mental health providers must be put forth
- Seclusion and restraint reduction will continue to be expected in favor of alternatives that are deemed safer and less traumatic for patients and staff alike.

(Beth Ambinder is the administrator of the Johns Hopkins University department of psychiatry).

Pushing the envelope: Advancing practice through federal/state partnerships

by Deb Tatchin

The current reality is that people with severe mental illness live twenty-five years less on average than other Americans and have more health problems earlier in life. National data indicates that a disproportionate number of nursing facility residents are under 65 years of age and have a primary diagnosis of mental illness.

Dena Stoner, Senior Policy Advisor for Mental Health and Substance Abuse Services for the Texas Department of State Health Services, described the limitations of traditional Medicaid which is disability focused rather than recovery focused. The program does not allow the customization necessary for individuals or groups and is not family focused. Medicaid sees the individual as a recipient rather than an active participant in services. Texas State Health Services decided to develop a partnership with Medicaid and used federal grants, waivers of traditional Medicaid rules, and existing federal and state funds to create new approaches to deliver individualized integrated mental health and substance abuse treatment.

The cost of disability is staggering. Workers are the fastest growing category of federal disability payments. In Texas, 28% of working adults are uninsured and do not have access to integrated or coordinated services.

Uninsured workers with disabilities lose employment and seek federal disability.

In 2005, Medicaid SSI and SSDI expenses in Texas reached 3.5 billion dollars.

Texas developed partnerships to allow them to provide specialized services, pilot new ideas, and conduct research to improve practice. All four pilots focused on people with mental health and substance abuse disorders and all involved federal funds and community partners. By aligning eligibility and financing they are able to serve the "whole person" and promote recovery and independence.

Money Follows the Person was a pilot in Bexar County that facilitated the transition of 20,000 people from nursing homes to community living. Up to six months before discharge, nursing home residents work with staff to accomplish relocation to the community. If appropriate, potential triggers for alcohol or drug abuse are identified. Pilot services are provided for up to 365 days. Cognition adaptation training helps individuals master the skills required for independent living. Tools like calendars, clocks, signs, and organizers create a physical environment that improves functioning. To date, 88% of the participants have successfully maintained independence in the community. They are able to earn a comparable wage, get to work, obtained a GED, and some are working toward a college degree.

Working Well, the second pilot, was developed to assist the working poor, uninsured and minimally educated with significant mental health and serious physical conditions. Individual health, employment and vocational support was given.

Youth Empowerment Services is a pilot to provide services with Medicaid dollars to severely emotionally disturbed children at risk for psychiatric institutionalization. These children would not normally be eligible for Medicaid outside of an institution. Services include respite, community and family lending support, translational services, specialized psychiatric services, home modifications, and professional and paraprofessional services.

Self Directed Care provides adults with severe mental illnesses consumers with resources to enable them to choose their providers and navigate community resources.

Texas found that state and federal partnerships are crucial to improving mental health. Ms. Stoner says they are challenging but worth the effort.

(Deb Tatchin is the financial manager of the University of Michigan department of psychiatry).

PHOTO

Janet and Pat - Chuggin' Monkeys

First time attendees - Lindsey Tubbs, Tracy Christie, Steve Mueller

GALLERY

Past presidents
Back row: Jim Landry, Hank Williams, Steve Blanchard, Joe Thomas
Front row: Pat Romano, Janet Moore, Elaine McIntosh

An impromptu concert

2010-2011 Board of Directors
Back row: Hank Williams, Glory Novak, Narri Shahrokh, Toni Ansley
Second row: Tom Tantillo, Annemarie Lucas, Radmilla Bogdanich, Jan Price
Front row: Betty Slavicek
Missing: Jim Myers

Spring renewal

by David Peterson, FACMPE

The other day a local weatherman in Milwaukee, Wisconsin proclaimed that "May is the perfect time to celebrate nature." He's right, of course, but nature is not the only thing to celebrate. Along with blooming flowers and a greening environment, there is an abundance of renewal evident in the world of business and management.

For example, many of us have returned from a "professional renewal" weekend at the Medical Group Management Association's (MGMA) Academic Practice Assembly gathering and also, notably, the AAP Spring Conference in Austin, Texas. These types of networking and continuing education activities refresh and recharge the medical practice professional. Continuing education does not just occur at conferences though.

As anyone who owns a share of stock knows, spring is also a season of company annual reports. They sprout from mailboxes like those flowers in the ground, sometimes even providing a colorful backdrop of company pictures and management advice. To be sure, this advice is often buried in some dull prose and pages of financial statements, but if the reader is paying attention, some helpful management insight can be found that can be applied to the business of academic medicine.

