

MPS NEWS

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Editor: Heidi Bunes

April 2015

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Deadline for submitting articles to <i>MPS News</i> is the 15th of the month preceding publication. Please email to heidi@mdpsych.org .	
<i>MPS News</i> Design & Layout Meagan Floyd	

President's Column

The Final Countdown

As I've already intimated on numerous occasions, writing this column was probably my greatest concern when I began the MPS presidency year. It was a standing joke at Executive Committee meetings that I counted off the year in units of newsletters, and I was thrilled when I was able to persuade three people to write major contributions on my behalf. (A big thank you to Drs. Lauterbach and Shaya and to our lobbyist, Phil Cronin, for their help with those columns.) So, as I write my ultimate column, I must admit that I am unambiguously relieved - no references to bittersweet moments from me!

On the other hand, I do have more mixed feelings about relinquishing the presidency itself. As I review the year, the words of a couple of people echo; Dr. Miller, who told me I would learn "a lot," and my predecessor, Dr. Aaronson, who remarked that just as you're beginning to figure out what the job is about, it's time to pass the role on to the next person. I couldn't agree more with either of those observations. Scott Aaronson also asked me what I wanted my legacy to be, and I remember thinking that I primarily wanted to make sure that I left the organization as healthy as I found it. I hope that I have managed to do that.

This year has certainly had its ups and downs, but I believe that the trend is mostly positive. One of the most pleasant aspects has been working with the current Executive Committee--a nicer, more hard-working group of people would be hard to imagine, each of them ready to pitch in to help at a moment's notice. I am so glad to look forward another, less

stressful year in their company, and I will definitely miss hearing Dr. Aaronson's stately advice and pithy rejoinders. I am also incredibly grateful to the amazing MPS staff; I am very aware that their breadth of knowledge and resourcefulness is one of the major reasons that this year has run so smoothly for me.

In terms of the year's highlights, I hope you will grant me some forbearance, as I post a short reprise;

- Much of the summer was taken up in following the open meetings for the Outpatient Services Programs Stakeholder Workgroup. Several members and our executive director, Mr. Hummel, attended the meetings and kept us all abreast. We also met with NAMI to try to ensure that any proposed changes to the dangerousness definition did not actually make it more difficult to admit patients, as some of our experts feared. As of this time, much of the legislative proposals have been put aside, due to the state budget crunch, but we certainly don't expect that to be the end of these issues, moving forward.

- In the fall, we held Maintenance of Certification trainings at five locations in APA Area 3, which were very well attended by members. Our thanks to Area 3 and to APA for their help with funding, and to Dr. Lauterbach, who with staff member Meagan Floyd, set up and delivered the trainings. We hope that these can be replicated at a later point, as we continue to assist our membership through the arduous re-certification process.

- A new Uniform Treatment Plan was negotiated with the Maryland Insurance Administration, in conjunction with the insurance companies. Drs. Shaya and Daviss both worked with the Maryland psychologists to ensure that the UTP form

The next MPS Council meeting will be Tuesday, **April 14** at 8PM in the MPS office.

(Continued on next page)

will not become more onerous for practitioners, and we hope that it will become easier for clinicians to request authorization for a number of services, including TMS, inpatient services and partial hospitalization.

- Our membership numbers are a little more robust, and we have reached out in particular to the residents, the guardians of our organization’s survival. We were able to obtain an APA grant allowing residents a year’s free membership in the MPS, and we met with them to explain our mission, and, perhaps more importantly, to provide lunch! Thanks to Dr. Nestadt for his great suggestion to put this initiative in place, and to Dr. Lehman and the members of the Membership Committee.

- We continue to work on our goal of adding a voting Resident Member of Council, which will hopefully increase residents’ engagement in the organization to a greater degree.

- The Irish rugby team continues in its quest for a grand slam run at the Six Nations Championship. (Just checking that you are still awake!).

- Our Legislative Committee is busy as I write this, monitoring bills and responding in what we hope is our members’ best interests. [See [highlights](#).]

- MPS leadership is also working closely with other groups in the state to try to reduce the effects of [budget cuts](#) on the very vulnerable population which we serve.

- We continue to provide quality CME education for our members, with a [symposium on women’s health in April](#), and another on the latest trends in treating the dually diagnosed population in October.

- The MPS will be rolling out its new website and data base in the very near future. Our staff can hardly contain their excitement, and I believe it will enhance our members’ interactions with the organization beyond recognition.

In summary, while I am happy to hand over stewardship of the MPS to Dr. Zimnitzky for the coming year, I am very proud to have been afforded the opportunity of serving you as president of this active and vibrant organization we call the Maryland Psychiatric Society.

Thank you all

*Sally Waddington, M.D.
President*

MPS Members Out & About

Phil Dvoskin, M.D. has a new [website](#) devoted to photography from his travels. Other members who have shared their love of photography with the MPS over the years are [Carl Segal, M.D.](#) and [Jesse Hellman, M.D.](#)

Help us spotlight news of MPS members in the community by sending info to mps@mdpsych.org.

Have You Paid Your 2014-2015 Membership Dues?

A list of members with unpaid MPS dues will be presented to Council this month, with a final vote on dues drops in June. Invoices will be mailed again in early April. If you are unsure whether your July 1, 2014 to June 30, 2015 MPS dues are paid, please call 410-625-0232 or email mps@mdpsych.org.

Membership

The following individuals have applied for membership with the MPS. Unless any current members have evidence that an applicant does not meet the criteria for ethical and professional standards, these actions will be approved 14 days after publication.

Charles R. Arthur, III, M.D.
Michael Bushey, M.D., Ph.D.
Yon Park, M.D.
Matthew H. Taylor, M.D.

Reinstatement

Cynthia R. Major-Lewis, M.D.
Melanie V. Rowson, M.D.

Transfer Into Maryland

Apurva N. Makadiya, M.D.
Samuel L. Williams, M.D.
Joanna YJiang Wong, M.D.
Lok H. Wong, M.D.

