MARYLAND PSYCHIATRIC SOCIETY

MPS NEWS

Volume 27, Number 8 | Editor: Heidi Bunes | December 2013

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Deadline for submitting articles to *MPS News* is the 15th of the month preceding publication. Please email to heidi@mdpsych.org.

MPS News Design & Layout Meagan Floyd

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

President's Column

Final Mental Health Parity Rules—It's All OK Now, Right?

At long last, on November 8, 2013, the Obama administration released the final rules implementing the Mental Health Parity and Addiction Equity Act of 2008 (MHPEAE). The purpose of these regulations are to ensure parity between mental health and substance use disorder (MH/SUD) benefits and medical/surgical benefits. The intent is to prohibit health plans from imposing more stringent limitations on MH/SUD than on medical/surgical benefit for plans that offer MH/SUD benefits. The first point to note is that these parity rules do NOT mandate that MH/SUD are offered by every health plan, only that if the plan offers them there has to be parity.

The new guidelines (written in dense legalese) are meant to address previous discrimination against patients with psychiatric issues. Health plans have highly regulated access to care and medication through nonqualitative treatment limitations (NQLTs) which gave plans the opportunity to create their own standards of care. The plans would routinely "manage" mental health care and limit numbers of treatment sessions or medications for even the most ill patients. I strongly suspect that this means of doing business did little to decrease total health care costs. Undertreated psychiatric patients have dramatic increases in the medical health care costs (but if you are only liable for behavioral health costs, you come out a winner, just the patient and the at risk party for medical health costs lose). The language in the guidelines also does not permit "mathematical" standards to be used to assess benefits (I assume that means there cannot be a strict diagnosis related cut-off in available services). In short, whatever management of care that goes on for behavioral health services cannot be more stringent than the management of medical or surgical services.

The rules emphasize creating "transparency." This may be one of the largest issues in the process of leveling the playing field. For decades, managed care companies have hid behind "proprietary" formulas that dictate allowable services based on buzzwords used by mental health practitioners. Problems with this system abound. There are dubious distinctions between patients with a clear, immediate intent to self harm and those with more vague but still serious intent. Denials of coverage for an admission would be met with the comment that the insurer was not dictating treatment (oh, really?) just making a decision on coverage (and that is different, how?). These formulas for accessing treatment were kept secret, setting up more hurdles to care and creating adversarial relationships between insurers, the covered individuals and their treaters.

I hate to always sound like the cynic (three decades as a psychiatrist has not helped). I appreciate the good intentions behind these rules, but I am dubious about their implementation. I make several assumptions:

1. Some insurers may attempt to not provide any MH/SUD coverage. Several states, including Maryland, would not allow this but federal law would.

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2. Insurers will not willingly comply with these parity rules and what the rules actually mean are subject to interpretation. Not unlike the Ford Motor Company deciding that it was cheaper to deal with the lawsuits from unnecessary car explosions caused by not putting an extra $1.50 part into the rear of Ford Pintos, insurers are likely to test what they can get away with by continuing to dramatically limit care and dare patients and providers to sue them (gee, who has the deeper pockets?).

3. With all these additional patients seeking psychiatric care, who exactly will be seeing them? Insurers continue to have phantom networks and have tried to shift the responsibility of finding someone who takes their insurance onto hospitals and professional societies. Ultimately, the chief problem is that our overburdened health care delivery system is completely ill equipped to deal with this sudden influx of patients. It will require creative thinking and likely dramatically increased use of mid-level providers to cope with this.

Over the next several years, the Maryland Psychiatric Society will be intimately involved with the progress of parity and the Affordable Care Act, I hope we can count on our members for help.

Scott T. Aaronson, M.D.

SAVE THE DATE!

MPS Advocacy Days in Annapolis

January 29 and 30, 2014
9:00 AM to 4:00 PM
Annapolis House and Senate Buildings in Annapolis

Members are needed for the MPS Advocacy Days in Annapolis. **Come for the morning, the afternoon, all day or both days**. Our lobbyist coordinates appointments for House and Senate leadership to talk with MPS members about pending legislative issues. We also answer any other questions that Delegates or Senators may have.

We have found communicating with elected officials in person to be very effective. Please consider participating! Of course psychiatrists are busy, but this is just once a year and it takes the place of the legislative reception held previously. There is help available for those who do not have experience. Please contact Kery Hummel at khummel@mdpsych.org if you can attend or if you have questions.

Join the MPS Listserv!

Join the on-line MPS listserv so you can quickly and easily share information with other MPS psychiatrists. An email message sent to the listserv goes to all the members who have joined. For example, a member recently posted:

Here is the latest information about the PDMP drug monitoring program. The video explains statistics on prescription drug risks and how clinicians can now monitor the pharmacy refills of their prescriptions. In addition there is information about privacy and addressing data errors. Any thoughts?

(PDMP video: http://hie.crisphealth.org/Training/PDMP)

To join the listserv, please go to: http://groups.google.com/group/mpslist. You will need to wait for membership approval and will be notified by email. If you have trouble negotiating this, please call the MPS office at 410-625-0232.

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.