Take General Electric (GE), for example, whose leadership offered up some of these management takeaways in its most recent annual report:

On clear **goal setting**: *(insert your Department Name for each of these GE goals and the goals fit perfectly).*

- "Keep GE safe and secure."
- "Execute and position our infrastructure businesses to perform through the cycle."
- "Create financial flexibility."
- "Protect our franchise and brand."

On a **clear job description**: *(position descriptions should be easy to understand).*

- "My job is to run GE."

Management advice, regardless of the month, season or venue can also be found in the most surprising of places, even in an interview with an Oscar-winning director. Clint Eastwood was once asked why he didn't shout "ACTION!" when directing a scene, opting instead for a soft and casual direction to the actors to start acting. He answered by referencing his days as an actor on the TV show Rawhide, where he noticed that the cattle were often scared when the director shouted "ACTION!" There is a pretty powerful human resource management lesson or two buried in this anecdote. To clearly state a hopefully obvious point: Management truisms and lessons can be found everywhere and often in the most unexpected places and times.

The American College of Medical Practice Executives, the credentialing and fellowship arm of the MGMA is an excellent source of continuing medical education, and medical practice management and leadership advice for the medical practice executive. Some members of the AAP have elected to satisfy their continuing education and professional development needs by membership in the ACMPE. The roster of AAP members with dual membership in the College has grown over the past year and includes the individuals identified in the companion table.

Finally, The GrAAPvine is a neat newsletter that provides a wealth of information to its membership. Accordingly, I need to once again acknowledge and thank the AAP leadership for its support, encouragement and advocacy of ACMPE work. Also, The GrAAPvine's editor, **Jan Price** (U Michigan), requires a special thank you, for who else would allow an AAP column, one intended to be about professionalism, continuing education, certification and fellowship, to begin with "the other day a local weatherman in Milwaukee...?"

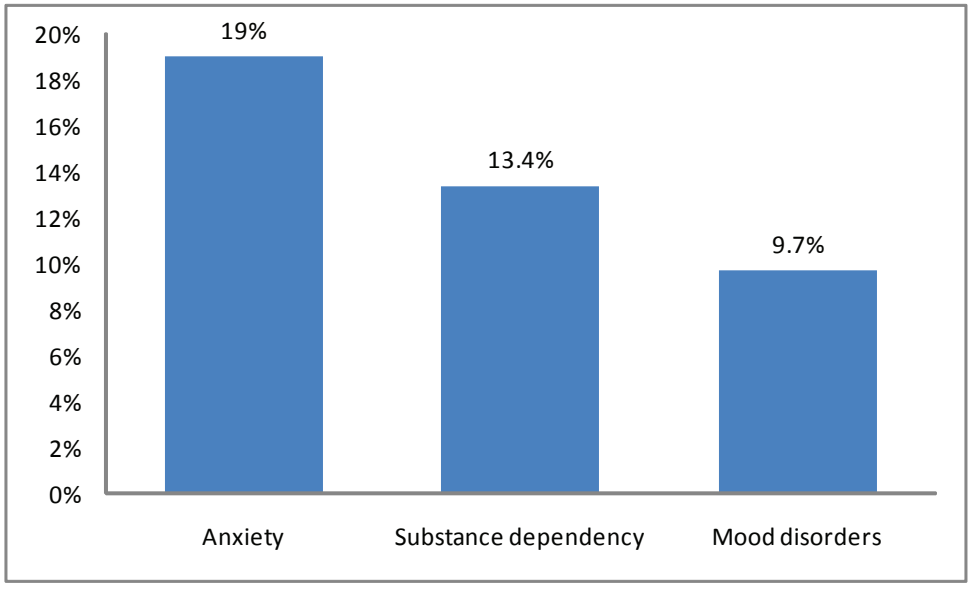
For information on joining the ACMPE or the board certification and fellowship process, contact the ACMPE directly at 877.275.6462 ext. 889 or contact David Peterson, FACMPE at 414.456.8990, email at peterson@mcw.edu or at the Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin, 8701 Watertown Plank Road, Milwaukee, Wisconsin 53226.