New APA Find-a-Psychiatrist Tool

The APA has announced a new member benefit that will be rolled out in the coming weeks, a “Find a Psychiatrist” online, searchable database that APA members can [opt-into](#) (link will take you to an easy to complete online form). The goal is to populate the database before posting it publicly to the website. To view the functionality of the new database, click [here](#). The purpose of this new benefit is three-fold: 1) to create a centralized place for patients to find psychiatrists; 2) to assist psychiatrists who are accepting patients; and 3) to reduce the call volume at the APA and District Branches (DBs) from patients seeking psychiatrists. This initiative is mainly in response to an APA Assembly Action Paper and DBs who wanted the APA to develop this service. Contact Jon Fanning, Chief Membership and RFM-ECP Officer, at jfanning@psych.org or 703-907-8656 with any questions.

Become an APA Fellow— It's Now Easier to Apply!

Are you ready to take the next step in your professional career? Members who pursue fellow status perceive it as one of the first steps to enhancement of their professional credentials. Members who apply and are approved this year for fellow status will be invited to participate in the Convocation of Distinguished Fellows during APA’s 2016 annual meeting in Atlanta. **The deadline is September 1.** Visit the [APA website](#) for more details and a link to the application.

March 10 Council Highlights

Executive Committee Report

Dr. Waddington noted that in coordination with the APA, the MPS sent a letter to the Maryland Insurance Commissioner, Mr. Al Redmer, Jr., about issues surrounding parity and network adequacy. He has responded that he plans to address our concerns with the Maryland Health Benefit Exchange at a future meeting and work with us to resolve this issue. She also noted that the MPS has signed on to a letter developed by the AMA urging the repeal of the Medicare Sustainable Growth Rate (SGR) formula currently under debate in Congress. [See [page 9](#) for more info.]

Executive Director's Report

Mr. Hummel gave an update on the new MPS website and member database. Staff will be trained on the database at the G1440 office. This will hopefully lead to a soft launch in late Spring. Staff will attend the Area 3 Council meeting March 21 to provide a final report on the MOC trainings last fall.

Legislative Committee Report

Dr. Palmer thanked everyone for participating on the conference calls every Wednesday. For the latest on the bills she discussed, see next column on this page.

Lifetime of Service Award

After discussion, ballots were cast for the MPS Lifetime of Service Award and Dr. Thomas Lynch was declared the 2015 winner.

Update on 2015 Legislative Session

The MPS Legislative Committee has taken the following action on bills this session.

Oppose:

[HB0003 Prescription Drug Monitoring Program \(PDMP\)-](#)

Status: Unfavorable Report by HGO
Steve Daviss testified against this legislation.

[SB0195 – Voluntary and Involuntary Admissions - Cert. by Psychiatric Nurse Practitioner-](#)

Status: Crossed over to House, First Reading in Health and Government Operations March 24.

This bill authorizes a psychiatric nurse practitioner to fulfill both specified admission requirements for the voluntary admission of a minor to the child or adolescent unit of a State facility for the treatment of a mental disorder and specified certification requirements for the involuntary admission of an individual to a facility or Veterans' Administration hospital for the treatment of a mental disorder. Passed the Senate.

[SB0162/HB 451- Task force on Regulation of Teletherapy](#)

Status: Withdrawn
Would establish the Task Force to Study Regulation of Teletherapy to study and make recommendations and submit an interim report by December 1, 2015, and a final report by December 1, 2016.
MPS opposed because there is already a task force for Telemedicine and this could be folded into that task force. Both bills were withdrawn.

[SB0617/HB0908- Lynette's Law](#)

Status: Senate - Heard 3/04.; House - Heard 3/17.
Would prohibit sexual contact between a professional counselor or therapist and a person who is receiving counseling from the professional counselor or therapist, or who received counseling from the professional counselor or therapist within the 2 years preceding the sexual contact; etc.
MPS opposed in the Senate. Unlikely to move to the House after the main bill proponent had to be removed from the hearing by security for harassing opponents there to testify.

[SB0676/HB1021- Death with Dignity Act](#)

Status: Senate - Heard 3/10.; House – Heard 3/6.
Would authorize a qualified patient to request aid in dying by making specified requests; prohibit an individual from requesting aid in dying on behalf of a patient; require a written request for aid in dying to meet specified requirements; establish specified requirements for witnesses to a written request for aid in dying; require an attending physician who receives a written request for aid in dying to make a specified determination; etc.
Anne Hanson testified in the

(Continued on next page)

CONGRATULATIONS



After receiving member input, the MPS Council voted on March 10th to award

Thomas Lynch, M.D.
2015 MPS Lifetime of Service Award

Thank you Dr. Lynch for your invaluable service over these many years! Please join us at our [Annual Dinner on April 30th](#) to honor Dr. Lynch for this achievement.

[See page 11](#) for more information.

House in opposition to this bill due to lack of requirement of a psychiatric assessment. The bill has no provision or mechanism to challenge the adequacy of a competency assessment. An individual can bar a physician from notifying family, which would be a substantial barrier to a psychiatrist or psychologist performing a capacity assessment. There is also no accountability to the Board of Physicians.

[HB0999/SB0723- NP Full Practice Authority Act](#)

Status: House - Heard 3/10; Senate - Heard 3/18.

Would repeal the requirement for a certified nurse practitioner practicing in the State to attest to having an agreement for collaboration and consulting with a specified physician and will practice in accordance with specified standards; etc.

Med Chi is supporting with amendment to create stronger penalties (not criminal) for collaboration failure. Their reasoning is that regardless of law about collaborative agreements (eliminated a few years ago) or attestations (replaced collaborative agreement), NP's scope of practice still requires collaboration with a physician. Eliminating the attestation of collaboration does not make them independent of physicians. However, the MPS found no such requirement, and therefore submitted testimony in opposition, stating that the American Association of Nurse Practitioners Standards of Practice requires the nurse practitioner to "participate as a team leader and member in the provision of health and medical care, interacting with professional colleagues to provide comprehensive care." Eliminating the attestation requirement functionally lowers the bar by negating the need for documented collaboration with a physician. Additionally, loosening the collaborative standard will lead to further fragmentation of an already strained mental health care system.

Support:

[SB0092/HB0230- Health Insurance - Assignment of Benefits](#)

Status: Both passed in original chamber and crossed over. Would remove the sunset for this legislation so that benefits will continue to be assigned.