Anson Liu, M.D.
Jessica V. Merkel-Keller, M.D.
Julia Merti, M.D.
Ruth Shaw-Taylor, M.D.
Jamie Siegel, M.D.

APA Members Transferring to Maryland
Niraj T. Chapla, M.D.

APA Announces Candidates in 2014 Election

The APA Nominating Committee's announcement of candidates chosen to compete in the 2014 APA election includes past MPS President **Anita Everett, M.D.**, who is running against Steve McLeod-Bryant, M.D. for the position of **Trustee-at Large.**

Links to the candidates' websites will appear in the December 20 issue of *Psychiatric News*. On January 2, ballots will be emailed to all voting members for whom APA has a valid e-mail address. The remaining members will be mailed a paper ballot. Voting will begin January 2 and conclude on January 31 at 5 p.m. Eastern time. For more information about the APA election, including election guidelines, click here.

November 11 Council Meeting Highlights

Executive Committee Report
In Dr. Aaronson's absence, Dr. Waddington provided the Executive Committee (EC) report.

•Staff will work with the Payer Relations Committee to schedule a meeting with the Maryland Insurance Administration regarding the final parity rules released on November 8. Adrienne Ellis of the Maryland Parity Project will be invited, as well as APA staff.

•EC continues to monitor DHMH efforts toward Behavioral Health Integration. The final report is due to the General Assembly in December. Assisted outpatient commitment is being discussed. Drs. John Boronow, Anita Everett and other MPS members serve on various committees. EC will meet with a representative of Magellan Health about development of an Administrative Services Organization (ASO) in Maryland. DHMH has not released an RFP (request for proposal) for the ASO.

•Council unanimously approved a policy change for lifer members, which allows MPS staff to change a member to non-dues-paying status without the need for Council approval if the member has held life status for 10 years or more and has paid at least equivalent of dues under the APA life policy.

•Council revisited the proposed FY14 MPS Capital Budget, which included funding for revising the current MPS database and developing a new website. Members would be able to access and update their information on the new website and be able to register for events and pay dues electronically. The new database would have more efficient electronic billing capabilities. These two projects would be developed simultaneously to save money. Cost estimates ranging from $11k to $60k were received, with the majority around $40k. To proceed with this project, Council unanimously voted to authorize $5k for a selected company to begin analyzing the project in more detail. These funds will be applied to the final cost of the project. Council asked to see information from the groups that are being considered for the project.

•There has been no word regarding an RFP for peer review for 2014. The Maryland Board of Physicians may continue the Permedion contract until it selects a new Director.

Executive Director's Report
Mr. Hummel and Ms. Floyd attended the November APA meetings in Washington, DC. The APA will provide a training on the Affordable Care Act in late March in Chicago where the MPS will be able to send one member at APA expense, with additional members at MPS expense. Those who are trained will be expected to convey the information to MPS members.

Secretary/Treasurer's Report
Dr. Zimnitzky presented the first quarter FY14 financial results, which were accepted by Council.

•At September 30, there are $290K in net assets which is up almost $26K over last year.

•The MPS has a surplus of almost $10K, which is $14K more than budgeted. The MPS received an unbudgeted APA grant of $2500 for DSM5 training. Also, some of the surplus is related to timing of expenses for the directory which will be reflected in the next quarter.

•Compared with this time last year, the MPS has a surplus of $10K, which is almost $18K better than last year's $8K loss. We no long purchase additional D&O insurance since we do not have the peer review contract. Dues revenues are up $3K over last year; ads in *MPS News* are up $3K with the change to monthly issues; there is the $2500 APA grant; and CME meeting income is up $28K, however, expenses for CME are $23K higher than last year.

•At this time, the MPS has a positive cash flow.

Next Dr. Zimnitzky presented two changes in the MPS Investment Policy that was approved by Council in FY13. The MPS investment advisor has alerted us to problems with the wording. The prohibition on investment in certain stocks may inadvertently prevent the MPS from investing in a mutual fund that may include a very small amount of those stocks. Council approved a correction that would allow investment in mutual funds if those stocks are only an incidental portion of the fund. The second revision that Council approved is a change in the percentage to be invested in Government Bond and Bond Funds from a minimum of 25% and a maximum of 50% to a minimum of 0% and a maximum of 50%.

Dr. Zimnitzky then proposed an amendment to the FY14 MPS operating budget: move $2,000 from health insurance expense to salaries and wages expense. This change follows the Executive Director's decision to have Medicare as his primary health insurance coverage and the MPS plan as secondary, which reduces the overall cost of health insurance for MPS employees. He will be paid a quarterly bonus of $500, which compensates for the new premiums he will pay. Council unanimously approved the change.

Approval of the Executive Director's salary was the next order of business, in accordance with the Compensation Policy in the MPS Operations Manual. Mr. Hummel was asked to step out. The Council discussed and approved Mr. Hum-

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mel's current salary of $70,985. He will also begin receiving quarterly bonuses of $500. At the same time, Council granted staff an extra day this year with pay which may be taken December 23, 2013 or another day at the employee's discretion.