AAP members with status in the American College of Medical Practice Executives

Name	Institution	ACMPE Status
DeCourcey, Carol	University of Massachusetts Medical School	Nominee
Dozanti, Lindsey	Case Western Reserve University/University Hospital	Nominee
Erwin, Richard	University of Missouri, Columbia	Certified
Gaupp, Bill	Baylor College of Medicine	Certified
Harding, Mario	Denver Health Medical Center	Nominee
Hyer, Judith	Scott and White Hospital and Clinic	Certified
Kersey, Patricia	Mayo Clinic College of Medicine	Nominee
Landry, James	Tulane University School of Medicine	Certified
Mueller, Steve	University of Texas Medical Branch	Nominee
Munroe, Florie	HealthQuest	Certified
Peterson, David	Medical College of Wisconsin	Fellow
Romano, Patricia	Albert Einstein College of Medicine	Nominee
Taylor, Marietta	Bassett Healthcare	Fellow
Thomas, Carol	University of Louisville School of Medicine	Certified
Thomas, Joseph	University of Michigan Health System	Certified
Tubbs, Lindsey	Texas Tech University Health Sciences Center	Certified
Tungent Henry, Jennifer	University of Louisville School of Medicine	Certified

PSYCHIATRY BY THE NUMBERS

PREVALENCE OF MENTAL HEALTH DISORDERS ACROSS U.S.



From Dell Washington Reports, May 24, 2010

National Institute of Mental Health funding strategy

The National Institute of Mental Health (NIMH) has had some time to implement its FY 2010 funding strategy. Now might be an opportune time for us to revisit the major points, as our departments prepare for major funding deadlines with the agency. Keep in mind they are very generalized.

Non-Competing Continuation Grants

NIMH will fund all years at 98.5 percent of the amount shown on the Notice of Award for the previous year, except for grant types that will be fully funded: modular awards, Recovery Act awards, fellowships, research dissertation awards, training grants, career development awards, and small business awards.

New, Competing Renewal, and Competing Supplement Grants

In general, NIMH assumes that research applications that fall below the 20th percentile are scientifically meritorious and that sufficient funds are available to support up to 80 percent of these new and competing research applications. Additional priorities include: first time grantees applying for their first renewal with the goal of avoiding serious attrition or closure of new laboratories; and, established grantees with insufficient other support with the goal of avoiding the loss of outstanding laboratories.

Non-Modular and Modular Awards

Non-modular competing awards may be reduced on average by 10 percent from Initial Review Group (IRG) recommended levels in an effort to fund the most number of applications possible. This is an average total reduction to all grants funded: not an across-the-board reduction to each grant funded, so some grants could be reduced by more or less than this amount. This general policy for reductions does not apply to modular competing awards, Research Career (K awards), Research Fellowship (F awards), Research Training Grant (T awards), SBIR, or STTR awards, although these awards may be reduced on a case by case basis as recommended by Council or program staff.

Early Stage Investigators

NIMH is committed to supporting new investigators and facilitating the independence of emerging scientists. The Institute considers early stage new investigator status (new investigators who are within 10 years of completing their terminal research degree or within 10 years of completing their medical residency at the time they apply for R01 grants) as a priority in funding decisions. This means that a research grant from a new and/or early stage investigator may be funded out of order and at percentile scores the same or higher than grants not selected for payment from established investigators.

Research Training and Career Development Awards

NIMH is committed to research training that prepares junior and early-to-midcareer scientists to conduct innovative multidisciplinary and interdisciplinary research in areas of program relevance. Given the lower rate of increase in the research budget compared to recent years, NIMH has determined that it is important to strike a strategic balance between building the pipeline of potential new investigators and maintaining a viable pay line to support research projects. If the number of incoming applications remains stable in FY 2010, the success rate for institutional training grants (T32) will remain about the same as in FY 2009. The success rate for career development awards (K-awards) and individual fellowships (F30, F31, F32) also will remain about the same as in FY 2009.

Health information technology extension for Behavioral Health Services Act of 2010 introduced

Legislation would extend incentives for meaningful use of EHRs

Congressman Patrick J. Kennedy (D-RI) and Congressman Tim Murphy (R-PA) introduced the Health Information Technology Extension for Behavioral Health Services Act of 2010. This legislation would extend the incentives for the "meaningful use" of electronic health records established through the American Recovery and Reinvestment Act (ARRA) by ensuring the eligibility of many behavioral and mental health professionals, psychiatric hospitals, behavioral and mental health treatment facilities, and substance abuse treatment facilities.

"As co-chairs of the 21st Century Health Care Caucus, Congressman Murphy and I have long advocated for the adoption of electronic health records as an efficient means to lower health care costs and reduce medical errors," said Kennedy. "This legislation would further extend the incentives included in the HITECH Act to the mental and behavioral health community. It acknowledges what was established with the passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act – that we need to treat illnesses of the brain just as we would ailments of any other part of the body."