[SB0090 HB0293/ - Guardianship, Advance Directives, and Surrogates](#) –

Status: Both passed in original chamber and crossed over. Would authorize a court to appoint a guardian of a disabled person for a limited period of time under specified circumstances; provide that a revocation of an advance directive for mental health services by a specified declarant is not effective until 72 hours after the request for revocation is made; repeal the prohibition against surrogate decision makers authorizing treatment for a mental disorder; etc. The MPS has said that the 72 hour limit should be removed and that a person must be declared competent regarding any changes in advanced directives. MedChi supports this amendment. Passed in both Senate and House with amendments.

[SB0074- Task Force to Study Maternal Mental Health](#)

Status: Passed both House and Senate with amendments. Would establish the Task Force to Study Maternal Mental Health, make recommendations and report to the Governor and the General Assembly on or before December 31, 2015.

[SB0157/HB662- Consultation, Diagnosis & Treatment of Mental and Emotional Disorders- Consent by Minors](#) –

Status: Passed Senate with amendments; in House Health and Government Operations

Would add other mental health professionals to the list of those who are allowed to treat 16 and 17 year olds as if they were adults.

MedChi supports along with MPS.

[HB0534- Health Insurance - Coverage of Brand Name Prescription Drugs for Mental Health Treatment](#)

Status: Withdrawn

Would require health insurance entities to establish and implement a procedure that provides for coverage of prescription drugs prescribed for the treatment of a mental disease or condition under specified conditions; prohibit specified health insurance entities from imposing specified cost-sharing requirements on coverage for specified brand name prescription drugs that are less favorable to a member than the cost-sharing requirements that apply to coverage for specified equivalent generic prescription drugs; etc.

MPS supported with written testimony. Unfavorable Report from Health and Government Operations.

ACA, Private Medicare Plans Must Update Provider Directories in 2016

Under a [CMS rule published in February](#), Medicare Advantage plans must contact doctors and other providers every three months and update their online directories in "real time." Online directories for policies sold through healthcare.gov, the health law exchange run by the federal government in 37 states, must be updated monthly, CMS announced [in a separate rule](#). Inaccuracies in the Medicare Advantage directories may trigger penalties of up to \$25,000 a day per beneficiary or bans on new enrollment and marketing. CMS will also use the directories to help determine whether insurers have enough doctors to meet beneficiaries' needs. The federal exchange plans could face penalties of up to \$100 per day per affected beneficiary for problems in their directories.

From [March 9 Kaiser Health News post](#)

Senior Psychiatrists Meet in Toronto

General meeting, Business meeting and Reception May 15 and 19. Click [here](#) for more info or to join.

Mandated Opioid Prescribing CME

Effective for this year's license renewals, the Maryland Board of Physicians (MBP) now requires one credit hour of continuing medical education dedicated to opioid prescribing. The one-hour requirement per renewal cycle will be in effect for two years for all Maryland licensed physicians, with continuation subject to review. This development grew out of Governor O'Malley's Executive Order 01.01.2014.12, later replaced by Governor Hogan's own [executive orders](#) establishing the [Heroin and Opioid Emergency Task Force](#), and setting up the [Inter-Agency Heroin and Opioid Coordinating Council](#).

Although this mandate was opposed by both the MPS and MedChi in the 2014 General Assembly, the Governor used an Executive Order to have certain boards consider education for medical professionals on opioid prescribing and access to addiction treatment services. Out of concern about the growing problem of overdose deaths, the MBP now requires that physicians' continuing education includes "appropriate pain medication management and education for understanding substance use disorders treatment resources." The MBP posted a [list of possible approved courses](#) that fulfill the mandate (not an exhaustive list). Visit the [MBP Overdose Prevention page](#) for more details.

The MPS Executive Committee has discussed how to best help members satisfy this mandate. The [April 18 MPS CME symposium on Women's Mental Health](#) includes an hour presentation that meets the new requirement. The MPS is also considering partnering with MedChi to sponsor another CME event. We have also contacted MADC - the Maryland Addictions Directors Council - to partner in developing a comprehensive list of addiction treatment services, and to research other online listings for addiction services in Maryland.

Another resource is the Providers' Clinical Support System for Medication Assisted Treatment (PCSS-MAT), a SAMHSA funded initiative. As a partner organization, the APA organizes 16 webinars per year that provide CME. These free webinars are held the second Tuesday of each month from noon to 1 p.m. APA's webinar archive is available at [www.APAeducation.org](#). These trainings meet the MBP one hour opioid prescribing requirement.

More information will be forthcoming

Only 32% Know Sharing Opioids Is a Felony

On March 11, [Bloomberg News](#) reported that a survey conducted by the National Safety Council found that of U.S. patients taking prescription opioids just 32% realize it is a felony to share their drugs punishable by at least a year in jail.

Stakeholders Identify CDS Challenges

Physicians, pharmacists and medication supply chain organizations agree: There is a shared responsibility to work together to prevent the misuse and diversion of controlled substances while simultaneously ensuring access to medicines for patients with legitimate needs. The AMA and 16 other organizations developed a [consensus document](#) (log in needed, but membership is not required to access) that highlights the challenges of prescribing and dispensing medicines like opioids.

The document describes five key challenges:

- There is widespread recognition that the misuse and abuse of prescription medications is a growing public health problem.
- Physicians, pharmacists and other key stakeholders each play an important role in addressing prescription drug abuse.
- The legal requirements for each stakeholder are sometimes confusing and not understood by other groups.
- There are factors that are more indicative of substance abuse or diversion, i.e. "red flags."
- There also are other aberrant medication-related behaviors and factors potentially indicative of substance abuse or diversion.

While the document is not intended to establish standards of care, it does provide information that can assist health care practitioners in complying with state and federal requirements and using their professional judgment when confronted with aberrant patient behaviors. [Read more](#) about AMA advocacy on this topic.

From [March 24 AMA Wire post](#)

NY AG Enforces Parity

In March, the New York Attorney General's office [announced](#) a settlement with Value Options, which manages the behavioral health benefits for almost 3 million New Yorkers in fully insured or state and government plans. The settlement requires Value Options (now known as Beacon Health Options) to implement 13 behavioral health benefits process improvements and pay a \$900,000 penalty. The investigation revealed that mental health claims were twice as likely to be denied compared to the denial rate of medical or surgical care claims, and addiction recovery services were four times more likely to be denied.