Nominations and Elections Committee Report
Dr. Roca reported the committee's recommended slate for the 2014 MPS election, which Council approved unanimously. [See slate below.]

Program and CME Committee Report
On behalf of Dr. Sandson, Dr. Waddington reported that the MPS held 11 DSM5 trainings since the summer. Six of these trainings were privately contracted with medical institutions. Drs. Shaya and Angelino presented the trainings, most of them without an honorarium. In total, the 11 programs generated a profit of $7300, which includes a $2500 grant from the APA specifically for these trainings. The surplus does not account for the increased, non-compensated staff time or many volunteer speaker hours.

Spring 2014 MPS CME activities may center on maintenance of certification (MOC), depending on the outcome of a grant proposal submitted to APA. The Fall 2014 CME program is in the early planning stages. Dr. Richard Kogan has been suggested, although the overall activity expense and the lack of available grants may make the activity unprofitable.

Slate for 2014 MPS Election

On behalf of MPS Nominations and Elections Committee Chair Andrew Angelino, M.D., Dr. Roca presented the 2014-2015 slate of officers, which Council approved.

President-Elect
(1 year term)
Brain Zimnitzky, M.D.

Secretary-Treasurer
(1-year term)
Merle McCann, M.D.

Council
(2-year term, five vacancies)
Jason Addison, M.D.
Eric Anderson, M.D.
Hinda Dubin, M.D.
Enrique Olivares, M.D.
Karen Swartz, M.D.
Patrick Triplett, M.D.
Meenakshi Vimalananda, M.D.

Nominations & Elections Committee
(3-year term, two vacancies)
Joseph Schwartz, M.D.
Elias Shaya, M.D.
William Prescott, M.D.
Susan Lehmann, M.D.

APA Assembly Representative
Robert Roca, M.D., M.P.H.

November 2013 APA Assembly Meeting Highlights

The new APA CEO & Medical Director, Saul Levin, who is also an MPS member, has created three new positions to help move the APA forward:

1.Chief Strategy Officer Shaun Snyder, JD will focus on long range goals and strategies to achieve them. Special focus will be on HCR, Parity, HIEs, and EHRs.

2.Chief MIT/ECP Officer Jon Fanning is responsible for member retention during vulnerable career transition points.

3.Chief of Allied and External Partnerships Kristin Kroeger, formerly of AACAP, is responsible for engaging subspecialty, external and consumer organizations.

A "communications audit" will be performed by PR firm, Porter-Novelli. They will look at how we communicate within the APA (including DBs) and with external groups, including website. Results are expected in January. Additional reviews will be performed in areas of IT, Research, and APA Administration.

Former Congressman Patrick Kennedy gave a stimulating and uplifting speech. Some notable quotes are in Dr. Daviss's Twitter timeline for Nov 9 (twitter.com/hitshrink). It was serendipitous that he spoke on the day after the Parity Final Rule was released.

Ron Burd spoke about Parity and CPT. There are efforts to have the AMA review CPT code values that don't make sense (eg, 90871 & 90872). Codes that are newly available to us that we should look at: Complex chronic care management, and Transitional care codes.

A group led by WPS member, Eliot Sorel, is working on an Area 3 conference for Fall, 2014, focused on examining the impact thus far of the ACA on mental health. Steve Daviss (MPS) and George Bone (MedChi) are involved.

California Assembly Rep Steve Koh proposed an Action Item supporting APA advocacy for Parity within excluded organizations, such as Medicaid Managed Care, that the Assembly passed. Other Action Papers that passed including: changing MITs to RFMs (Resident-Fellow Members); improving APA-DB staff coordination; adding free CME to each issue of AJP; loan forgiveness program; EHRs; and medical marijuana (nothing controversial). A full list of Action Papers is available on request.

Steve Daviss M.D., APA Assembly Representative
Bob Roca M.D., M.P.H., APA Assembly Representative

APA Information

October APA Board of Trustees Meeting Highlights

[From the Unofficial Report by the Area 3 Trustee]

As of the end of September, 382,000 copies of DSM-5 had been sold. Receipts stood at $33.7 million, dramatically ahead of projections. (Over a ten year period, it cost APA about $22 million to produce DSM-5.) Comments received show that the book is being widely accepted and praised for content, organization, format, and clarity.

The number of dues-paying members shows an uptick, a slow growth over the past year. This is a very welcome development, and reverses a years-long slide in membership.

As previously reported, over the past several months the APA has pursued an aggressive combined litigation and public relations campaign to enforce patients' rights to adequate payment for mental health services under the 2008 federal Parity Act. This ongoing program has many moving parts, and sensitive details of litigation and negotiation require confidentiality while the work progresses. APA General Counsel Colleen Coyle has authorized the following statement for publication:

"APA continues its efforts to enforce the Mental Health Parity and Addiction Equity Act."

"Anthem/WellPoint litigation. In September, APA and the Connecticut Psychiatric Society amended their complaint against Anthem/WellPoint in the United States District Court for the District of Connecticut. Anthem/WellPoint have told the court that they intend to file a Motion to Dismiss the Complaint in early November. APA and CPA are gearing up to answer and defend against that Motion. If APA and CPA are successful, discovery will begin shortly thereafter."