"Delivering health IT to mental and behavioral providers bridges the care for those with mental and physical illness," said Congressman Murphy, a psychologist. "To best diagnose and treat patients, mental health professionals need complete, up-to-date medical histories. For instance, when depression is not treated, the costs of caring for a person with a chronic illness like heart disease can double. Electronic medical records ensure that physicians and mental health professionals are working together and delivering the best possible treatments. The Health Information Technology Extension for Behavioral Health Services Act keeps the 21st Century Healthcare Caucus' commitment to treating mental illness with the same vigor as physical ailments."

The ARRA provided $20 billion in incentives and grants to health care providers and hospitals to establish interoperable electronic health record (EHR) systems throughout the nation. These benefits are extended to most physicians, chiropractors, dentists, optometrists, and podiatrists and most hospitals. However, an important sector of the health care community is excluded—clinical psychologists, clinical social workers, psychiatric hospitals, substance use treatment facilities and mental health treatment facilities. Mental health providers, psychiatric hospitals and other outpatient mental health and substance use clinics provide important medical services to a large portion of this nation's population. These providers and hospitals are often under-funded and under-reimbursed for their services.

"As a long-time supporter of access to mental health services, I'm glad to see this legislation as a corrective action to a previous oversight. The vague language in the HITECH Act was insufficient to allow the equal access of mental health facilities to health IT grants. These mental health facilities should have the same access as other hospitals and providers and with the passage of this legislation, they will," said Congressman Gene Green (D-TX).

"This proposed legislation corrects an oversight that excluded a major component of the healthcare system from critical funding that will help organizations accelerate their adoption of Electronic Health Records," said James L. Conway, chief executive officer of Netsmart Technologies, a provider of enterprise-wide software and services for health care and human services organizations. "We're gratified that Rep. Kennedy and Rep. Murphy have introduced this legislation that recognizes the need to treat the entire person, including both primary and behavioral health, which many times are interrelated."

(Press release, Office of Representative Patrick Kennedy, April 15, 2010)

University of Florida academic mental health center in Vero Beach

by Karen Dooley, University of Florida.

Approximately one year ago, the Center for Psychiatry and Addiction Medicine in Vero Beach opened its doors. The Center is a collaborative effort between the UF College of Medicine and the Robert F. and Eleonora W. McCabe Foundation and its partners and is a community-based treatment center and teaching facility staffed by UF clinicians and fellows providing state-of-the-art academic outpatient evaluation and treatment. It includes full-time faculty specializing in adult psychiatry, child and adolescent psychiatry, psychology, psychopharmacology and psychotherapy and will serve as a primary site for the academic training of addiction medicine physicians, child and adolescent psychiatrists and other mental health professionals as well as offers periodic continuing medical education for local physicians.

"There is an overwhelming need for psychiatric services in the state of Florida, where recent reports rank it 49th out of 50 states," said Mark S. Gold, M.D., Dizney distinguished professor and chairman of the department of psychiatry at the UF College of Medicine. "This lack of access to care was brought to our attention by Ellie and Bob McCabe, and through their initiative the University of Florida has begun to attract and will continue to recruit nationally recognized psychiatry and addiction leaders to benefit the people of the Treasure Coast." As longtime Vero Beach residents, the McCabes have focused their foundation's philanthropic efforts on mental health care in Indian River County since 2001. Ultimately, the McCabe Foundation donated $2 million to the Department of Psychiatry to establish an endowment to support the Robert F. and Eleonora W. McCabe Clinical Eminent Scholar Chair in Psychiatry and Community Mental Health. Inspired by this vision, other local philanthropists and their families joined the effort by contributing an additional $2.3 million over the next four years to provide the immediate funding that has allowed the Center to open.

The Center's core mission is to attract and train the next generation of mental health professionals in Indian River County. To this end, the Center provides fellowships in the areas of addiction medicine, child & adolescent psychiatry, and forensic psychiatry. The Center also is home to the first fellowship program in community mental health in the state of Florida.

In addition, the Center is able to provide critical Continuing Medical Education (CME) opportunities to all medical professionals. This allows the providers already in the area to remain current on the best practices in their specialties.

Physicians tend to practice where they have trained. By providing fellowships, the Center is able to increase the number of practitioners in the area, thereby increasing the resources available to patients and their families. Working with local healthcare providers, the Center continues to identify areas of need and works to fill the gaps in access to quality mental health care. Community outreach efforts also strive to educate the community on the need for early intervention.