Maryland News

Maryland Budget Update

MedChi and the Maryland Behavioral Health Coalition are actively lobbying to restore Medicaid cuts proposed in the Hogan budget. The House of Delegates has passed its FY16 budget, which restores approximately \$178.6 million to various programs that had previously been cut, including \$1.6M to restore E&M codes for psychiatrists to 93% of Medicare effective April 1, 2015 (the O'Malley Administration had reduced these codes to 87%). Other funds to be restored include the 2% community mental health provider rate cut, returning the physician Medicaid rates from 87% of Medicare equivalence to 93%, and continuing community mental health provider rates at current levels through FY 16. In addition, \$2 million would expand substance use disorder treatment targeted at individuals with heroin addiction. The Senate's version of the budget includes similar funding provisions for behavioral health. Minor differences can hopefully be addressed, and Governor Hogan must agree with their actions.

Keep the Door Open MD

Hundreds joined the Maryland Behavioral Health Coalition in Annapolis at the February 25 [Keep the Door Open](#) Rally to urge Governor Hogan and the Maryland General Assembly to restore over \$20 million cut from the behavioral health budget since the beginning of January. Speakers shared their personal ties to the threat of reduced funding for mental health and substance use disorder treatment, and Senators Middleton, Madaleno and Eckardt, and Delegate Pena-Melnyk spoke passionately in support of the Coalition's efforts. [View an initial recap and photos here.](#)

The rally drew media coverage from around the state, which has raised awareness about the issue and is helping to highlight the devastating effect these budget cuts could have if left to stand. Some of the funding may be restored, particularly given comments from State Budget Secretary David Brinkley in a [Baltimore Sun article](#) indicating that this will be a priority area when they determine whether money is available to restore some budget cuts. Please see related budget article above.

In March, the Keep the Door Open MD campaign transitioned to a final advocacy push for restoring the budget cuts. Letters to the editor, an [online petition](#) and a [video](#) from the rally are being used to encourage positive action related to the behavioral health budget. As of March 19, there were over 1,000 signatures on the petition.

Required CME for Physicians who Dispense Medications

The University of Maryland School of Pharmacy's Center for Innovative Pharmacy Solutions (CIPS) and MedChi have partnered to offer continuing medical education courses for physicians who dispense medications to patients through their practices. This comes after the 2012 passage of a [Maryland law](#) that requires physicians who dispense to complete 10 CMEs on proper dispensing practices within five years of submitting or renewing their permit to dispense medications through their practices, beginning in 2018.

MedChi and CIPS are developing six or more CME modules for physicians that will be released in four phases. Collectively titled "Physician Dispensing in Maryland Educational Series," the modules will be delivered by the CIPS Knowledge Enterprise -- an online platform. The [CIPS website](#) has information about these [courses](#) available through the partnership between the University of Maryland School of Pharmacy and MedChi. [MedChi members can register at a discounted rate.]

From [March 2 MedChi News](#)

Comments on Community Behavioral Health Regulations

January 21 ended the Behavioral Health Administration's second informal comment period for the review of proposed community behavioral health regulations that would replace certain chapters of COMAR 10.21 and 10.47. The proposed draft is the culmination of a multi-year process aimed at creating integrated regulations governing providers of behavioral health services, including new accreditation requirements. Five comments that were received during second informal comment period and BHA responses were posted on February 27 to the [Behavioral Health Integration Stakeholder Workgroup website](#). (The proposed regulations are also available on the site.) The comments address a variety of areas such as definitions, privacy, complaints and program licensure.

DHMH Office of Preparedness & Response

The [Maryland Office of Preparedness and Response website](#) provides disaster advisories, general disaster preparation information, and a link to MD Responds, an organization that provides community disaster assistance. We live in a time of climate change, natural disasters, and fear of terrorism and pandemics. This site is an important resource for physicians who have an obligation to care for patients during these potential crises.

Maryland News

Parity Advocates Push for Parity Enforcement Bill

A major problem in fully realizing the parity laws lies in implementation gaps. Advocates have been shepherding legislation to address this issue. Bills have been filed in the 2015 General Assembly, [Senate Bill \(SB\) 586](#), and its cross-file [House Bill \(HB\) 1010](#), entitled "Health Insurance – Federal and State Mental Health and Addiction Parity Laws– Report on Compliance," which would allow the Maryland Insurance Administration to [enforce full parity](#). As of now, parity enforcement is mainly a consumer complaint-driven process, requiring consumers to identify violations and file complaints. This process does not work as consumers do not have the necessary information to determine if their plan is in violation of parity. Unfortunately, this issue does not seem to be advancing in the legislature. Visit the [Maryland Parity Project](#) for more details.

Maryland Health Benefit Exchange Update

The [board](#) of the [Maryland Health Benefit Exchange](#) met on March 17. DHMH Secretary, Van Mitchell, is the current chairman who now serves with Insurance Commissioner, Al Redmer and Dr. Michelle Gourdine, who was appointed by Governor Hogan. The final enrollment numbers through February 28 were reported as follows:

- 289,131 = total enrollment
- 87,007 = QHP enrollments with Advanced Premium Tax Credit (APTC)
- 35,771 = QHP enrollments without APTC
- 166,353 = Medicaid enrollments

The board established the [2016 Plan Certification Standards](#) for Qualified Health Plans (QHPs) based on staff recommendations.

The [Maryland Women's Coalition for Health Care Reform](#) noted that this means Maryland consumers will have fewer protections than others who purchase coverage through the federal marketplaces. [See ACA... on [page 4](#).] On March 9th, the Coalition and 26 organizations submitted [comments](#) to the board to strengthen the standards and bring them into compliance with those for the federal marketplaces. Unfortunately, the board did not address many of their concerns. For example, the federal government requires carriers to indicate in their on-line provider directory whether a doctor is taking new patients. This simple step would expedite consumers' access to in-network providers.

Maryland Health Benefit Exchange Special Tax Enrollment Period

Marylanders who owe the 2014 tax penalty for being uninsured still have a chance to get health coverage for 2015. An informative [flyer](#) explains how to **enroll by April 30** to get health coverage in 2015 and lower the tax penalty for 2014. Learn more at [MarylandHealthConnection.gov](#).