"Blue Cross Blue Shield of Vermont. APA and the Vermont Psychiatric Society challenged BCBSVT's practice of requiring prior authorization for mental health visits after the first 10 and its payment of psychiatrists less for the same CPT codes than other doctors. The challenge to date has included a series of letters, meetings with Vermont legislators, testimony before the Vermont Mental Health Oversight Committee and meetings with the Green Mountain Care Board and the insurance commissioner in Vermont. BCBSVT agreed to eliminate the prior authorization requirement for participating psychiatrists and is considering the arguments we made concerning rate parity. These efforts continue."

The Health Care Reform Strategic Action Work Group, chaired by Drs. Anita Everett and Paul Summergrad, reported on the many challenging yet exciting dimensions in this era of changing practice, including developing strategies and tools to help APA shape the future.

The American Psychiatric Foundation reported on some of its exciting ongoing programs, which include Typical or Troubled, Judges Leadership Initiative, Partnership for Workplace Mental Health, and PBS Healthy Minds/Give an Hour.

This was the final Board of Trustees meeting for outgoing Medical Director and CEO Jay Scully. With warmth and enthusiasm, The Board thanked him for his long, very successful and dedicated service to APA. This was the first Board meeting for incoming Medical Director/CEO Dr. Saul Levin, who demonstrated the skill and energy with which he is assuming his new position.

Brian Crowley, M.D., DLFAPA
Area 3 Trustee

The APA continues to receive complaints from members regarding companies that have implemented the new CPT codes in a manner that violates parity, and is addressing those complaints with members and the various insurance companies. Please continue to report potential violations to cptparityabuses@psych.org.

Dr. Levin Begins as APA CEO

Many members are already aware that James Scully, M.D. has retired as Medical Director and CEO of the APA. Effective October 15, 2013, Saul Levin, M.D., M.P.A. is the new CEO and Medical Director of the APA. An article on Dr. Levin appeared in the October 30 *Psychiatric News*. In line with his commitment to the APA and the DBs working together to provide resources for our members, Dr. Levin met with the DB Executive Directors at their November Director Leadership Conference. Dr. Levin can be reached at slevin@psych.org or by calling him at 703-907- 8650.

Let's Talk Facts Brochures for Patients & Families

The APA produces a series of 30 brochures that explain various mental illnesses and treatments in straight-forward, simple terms for patients and family members. Some of the brochures address specific patient populations, such as college students or American Indians. Members can download and print brochures directly from this site or click to order bulk quantities from American Psychiatric Publishing.

New Gun Legislation Raises Questions for Maryland Psychiatrists

Following the December 2012 shooting at Sandy Hook Elementary School, Maryland followed the lead of many other states in passing a package of new gun control legislation. Since our new gun law went into effect in October 2013, I've heard many questions from colleagues about interpretation and implementation of the law and what new obligations it imposes on clinicians, if any.

Let me begin with a disclaimer: am not a lawyer, nor am I an appellate judge or attorney general. Legislators pass laws, but until those laws get challenged or administrative policies get written to implement them, the details of how they get carried out can be left to interpretation. Where my opinion differs from that given to you by your hospital counsel or malpractice carrier, listen to your lawyer.

There are three parts to the new Maryland law, which is actually a revision and update of previous public safety and civil commitment laws. The three parts are: disqualifying conditions, mandatory reporting and gun right restoration.

Under the old law there were certain characteristics that prohibited someone from owning a weapon. You couldn't own a gun if you had been convicted of certain crimes, if you were a habitual abuser of chemicals, or if you had ever been admitted to a psychiatric facility for longer than thirty days. Most states mirror federal law that prohibits "mentally unstable" people from owning weapons, but most states had no systematic means of identifying these people and did not routinely report them.

Under the new law, Public Safety §5-133.2, health facilities are now required to report the name and identifying information of anyone who has been voluntarily admitted for more than 30 consecutive days or who has been civilly committed. In addition, the facility must report the day of admission or commitment and the name of the facility. The information is entered into the National Instant Criminal Background Check System (NICS), the database used by registered firearms dealers. Ideally this is supposed to prevent an individual from purchasing a weapon in the future. This reporting duty is the obligation of the facility, and does not alter or preclude a clinician's current duty to report imminently dangerous patients under Maryland's Tarasoff requirement.

For those patients who own a weapon at the time of commitment, the new gun legislation has modified the Health General article governing civil commitment, Health-General §10-632, to require the administrative law judge to order the patient to surrender a weapon and to refrain from purchasing any in the future. The judge must do this if there is "credible evidence of dangerousness to others." The law does not specify that this credible evidence must be based on a clinician's assessment or opinion, and as illogical as it seems, it also does not address the issue of dangerousness to self. If you're confused about that, I can tell you that at least one administrative law judge I've talked to is as well. At the time of this writing, no one involved in the commitment process seems to know exactly how a patient confined to a seclusion room or a locked inpatient unit would surrender a gun.