The UF Center for Psychiatry and Addiction Medicine is a mental health environment that augments the services currently available in the area. It brings together all the resources and expertise of the University of Florida for the citizens of Indian River County. Not limited by distance, doctors at the Center are able to connect with their colleagues in Gainesville via videoconference to collaborate on complex cases. This will ensure that citizens of Indian River County have rapid access.

"We are developing a potential model for other communities throughout the state and nation that have the same drive and desire to impact the availability of mental health care in their communities," Gold said.

(Adapted from University of Florida Psychiatry News, March 27, 2009)

Maximum period for submission of Medicare claims reduced

Sections 1814(a), 1835(a)(1), and 1842(b)(3) of the Social Security Act as well as the Code of Federal Regulations (CFR), 42 CFR Section 424.44 specify the timely filing limits for submitting claims for Medicare Fee-for-Service (FFS) reimbursement. As indicated in the regulation, the service provider or supplier must submit the claim for services furnished on or before December 31 of the following year for dates of service occurring during the first nine (9) months of the year. For services furnished during the last quarter of the calendar year, the provider or supplier must submit the claim on or before December 31st of the second following year.

Section 6404 of the Patient Protection and Affordable Care Act (PPACA) amended the timely filing requirements to reduce the maximum time period for submission of all Medicare Fee-for-Service claims to *one calendar year after the date of service*. These amendments apply to services furnished on or after January 1, 2010. Additionally, this section mandates that all claims for services furnished prior to January 1, 2010 must be filed with the appropriate Medicare claims processing contractor no later than December 31, 2010.

Claims with dates of service prior to October 1, 2009 will be subject to pre-PPACA timely filing rules and associated edits.

Claims with dates of service October 1, 2009 through December 31, 2009 received after December 31, 2010 will be denied as being past the timely filing statute.

Claims with dates of service on or after January 1, 2010 received more than 1 calendar year beyond the date of service will be denied as being past the timely filing statute (ex: claim DOS = 3/15/10, claim must be received by COB 3/15/11).

Claims for services that require the reporting of a line item date of service, the line item date is used to determine the date of service. For other claims, the claim statement's "From" date is used to determine the date of service.

Section 6404 of PPACA gives CMS the authority to specify exceptions to the one calendar year time limit for filing claims. Currently, there is one exception found in the timely filing regulations at 42 CFR section 424.44(b)(1), for "error or misrepresentation" of an employee, Medicare contractor, or agent of the Department that was performing Medicare functions and acting within the scope of its authority. If CMS adds additional exceptions or modifies the existing exception to the timely filing regulations, specific instructions will be issued at a later date explaining those changes.

The official instruction (CR6960) is available at http://www.cms.gov/Transmittals/downloads/R697OTN.pdf on the CMS website.

Inpatient psychiatric facilities should use source of admission code D for patient transfers within the same facility

In May of 2010 the Office of the Inspector General (OIG) issued the Nationwide Review of Medicare Part A Emergency Department Adjustments for Inpatient Psychiatric Facilities (IPFs) During Calendar Years 2006 and 2007 and the report notes that many IPFs were not aware that source-of-admission code D existed.

Under the Medicare prospective payment system for IPF, CMS makes an additional payment to an IPF for the first day of a beneficiary's stay to account for emergency department costs if the IPF has a qualifying emergency department. CMS makes this payment to every IPF that has a qualifying emergency department, regardless of whether the beneficiary was admitted through the emergency department. However, CMS does not make this payment if the beneficiary was discharged from the acute-care section of a hospital to its own hospital-based IPF. In that case, the costs of emergency department services are covered by the Medicare payment that the hospital receives for the beneficiary's immediately preceding inpatient stay.

To read the entire Nationwide Review of Medicare Part A Emergency Department Adjustments for Inpatient Psychiatric Facilities During Calendar Years 2006 and 2007 (A-01-09-00504), you may go to http://oig.hhs.gov/oas/reports/region1/10900504.pdf on the Internet.

A rock band was playing a concert at the psychiatric hospital where one of the musicians worked as a music therapist. The audience was a little too quiet for his taste, so the guitarist decided to do something about it. He grabbed the microphone, pointed to the group and yelled, "Are you ready to get a little crazy?"

Editorial staff
Editor:
Janis Price
Associate Editors:
David Peterson, FACMPE
Hank Williams

The GrAAPvine is published quarterly and distributed to the members of Administrators in Academic Psychiatry as part of membership in AAP.

Publication deadlines
Publication deadlines are on the 5th of February, May, August and November. News items and articles are welcome and should be sent to:

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