Resource

The [Maryland Poison Center](#) (800-222-1222) is run by the University of Maryland School of Pharmacy and staffed 24 hours a day. They answer questions at no charge and over 20% of their calls come from health care professionals.

Companies Fined for Unapproved Student Health Plans

Four health insurance companies paid a combined \$280,000 in fines to the Maryland Insurance Administration (MIA) for selling unapproved health insurance plans to college students in Maryland. Student health benefit plans are only available to be purchased through a college or university. Beginning January 1, 2014, all student health plans offered in Maryland were required to meet the same coverage and cost-sharing standards as all other individual health plans in Maryland. When the 2014-15 school year began and only one company had updated its filings, the MIA launched an investigation into all student health plans.

MIA issued consent orders against [Aetna Life Insurance Co.](#), [CareFirst of Maryland Inc.](#), [National Union Fire Insurance Co. of Pittsburgh](#), and [UnitedHealthcare Insurance Co.](#) Fines ranged from \$20,000 to \$140,000, depending on the number of colleges to which a company was selling plans.

Students who believe they were improperly denied coverage for a procedure or visit, or who believe they were overcharged, should contact the MIA at 1-800-492-6116.

WYPR Interview on Efforts to Achieve Parity

The Maryland Morning interview between Sheila Kast and Adrienne Ellis of the Maryland Parity Project aired March 4 on WYPR. Part of their discussion was about the difficulty of getting an appointment with an in-network psychiatrist. [Listen here](#). The interview webpage notes that the Maryland Insurance Commissioner accepts complaints about health insurance only by mail. The form to send is available at [this link](#).

Maryland News

Five Maryland Health Systems Form “Advanced Health Collaborative”

Five major independent Maryland-based health systems with a combined total of ten hospitals have agreed to create the [Advanced Health Collaborative](#), LLC (AHC), which will offer its members the ability, without merger, to share ideas and explore opportunities to enhance the quality of health care, reduce costs and improve the health of Marylanders. AHC members are Adventist HealthCare, LifeBridge Health, Mercy Health Services, Peninsula Regional Health System, and Trivergent Health Alliance, which includes Frederick Regional Health System, Meritus Health and Western Maryland Health System.

The agreement comes as all hospital systems in Maryland move into their second year under the all-payer global budget reimbursement system. Since January 1, 2014, Maryland hospitals have received a predetermined reimbursement that is based on the size of the populations they serve, rather than payment for each service they provide. The ultimate goal of the global budget system is for hospitals to better manage the health of the people they serve.

To achieve this goal, many hospital systems are now focusing on primary care and prevention under an approach known as “population health,” which includes using many community-based programs such as helping people to coordinate their medical care or manage their prescriptions. Hospitals may also help arrange access to behavioral treatments and a broad range of social services. By helping people in their communities stay well, health systems should reduce the number of hospital admissions and costs while continuing to develop ways to improve the quality of health care, fulfilling the goals of the Triple Aim.

AHC also offers members a collective and collaborative voice in discussions regarding the changing health care landscape in Maryland.

From [March 2 MedChi News](#)

Medicaid Quantity Limits Update

Effective March 13, the Maryland Medicaid Pharmacy Program updated its Quantity Limits list, which indicates the maximum amount of a drug covered over a certain period of time. These limits are based on FDA approved labeling and evidence-based guidelines that are in line with best practice standards. [Additions and changes](#) to the QL program are highlighted in yellow on the list.

MedChi Lobbyist Explains Workers Comp Announcement

The Maryland General Assembly’s Workers’ Compensation Benefit and Insurance Oversight Committee announced on February 3 that there would be no legislation for the next two years (2015, 2016 legislative sessions) regarding physician dispensing of medicines to workers’ compensation patients. This announcement ended a 3½-year saga that began in the fall of 2011, when the Maryland Workers’ Compensation Commission (MWCC) proposed a regulation to drastically reduce the amounts paid to doctors for medicines dispensed from their offices. Doctors complained that the regulation would effectively end dispensing because they would be paid less than they had paid for the medicines in question. After the regulation was turned down, workers’ compensation insurers filed legislation in the 2012, 2013 and 2014 sessions aimed at eliminating physician dispensing or imposing tight price controls on the amounts paid by insurers. This legislation was unsuccessful each year.

The basis for all of this activity stemmed from reports developed by the Workers Compensation Research Institute (WCRI), an insurance company funded organization. According to WCRI reports for Maryland, doctors were dispensing 40% of all workers’ compensation prescriptions and were capturing 55% of all dollars paid for prescriptions. WCRI maintained that this out-of-control dispensing was driving up costs and needed to be brought under control. Throughout the legislative debate, opponents questioned the accuracy of the WCRI figures, which were being used in state after state to pitch reforms.

The reason for the recently announced moratorium was the independent determination by the MWCC that the WCRI figures were grossly inflated. The MWCC did its own independent study and determined that in 2013 physicians accounted for only 15.7% of all prescriptions, not 40%. WCRI expostulated from data that reflected prescriptions from approximately 12% of Maryland cases, while the MWCC data covered 92% of all prescriptions.

This is a cautionary tale. Public policy was being manipulated by WCRI for the benefit of its member insurance companies. Because of this manipulation, countless hours were spent by all interested parties in legislative hearings, workgroups and the like. Credit belongs to the MWCC and its chair, R. Karl Aumann, for properly investigating and discovering the truth.

From [Op-Ed by Joseph Schwartz, III, in The Daily Record, 2/26/2015](#)

Medicare News

CMS Stage 3 Rule for EHR Meaningful Use

The Centers for Medicare & Medicaid Services has released its 301-page [proposed regulation](#) for Stage 3 of the electronic health record (EHR) incentive program known as "meaningful use." Physicians would be expected to meet the requirements by 2018 or pay Medicare penalties. This Stage 3 proposal is limited to the requirements and criteria for meaningful use in 2017 and beyond. CMS is pursuing additional changes to meaningful use beginning in 2015 via separate rulemaking. The AMA is reviewing the rules and will respond once its examination is complete.