Finally, the new law provides for restoration of a gun owner's rights under certain conditions. The patient must submit a statement explaining why he was disqualified from owning a firearm and why he felt he should regain the privilege. Along with the application he must submit a certificate signed by a licensed psychiatrist or psychologist documenting the following facts: how long the patient had been without symptoms, how long he had been compliant with treatment, and whether or not he would be a danger to himself, to others, or to general public safety if he were allowed to own a weapon again. The certificate must be submitted on a form approved by the Health Department, but there doesn't appear to be any requirement that the mental health professional must be employed by or contracted with the department. In theory, a patient could ask his or her psychiatrist to do this. Fortunately, the law also provides for both civil and criminal immunity for clinicians providing a certificate for restoration.

This is an abbreviated version of the parts of the law most likely to affect general psychiatrists.

Annette Hanson, M.D.

DePaulo to Conclude Lecture Series

To celebrate a century of psychiatry at Johns Hopkins, a special lecture series highlights people, ideas, and work that distinguish and define the Department of Psychiatry and Behavioral Sciences. J. Raymond DePaulo, Jr., M.D. **is scheduled to give the closing lecture on December 16**. Click the special series link above for details.

Medicare News & Updates

Act this Month to Avoid the 2015 Medicare Payment Reduction for PQRS

Providers considered **eligible and able to participate** in the Physician Quality Reporting System (PQRS) may be subject to payment reductions beginning in 2015. Eligible professionals (EPs) and group practices that do not satisfactorily report data on quality measures before the end of 2013 will have their Medicare Physician Fee Schedule charges reduced by 1.5% beginning in 2015. Individuals and group practices participating in PQRS must meet one of the following criteria to avoid payment adjustments in 2015.

Criteria for Individual EPs
Although there are three ways that individual EPs can avoid the 2015 payment reduction, meeting the first of the following criteria before the end of 2013 is most easily accomplished since the deadline for the second one has passed:

- Report at least:
  - One valid measure via claims, participating registry, or through a qualified Electronic Health Record (EHR) **OR**
  - One valid measure in a measures group via claims or participating registry. Detailed instructions are available on the **APA website**. (Click on the highlighted line beginning with ALERT.)
- Have already opted to participate in the **administrative claims-based reporting** mechanism (deadline was October 18, 2013).
- Meet the requirements outlined in the **2013 PQRS measure specifications** (earns a 2013 PQRS *incentive* payment of 0.5% of covered Medicare Part B charges, but more complicated to complete)

Criteria for Registered Groups (ACO/PQRS GPRO)
Group practices participating in the **Group Practice Reporting Option** (GPRO) can avoid 2015 payment reductions if ***one*** of the following criteria is met before the end of 2013 (the second option may be more easily accomplished):

- Group meets the following requirements, outlined in the 2013 **PQRS GPRO** Fact Sheet:
  - ◊ Report specific through the **Web Interface** **OR**
  - ◊ Report at least 3 registry measures (for 80% of the group's eligible patients for each measure) for the GPRO outlined in the 2013 PQRS Measure Specification for Claims/Registry Reporting of Individual Measures
- Report at least one valid measure through the Web Interface **OR** Participating Registry. (The **APA website** has useful information for this option. Be sure to click on the highlighted line beginning with ALERT.)
- Have already opted to participate as a GPRO in the **administrative claims-based reporting** mechanism (deadline was October 18, 2013). *Administrative claims-based reporting is not available to ACO GPROs.*

Resources
View the **PQRS Payment Adjustments Tip Sheet** for more on how to avoid the 2015 payment reduction.

For more information or support on the PQRS program, please contact the APA Practice Management HelpLine at **hsf@psych.org** or call the HelpLine at 800-343-4671. You can also visit the **PQRS Incentive Program website** or the **Help Desk**.

2014 Health Professional Shortage Area (HPSA) Bonus Payments

HPSA bonus payments on applicable Medicare claims with dates of service from January 1 to December 31, 2014 will be posted to the internet on or about December 1, 2013. The 2014 Mental Health HPSA list is in the Downloads section. Check each year to determine whether you need to add the AQ modifier to your claim in order to receive the bonus payment, or whether the ZIP code area in which you rendered services will automatically receive the HPSA bonus payment. Medicare contractors will continue to accept the AQ modifier for partially designated HPSA claims. Use the online shortage area finder and enter an address to find out whether it's in a HPSA that is eligible for the Medicare HPSA Physician Bonus.

ICD-10: Less Than One Year Out

Now is the time to talk to others and make progress on ICD-10. CMS is developing resources and increasing outreach to providers, payers, and vendors to help ensure industry readiness by October 1, 2014. ICD-10 resources for Providers cover topics ranging from a basic introduction to ICD-10 to CME courses with a roadmap and guide for small practices. For a more in-depth explanation, see the online ICD-10 Guide, which can be found on the Provider Resources page along with a list of some partner associations that offer ICD-10 resources. The ICD-10 website also offers checklists and timelines, as well as FAQs, guides, and tips geared toward various audiences.