In a related development, the Office of the National Coordinator for Health IT released its 431-page [rule](#) for the next version of certified EHRs. Both of these proposed rules focus on the interoperability of data across systems, and are intended to make the EHR incentive programs simpler and more flexible.

Open Payments (Sunshine Act) 2015: Prepare to Review Reported Data

This CMS Provider Call will be held Wednesday, **April 15 from 2-3:30 pm**.

To register, visit [MLN Connects® Upcoming Calls](#).

CMS will publish 2014 data online by June 30, 2015. During this National Provider Call, CMS will provide a brief overview of the Open Payments national transparency program and explain the program phase when physicians and teaching hospitals are able to enter the Open Payments system and review the accuracy of data submitted about them, prior to the publication of this data on the CMS website. Visit [Open Payments](#) for information. This program is targeted to physicians, teaching hospitals, and physician office staff. It is being evaluated by CMS for CME credit. Click [here](#) for more call details.

Medicare Resources

[Medicare Physician Fee Schedule Fact Sheet](#) — Revised

[Medicare Enrollment Guidelines for Ordering/Referring Providers Fact Sheet](#)—Covers three basic requirements for ordering and referring, and who may order and refer for Medicare Part A Home Health Agency, Part B, etc.

[Medicare Fraud & Abuse: Prevention, Detection, and Reporting Fact Sheet](#)

[Mental Health Services Booklet](#) — Revised—Explains covered and non-covered mental health services, eligible professionals, supplier charts, assignment, outpatient and inpatient psychiatric hospital services, same day billing guidelines, and National Correct Coding Initiative.

[HIPAA Privacy and Security Basics for Providers](#) - Information on covered entities, business associates, and resources.

[Safeguard Your Identity and Privacy Using PECOS Fact Sheet](#)

Permanent SGR Fix Negotiations

As of press time, the House had passed a bipartisan bill to permanently repeal and replace Medicare's sustainable growth rate formula before the current short-term patch expires March 31 and physicians face a 21% cut in Medicare payments. Apparently the Senate will not vote on the bill until after their two-week recess, but claims processing can be delayed until lawmakers return.

An AMA-led coalition of physician groups has lobbied to permanently end the SGR and sent a [letter to Speaker Boehner](#) that was co-signed by **over 750** medical societies, including MedChi, the MPS and the APA.

Meanwhile, CMS has stated its support for an SGR fix and will announce the status of any payment cuts on or before April 11.

Health Care Payment Learning and Action Network

To help achieve better care, smarter spending, and healthier people, HHS is working with partners in the private, public, and non-profit sectors to transform the health care system to emphasize value over volume. HHS has set a goal of tying 30 percent of Medicare fee-for-service payments to quality or value through alternative payment models by 2016 and 50 percent by 2018. The Health Care Payment Learning and Action Network is being created to help advance the work being done across sectors to increase the adoption of value-based payments and alternative payment models. For more information or to participate, [click here](#).

Sending Documents to Medicare

To expedite claims processing, redeterminations, documentation requests, etc., please be sure to submit documents to Novitas using the correct forms. For copies of forms and information on completion, please see the [Medicare Reference Manual](#). The [Medicare Provider Compliance page](#) covers common billing problems and improper payments.

Medicare News

2015 Medicare Symposium

The [2015 Novitas Solutions Medicare Symposium](#) is now open for registration. There is no charge to attend. Twelve classes during multiple sessions will cover billing, documentation and coding, and the latest CMS initiatives. Review the [brochure](#) for details. The event will take place at the following locations:

- April 21 - Baltimore, MD
- September 24 - Ocean City, MD
- October 21 - Greenbelt, MD

'Change Direction' Campaign for MH Dialogue

A March event attended by 500 mental health leaders and advocates launched the "Change Direction" campaign. ["Change Direction"](#) unites an array of businesses, government entities, and organizations to educate at least 30 million Americans about mental illness. The American Psychiatric Foundation, APA, and American Psychiatric Publishing are founding members. The campaign seeks to raise awareness and train people to recognize five signs of emotional suffering in themselves or those around them: withdrawal, agitation, hopelessness, decline in personal care, and change in personality. Target audiences include military personnel, veterans, and family members; corporate and government employees; first responders; students, teachers, school officials, and coaches; and health care professionals. First Lady Michelle Obama is a noteworthy participant.

Study Finds Some State Exchange Plans Offer Unequal Coverage for Mental Health

One-quarter of the health plans being sold on health insurance exchanges set up through the Affordable Care Act offer benefits that appear to violate the federal parity act, according to new research [announced](#) by the Johns Hopkins Bloomberg School of Public Health. The study analyzed whether information available to consumers shopping on two unnamed state health insurance exchanges appeared consistent with the federal parity law. The findings are published in the [March 2 Psychiatric Services](#). On the smaller state's exchange, more than half of the plans appeared to violate the parity law, with most of the inconsistencies related to prior authorization requirements. While more plans in the larger state appeared compliant with parity laws, some benefit brochures included different cost sharing for general and behavioral health services. One of the study authors, Colleen Barry, Ph.D., suggests there is a need to better regulate what is being offered to potential enrollees.

APA Information

APA Board Supports Eliminating MOC Part IV

At its March meeting, the APA Board of Trustees voted unanimously for the following motion:

- The APA Board of Trustees, acting on the recommendation of the Assembly Executive Committee, and representing over 36,000 psychiatrists, supports the elimination of Part IV of Maintenance of Certification (MOC). [Part IV is the "Improvement in Medical Practice" section, also known as Performance in Practice, or PIP.]
- Therefore, the Board recommends to the ABPN that they lobby and advocate that the ABMS eliminate Part IV of MOC,
- The APA reaffirms its commitment to lifelong learning and quality improvement and support for the highest scientific and ethical standards of medical practice, and
- The APA will establish a joint Board and Assembly Work Group ... to evaluate the broad issue of maintenance of certification for psychiatry and its relationship to maintenance of state licensure and other accrediting bodies. ...

On March 16, the APA sent [a letter to the ABPN](#) conveying this position. [ABPN notified diplomates](#) that it has asked ABMS to consider this change; however, unless that happens, it will require all 4 parts. ABPN forwarded a [letter from ABMS](#) stating that it remains "fully committed to all elements of MOC." The ABMS letter included a [link where diplomates can directly share feedback](#) for improving the MOC process.

APA Guideline Watch for Alzheimer's and Other Dementias

The APA has released a [Guideline Watch for the 2007 "Practice Guideline for the Treatment of Patients with Alzheimer's Disease and Other Dementias."](#) that summarizes new evidence and developments since the guideline was published. The reviewers of the latest clinical research found that "new studies have changed the strength of evidence supporting some of the recommendations in the 2007 guideline; however, ... the recommendations remain substantially correct and current." The new information highlighted in the watch better defines the risks and adverse effects of some medications used in treatment.

Applications Invited for APA 2015 Achievement Awards

APA's Psychiatric Services Achievement Award Committee is soliciting applications for the 2015 [Achievement Awards](#) competition. Innovative programs for people with mental illness or disability that have been in operation for two or more years, have overcome obstacles, and can serve as models for other programs are urged to apply. The **deadline is May 12**. Information can be accessed [HERE](#).

APA Information

APA Pushes for Integrated Care Training

In March, the APA released new training recommendations that call for residency programs to educate the next generation of psychiatrists in integrated behavioral health care, an effort to cut health care costs and improve access to mental health services. The training recommendations apply to undergraduate and graduate medical education, as well as continuing medical education. As new models of health care delivery emerge, psychiatrists' roles will likely change. Psychiatric education must prepare current and future psychiatrists to deliver patient-centered, team-based care. The training recommendations are designed to support psychiatrists' work in tandem with primary care doctors on a patient's total health care. The [recommendations](#), which will be sent to 219 general psychiatry training programs across the U.S. and Canada, stem from a comprehensive report that will soon be published in the journal *Academic Psychiatry*.

The Maryland Psychiatric Society
presents

Women's Mental Health: Trauma, Mood Disorders & Resilience

**This course will meet the new opioid
CME requirement!**

**Saturday April 18, 2015
8:30 am-3:15 pm**

**The Conference Center at
Sheppard Pratt**

5.50 CME/CEU Hours

Registration is
\$125.00 for MPS Members
and **\$190.00 for Non-members.**

Fees are non-refundable.

For more information or to
REGISTER & PAY ONLINE:

<http://womensmentalhealth.eventbrite.com>

2015 Maryland Psychiatric Society Annual Meeting

Thursday, April 30, 2015
Martin's West – Baltimore, MD
6:00 PM ~ 10:00 PM

Join us as we welcome
**Brian Zimnitzky, M.D. as
2015-2016 MPS President**

and

Merle McCann, M.D., President-Elect
Jennifer Palmer, M.D., Secretary/Treasurer

Help us celebrate and honor

Thomas Lynch, M.D.
2015 MPS Lifetime of Service Award

and

Jonas R. Rappeport, M.D.
**APA Warren Williams Assembly
Speaker's Award**

(honors psychiatrists and others who have made significant contributions to their region, the national APA, and the field of psychiatry.)

A special Presidential Award of Excellence and 2015 MPS Best Papers winners will be announced.

The evening will start with a cocktail hour, followed by a dinner buffet. Say goodbye to outgoing officers and hello to the new – help make a great start to this new year. Come with a guest or by yourself – all are welcome!

RSVP by April 25

Please make check payable and mail to MPS:
1101 Saint Paul Street, Suite 305
Baltimore, Maryland 21202- 6407

\$60.00 per person for members & guests,
\$25.00 per person for residents & guests

For more information or to
register please [click here!](#)

CLASSIFIED**EMPLOYMENT OPPORTUNITIES**

The University of Maryland Medical System (UMMS) is looking to fill several psychiatry positions. The University of Maryland Medical Center (UMMC) Midtown is looking for a Psychiatry Chair; UMMC is looking for a full time community psychiatrist, full time child and adolescent psychiatrist and a full time consulting liaison faculty; Union Hospital, and UM Upper Chesapeake Health are all looking for experienced full time psychiatrists. For more information visit our website www.ummsphysician.jobs or contact Jill Albach at jillalbach@umm.edu. UMMS is an Equal Opportunity Employer.

Psychiatrist wanted for behavioral health Organization in Baltimore. Adult population served. Clinical responsibilities include evaluations and psychopharmacology management. Buprenorphine services offered by the clinic, but not a necessary requirement for hire. Full or Part-time employment. Send CV to: University Psychological Center, Inc. Attn: Clark J. Hudak, Jr., Ph.D. Requirements: Active individual Malpractice insurance (1-3 million) and Valid License, DEA, CDS.

Jewish Community Services (JCS), is a non-profit human services agency that provides programs and services to support meeting basic needs for economic sufficiency; living independently; achieving mental health and competence; and feeling supported by and connected to the Jewish community in ways that are meaningful. JCS is seeking a Part-Time Psychiatrist for our outpatient mental health center. Job Skills/Qualifications: Conduct psychiatric evaluations and medication management Experience: Psychiatrist, Psychiatric Resident or Fellow, Child and adolescent experience a plus Education: MD; Licensed in Maryland, DEA certification, liability insurance. Fax your resume and cover letter to 443-200-6108 or apply directly : <https://home.eease.adp.com/recruit/?id=10157231>.

Established outpatient mental health clinic in Baltimore, MD is currently seeking Board Certified/Eligible child/adolescent and/or adult psychiatrists to work in the Baltimore area. We are a CARF and Joint Commission accredited organization and provide mental health services through large outpatient clinics, offsite rehabilitation programs, mobile treatment, substance abuse treatment, growing school-based programs and to detained youth at the Baltimore City Juvenile Justice Center. Both full and part time positions are available. Flexible hours including after hours and weekends. Excellent hourly pay. Experienced support team includes therapists, nurses, educators and a clinical psychologist. Visa assistance (J or H) is available. We are an HPSA designated site. Contact Monica Trish at 410-265-8737 or mtrish@hopehealthsystems.com

PSYCHIATRIST NEEDED- Full or Part Time. Private practice in Towson without hassles. Full administrative support. No insurance contacts. Flexible hours. Plenty of patients. Contact Abdul Malik, M.D. at 410-823-6408 x13 or email to Drmalik.baltimore@gmail.com

The **Center for Eating Disorders** has the following available positions:

Inpatient/Partial Hospitalization Attending Psychiatrist will lead a multidisciplinary treatment team in the assessment and care of patients with eating disorders. This unique practice opportunity combines the excitement of an academic environment with training of fellows, post-doctorate psychologists, social work interns and University of Maryland residents. MD license required.