Maryland News & Information

Insured Marylanders Have a Right to an Adequate and Accessible Network of Mental Health Providers

Maryland law entitles insured Marylanders to an appointment with a mental health provider without unreasonable delay or travel. The law requires insurers to authorize visits to an out of network provider if an appointment with an in-network provider can't be found without unreasonable delay or travel. This informative post at the Maryland Parity Project Parity Perspectives Blog lists what steps to take if a patient can't get an appointment. Based on calls to the MPS patient referral service, there are many individuals who cannot locate a nearby psychiatrist who participates on their health plan. If only all of them could follow through with the steps on the list.

Holiday Office Hours

As a cost saving measure, the MPS office will be closed from December 23 through January 1.

Maryland Insurance Administration Clarifies Renewal of Non-ACA Compliant Plans

On November 14, HHS announced a transitional policy allowing health insurers to continue renewing plans (for policy years that start between January 1, 2014 and October 1, 2014) that do not comply with certain Affordable Care Act requirements that begin January 1. The Maryland Insurance Administration issued a bulletin on November 19 clarifying that Maryland law permits insurers to renew such plans provided that the renewals occur by January 1.

Unlike in some other states, carriers in Maryland have not generally been cancelling non-ACA compliant plans. Policyholders have three options: purchase an ACA-compliant plan now, wait until their plan comes up for renewal in 2014 and buy an ACA-compliant plan then, or, with some carriers, request an early renewal in 2013 for another full year. Please see the bulletin for details.

PSYCHIATRIST

BC/BE Psychiatrist needed to join a unique community health center serving homeless individuals. Candidate should be interested in providing comprehensive outpatient mental health care in a multidisciplinary setting. Buprenorphine waiver preferred. Health Care for the Homeless (HCH) is a non-profit Federally Qualified Health Center (FQHC) dedicated to preventing and ending homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. Our clinic is affiliated with a Baltimore hospital that has been recognized as one of the nation's Top 100 Hospitals. For additional information, we welcome you to visit our website www.hchmd.org.

Comprehensive benefits offered include: malpractice coverage, health insurance, disability, life insurance, paid time off, CME allowance, retirement plans and dental insurance.

Requirements:

- Graduate of an accredited school of medicine.
- Completed residency and board certified or eligible in Psychiatry
- Physician's license in Maryland.
- Successfully complete credentialing processes of Health Care for the Homeless.
- Experience in quality assurance and risk management programs.
- Experience and comfort with indigent or homeless populations.
- Experience with dual diagnosis and familiarity with a harm reduction approach.
- Desire to collaborate in multi-disciplinary setting, integrating medical and behavioral services.

Send resumes to S. Johnson, HCH, 421 Fallsway, Baltimore, MD 21202 and E-mail: hrresumes@hchmd.org.
Fax: 410-837-8020. No phone calls. EOE

Behavioral Health Opportunities – Anne Arundel Medical Group

Explore a career with Anne Arundel Medical Center, one of the leading health systems in Maryland. You will find a culture of patient centered care, intellectual curiosity and innovation.

Medical Director – Pathways Drug & Alcohol Treatment Center

In this highly visible role, you will be responsible for all aspects of medical care administered to Pathways patients while they're being treated for substance abuse and psychiatric services; admit and discharge residents and develop and approve all medical protocols.

Requires:

- Board Certified in Psychiatry by the American Board of Psychiatry and Neurology. Board Certification in Addictions Psychiatry and ASAM certification preferred.
- Current license to practice medicine in Maryland
- Five years' experience in practice of medicine or post-graduate residency program in a recognized approved AMA accredited specialty
- Minimum of three years' experience in chemical dependency programming/ treatment

Psychiatrist / Program Leader

In this role, you will develop and lead the Behavioral Health Program. Responsibilities include inpatient consults for adult and pediatric population and emergency service coverage. On call rotation required.

Requires:

- Board Certified in Adult and Pediatric Psychiatry
- Demonstrated leadership ability
- Ability to collaborate effectively with other members of the behavioral health team

You will enjoy our location in Annapolis, Maryland. America's former colonial capital offers highly desirable living on the Chesapeake Bay, plus close proximity to the cultural advantages of Washington, D.C. For full position description and to apply, visit: **www.aamccareers.org**

EOE, M/F/D/V.

Nursing

Powered by knowledge. Inspired by caring.

Innovation | Collaboration | Diversity

Outpatient Psychiatrists—Baltimore, MD

Kennedy Krieger Institute is an internationally recognized facility dedicated to improving the lives of children and adolescents with pediatric developmental disabilities through patient care, special education, research and professional training. Kennedy Krieger's clinical programs offer an interdisciplinary approach in treatment tailored to the individual needs of each child. Services include over 40 outpatient clinics; neurobehavioral, rehabilitation and pediatric feeding disorders inpatient units; plus several home and community programs providing services to assist families.

Boating, sandy beaches, mountains and less than an hour away from Washington, DC and Pennsylvania. Kennedy provides excellent benefits and competitive salaries, and this position is an NHSC-approved loan repayment site. For more information about loan repayment, see http://nhsc.hrsa.gov/loanrepayment/.

Family Center

A full-time position at the Department of Psychiatry working in The Family Center at Kennedy Krieger Institute. This position includes a possible faculty appointment with research opportunities at the Johns Hopkins University School of Medicine Department of Psychiatry, depending upon the candidate's experience. The Family Center is an outpatient department that specializes in the assessment and treatment of children and families that have experienced or are at risk for neglect, abuse and violence exposure.

Outpatient Psychiatry Clinic

We have available a full-time faculty position in the Kennedy Krieger Institute Outpatient Psychiatry Clinic, a clinic for individuals with autism spectrum disorder and who may have co-morbid psychiatric, neurologic and developmental disorders.

*For candidates eligible for faculty appointments: Both positions provide a mixture of clinical, teaching and research opportunities, dependent on the interests and skills of the faculty member. The Johns Hopkins University School of Medicine faculty rank will be commensurate with experience. There are excellent benefits, including partial college tuition remission for dependents (at any college) and tuition remission for faculty members, spouses and dependents for course work performed at the Johns Hopkins University and the Peabody Music Institute.

Both positions require BE/BC in Child and Adolescent Psychiatry.

Please apply online: www.kennedykrieger.org Candidates can also contact Elaine Tierney, M.D., Director of Psychiatry, KKI:
Phone: 443-923-7657 Fax: 443-923-7628 E-mail: Tierney@KennedyKrieger.org EOE

WEEKEND PSYCHIATRISTS

SHEPPARD PRATT PHYSICIANS, P.A.

Either Towson or Ellicott City, Maryland

Sheppard Pratt is seeking psychiatrists to provide inpatient, weekend-only services on either our main campus in Towson or on our campus in Ellicott City, Maryland. This position could either be part time or full time, depending upon the candidate's interest.

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.

CONTACT:
To inquire about this position, please contact Kathleen Hilzendeger, Director, Professional Services, 410-938-3460 or khilzendeger@sheppardpratt.org.

ADULT PSYCHIATRISTS
SHEPPARD PRATT PHYSICIANS, P.A.

Towson, Maryland

Sheppard Pratt is currently recruiting for adult psychiatrists to provide inpatient services either on the Co-Occurring Unit or the Specialty Unit that primarily treats patients with symptoms of psychosis. Both units are located on our main campus in Towson, Maryland about twenty minutes north of Baltimore's Inner Harbor. Based on psychiatrist preference, inpatient positions can be paired with an assignment in the Day Hospital or 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.

For the 23rd year in a row, Sheppard Pratt was named as one of the nation's best hospitals specializing in psychiatry by US News and World Report. If you are interested in advancing your professional life to the next level, we encourage you to explore this opportunity. Please contact Kathleen Hilzendeger, Director, Professional Services at 410- 938-3460 or khilzendeger@sheppardpratt.org.

Classifieds

EMPLOYMENT OPPORTUNITIES

Psychiatrist - Weekend coverage for Emergency Room, Inpatient Consultations, and a General Adult Inpatient/ Partial Hospitalization unit at University of Maryland, St. Joseph Medical Center in Towson, MD. Maryland license required. Send C.V. and cover letter to Steven Crawford M.D at 6535 North Charles Street, Suite 300, Baltimore MD 21204 or via Fax: 410-938-5250 Email: stevecrawford@umm.edu.

PSYCHIATRIST - full or half time, independent contractor position with well-established & growing multidisciplinary practice. Spectrum Behavioral Health is an Annapolis area private practice with three desirable locations, congenial colleagues and comprehensive administrative support. For more information about SBH, visit our website: www.spectrum-behavioral.com. To discuss this opportunity, please call Barbara Usher, Operations Administrator, at 410-757-2077 x7121 or email barbara.usher@spectrum-behavioral.com.

Springfield Hospital Center is seeking Board-certified or Board-eligible general psychiatrists for our 230-bed MHA adult inpatient facility. Salary is negotiable, within MHA guidelines. Our rural, tobacco-free campus is 22 miles west of Baltimore, convenient to the Chesapeake Bay, Washington, and a variety of cultural, historic, sports, and recreational venues. Benefits include 27 paid days off in the first year, subsidized health insurance, free parking, a generous retirement program, and a truly pleasant workplace. A Medical Services physician is always on campus to attend to patients' somatic needs. Staff psychiatrists are not expected to work after hours, but some choose to supplement their salary by providing evening and weekend/holiday coverage under contract. In addition, we offer after-hours coverage contracts to psychiatrists who are not full-time staff members. Please send CV to Paramjit Agrawal, M.D. Clinical Director, 6655 Sykesville Road, Sykesville, MD 21784. For questions, call (410)970-7006 or e-mail paramjit.agrawal@maryland.gov. EOE

Springfield Hospital Center in Sykesville, MD is accepting applications for a Forensic Psychiatrist. Eligible candidates must have board certification including added qualifications in forensic psychiatry (or equivalent). Duties include pretrial evaluations of competency to stand trial and criminal responsibility, competency restoration, and training of residents and students. Please forward a CV and inquiry to Erik Roskes, MD, Director, Forensic Services, Springfield Hospital Center, by fax (410.970.7105) or email (erik.roskes@maryland.gov).