Outpatient/IOP Attending—Services to be provided will include Evaluations, Level of Care Assessments, and Pharmacological Management. Opportunity to provide Individual, Group and Family Therapy. One position includes leading a multidisciplinary treatment team for an Intensive Outpatient Program. MD license required.

Eating Disorder Fellowship In partnership with University of Maryland, the Center for Eating Disorders is offering one-year fellowships starting July 1, 2015 on an inpatient/partial hospitalization unit. Training goals include 1. Develop comprehensive understanding of diagnostic criteria, etiology and co morbidity of patients with eating disorders. 2. Develop ability to complete diagnostic assessments on patients with eating disorders. 3. Develop individualized treatment plans providing recommendations for psychopharmacologic, individual, group and family therapy as well as determination of level of care indicated. 4. Develop competency in management of a multidisciplinary treatment team on an Eating Disorder Inpatient/Partial Hospitalization Unit. Opportunity to sign on upon completion of fellowship. The positions are available to start July 1, 2015.

Please fax resume to 410-938-5250, or mail to: Steven Crawford, M.D., 6535 N Charles St, Suite 300, Baltimore MD 21204. You may also email your resume to scrawford@sheppardpratt.org.

AVAILABLE OFFICE SPACE

Rarely Available Office Suite in [Winthrop House Condominium](#). Small waiting area entrance and exit providing ideal patient privacy. Convenient location. In suite half bath & kitchenette. Ideal for sole practitioner or office share situation. Includes individual parking space. \$1250 per mos. Contact Sarah Taylor Chase Fitzgerald & Co., Inc. 410-323-6000/410-627-1988, licensed real estate agent - EHO

One office available in a 3-office suite, as early as July 1, 2015. Superb location in Towson-Lutherville. 11.5x15.5, 3rd floor, private, window, in-suite bathroom, large waiting room. Sharing office OK. \$850 including utility, phone, internet, cleaning. Please call or email Dr. Sue Kim 410.321.5502 or suekim2@gmail.com



Sheppard Pratt
PHYSICIANS, P.A.

PART OF THE SHEPPARD PRATT HEALTH SYSTEM

WEEKEND PSYCHIATRISTS

Either Towson or Ellicott City, Maryland

Sheppard Pratt is seeking psychiatrists to provide inpatient, weekend services on either our main campus in Towson or on our campus in Ellicott City, Maryland. This position can be configured as a part time or full time position, depending on the number of weekends the psychiatrist desires to work. Both adult and child psychiatrists are needed.

Qualified candidates must possess a current license to practice in Maryland at the time of appointment. Sheppard Pratt offers a generous compensation package and is an equal opportunity employer. To inquire about these positions, please contact Kathleen Hilzendegeer, Director of Professional Services, 410-938-3460 or khilzendegeer@sheppardpratt.org.

SAVE THE DATE

Third Annual Behavioral Health Symposium

Trauma-Focused Care: Understanding the Therapeutic Needs of Children and Adolescents Affected by Emotional and Physical Trauma

Tuesday, May 19, 2015

The Universities at Shady Grove Conference Center
Rockville, Maryland

Go to www.AdventistBH.com for more information

PRESENTED BY





Sheppard Pratt
PHYSICIANS, P.A.

PART OF THE SHEPPARD PRATT HEALTH SYSTEM

INPATIENT PSYCHIATRISTS

Both Adult and C&A Psychiatrists are Needed

Towson, Maryland

Sheppard Pratt is currently recruiting for psychiatrists to provide inpatient services on several units on our main campus in Towson, Maryland about twenty minutes north of Baltimore's Inner Harbor. Based on psychiatrist preference, these positions can be paired with assignments in the partial hospital or in crisis evaluation services.

Sheppard Pratt is seeking psychiatrists with an orientation to time effective treatment, sensitivity to managed care referrers and a focus on quality care in a clinical setting with active training programs. Board certification and advanced specialty training are highly preferred. Sheppard Pratt offers flexible, competitive compensation and benefit plans and is an equal-opportunity employer.

Please contact Kathleen Hilzendeger, Director of Professional Services, at 410-938-3460 or khilzendeger@sheppardpratt.org.



Sheppard Pratt
PHYSICIANS, P.A.

PART OF THE SHEPPARD PRATT HEALTH SYSTEM

MEDICAL DIRECTOR **ADOLESCENT RESIDENTIAL TREATMENT CENTER**

TOWSON, MARYLAND

Sheppard Pratt is recruiting a Board Certified Child Psychiatrist with experience in treating the severely mentally ill adolescent within a psychiatric residential treatment facility (PRTF) setting. Responsibilities include leading a multiple discipline team and providing the assessment and management of adolescents placed in intermediate to long term residential care and special education. The patient population includes individuals with multiple psychiatric disorders including severe mood dysregulation, PTSD, impulse control disorders, conduct and learning disorders, and mild developmental disorders. Additional responsibilities may include the supervision of psychiatry residents and/or fellows.

The Medical Director is the leader of the clinical team and responsible for the quality of care and the oversight of all clinical activities for the program. Qualified candidates must have leadership experience. Qualified candidates must possess a current license to practice in Maryland at the time of appointment. Board Certification is highly desired. Sheppard Pratt offers a generous compensation package, comprehensive benefits and is an equal opportunity employer. For more information, please contact our Director of Professional Services, Kathleen Hilzendeger, at 410 938-3460, email khilzendeger@sheppardpratt.org.

Call me for a quote.

Medical professional liability policies can vary widely from one company to the next. It is important for psychiatrists to know the full – and accurate – story on a policy. Whether it is reviewing the difference between occurrence and claims-made policies or explaining how another policy might leave the doctor with an uninsured risk, I have done my job when I help psychiatrists evaluate their options to make the right choice.

Richard Stagnato
Account Manager

Call us (800) 245-3333
TheProgram@prms.com
www.PsychProgram.com



In California, d/b/a Transatlantic Professional Risk Management and Insurance Services.

More than an insurance policy



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