Maryland OMHC utilizing electronic paperless system seeking Board Certified Child or Adult Psychiatrist for 20 hours a week. Competitive salary. To apply, contact hr@regencs.com.

PSYCHIATRIST NEEDED- Full or Part Time. Private practice in Columbia and/or Towson without hassles. Full administrative support. Flexible hours. Plenty of patients. Contact Abdul Malik, M.D. at 410-823-6408 x13 or email to Drmalik.baltimore@gmail.com.

PMHS OMHC needs Adult Psychiatrist(s). W-2 OR 1099. Strong team emphasis, flexible schedules. Optional evenings, no on call. Dundalk location. Send resume/CV to Linda Wilkens, LCPC at lindawilkens@keypoint.org or call 443-216-4800.

Outpatient Psychiatry Services at MedStar Franklin Square Medical Center is looking for a general psychiatrist to work 16 hours per week with adult outpatients. Six weeks paid time off, CME time off, 403B, flexible hours, experienced interdisciplinary colleagues, pleasant environment. Please fax CV to Stephen Pasko, Director at 443.777.2060 or call 443-777-7925 for details.

The VA Maryland Health Care System (VAMHCS), Mental Health Clinical Center (MHCC) is actively recruiting for a part time neuropsychiatrist to work at the Baltimore Medical Center to perform traumatic brain injury (TBI) evaluations and to conduct of neuropsychiatric research. Qualified candidates must be citizens of the United States; proficient in spoken and written English as required by 38 U.S.C. 7402(d) and 7405(f); and board certified/board eligible in psychiatry. Preferred applicant should have completed an ACGME-accredited fellowship in geriatric psychiatry, and have experience in neuropsychiatric research and the assessment of patients for traumatic brain injury. Credentials warranting academic appointment in the UM-SOM is desirable but not required. The Department of Veterans Affairs is an equal opportunity employer. Interested candidates should apply through www.usajobs.gov to Announcement # 512-38-170-968602.

AVAILABLE OFFICE SPACE

Ellicott City - sound proofed, furnished and/or unfurnished offices available. Full time and/or shared daily offices in a very congenial, multi-disciplinary mental health professional environment. Includes workroom (photocopier and fax available) and a full kitchen. Handicapped access, ample parking, private staff bathrooms, convenient to Routes #40, 70, 29 and 695. Contact: Dr. Mike Boyle: 410.465.2500.

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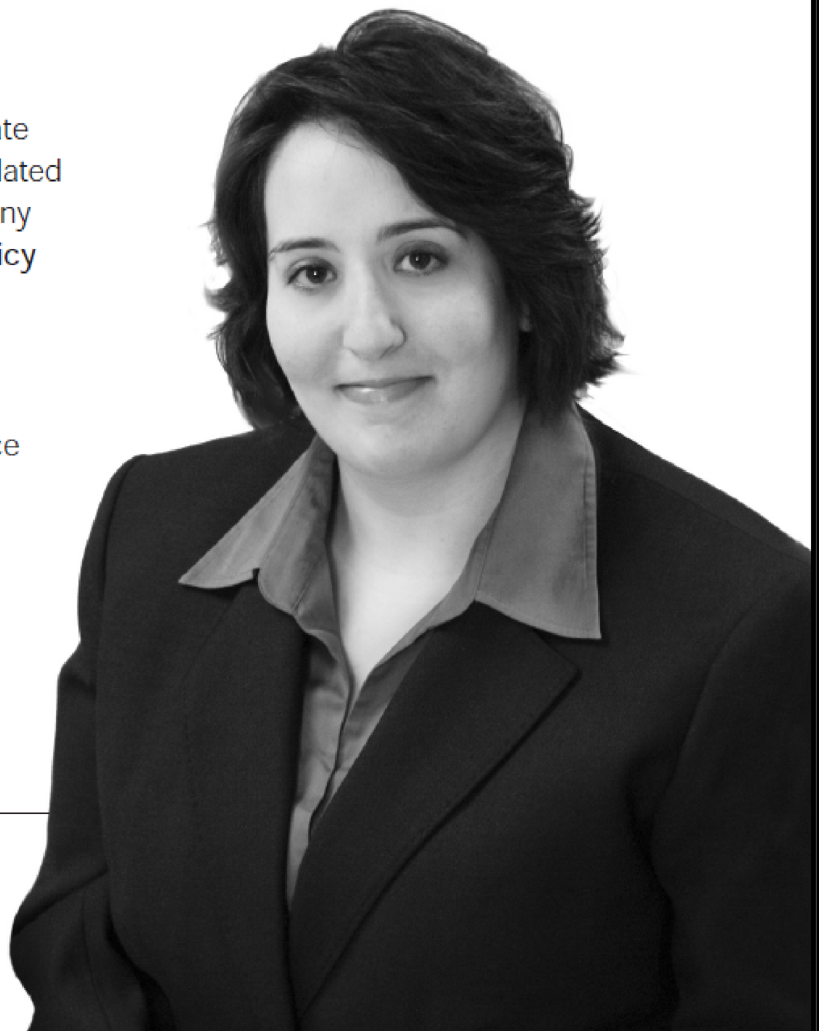

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