

MPS NEWS

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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 Tuesday, **January 13** at 8PM in the MPS office.

President's Column

A Request for Engagement

I had a wonderful time this month; I had the honor of meeting with the Sheppard Pratt/ University of Maryland residents to talk to them about the MPS. At least I met with the 1st through 3rd years; apparently some guy called Glen Gabbard, speaking at Sheppard, was a much bigger draw for the 4th years - I can't imagine why! In any case, my thanks to Dr. Ehrenreich, for his warm introduction, and strong endorsement of the organization. I must admit, I had forgotten how young residents tend to be, and how exhausted! I am also looking forward to meeting with the residents at Hopkins in late November, and I hope they'll be equally excited to hear that we bring lunch!

As I mentioned in a previous column, I came into leadership in the MPS through the Membership Committee. During my tenure there, it became increasingly clear that without the lifeblood of newer, younger members, our organization will cease to exist. The real challenge, however is explaining our relevance to young psychiatrists, particularly when so many other things compete for their attention. It's not enough to assure them that their participation is greatly appreciated on committees and at Council; they need tangible evidence.

This year, thanks to a suggestion from a resident, Dr. Paul Nestadt, we applied for and won an APA grant that will allow us to waive the MPS membership costs for residents who apply for first-time membership. We are aware that the Sheppard Pratt/Maryland program generously pays residents' dues, but even those residents are eligible for this one-time opportunity,

which we hope will streamline the application process for them. We are especially optimistic that this will encourage the Hopkins residents to join in greater numbers.

Dr. Nestadt made a second suggestion, which makes excellent sense; he proposed allowing a voting resident representative on Council. This may take a little time; the requisite change in our bylaws was [approved by the MPS Council on November 11th](#), however such a change must also be approved by the APA, which can prolong the process significantly. I am hoping this will not be the case, and that by 2016, Council will be able to welcome onboard a more effective voice for residents' interests.

I am also very grateful to Dr. Lori Schwartz, the Sheppard Pratt/ Maryland co-chair of the Residents and Fellows Committee, who attended the committee chairs meeting in October and made some very helpful suggestions, including trying to increase the opportunities for the Hopkins and Maryland/ Sheppard-Pratt residents to get together, both for social events and perhaps also for some academic initiatives. I promise that we will keep eyes open for any available funds to move forward with those ideas.

In 2014, for the first time, in conjunction with the Academic Psychiatry Committee, we recognized research papers written by residents and early career psychiatrists in Maryland at the MPS annual meeting. We plan to repeat the contest in 2015. We also want to increase awareness of the [MPS listserv](#), which is open to all members, including residents. It is a wonderful forum for locating resources and referrals and discussing all kinds of issues, from bizarre

(Continued on next page)

medication side-effects, to diagnostic conundrums. In addition, we plan to unveil our new website next year, which will improve ease of access and members' ability to interface with the organization.

All of this sounds wonderful, and we appreciate the support of both Baltimore residency programs in encouraging a high rate of membership, but when we analyze the membership data, it becomes patently obvious that membership attrition occurs most noticeably after residency. There are some clear reasons for this; people often move out of the area following completion of residency, but the tragic drop-off occurs even among those who remain in Maryland. We are very aware that this is a tough time for early career psychiatrists both economically and personally; student loans become due, young physicians have families to raise, and increasingly fellowships to complete, and the face of the profession is changing rapidly, so that the traditional idea of seeing patients in a private practice setting, or even giving direct patient care is becoming obsolete.

I believe the MPS is part of the solution for these stresses. We try to be responsive and help early career psychiatrists with the necessary tools to navigate the various obstacles and challenges. We held a Maintenance of Certification training series this Fall, with funding from the APA and Area 3, and run by our staff and the indefatigable Dr. Lauterbach. The program was a great success, and is being viewed as a template for APA programs going forward. We will continue to respond to members' needs in a flexible manner, and are open to any and all member suggestions in our quest to remain relevant.

Each year, we send all MPS members a survey, which is unfortunately returned by a relatively small, yet growing, proportion of our members. Lest you are under any illusions, I assure you that our staff reads every one of the [responses](#), and takes them very seriously. We consider it a vital barometer of our membership's opinions, and try to respond personally when we can. We also provide opportunity for anonymous feedback through the survey, should anyone feel uncomfortable providing their name. We are always open to adding other questions or changing the format. Please [send suggestions!](#)

We know that we are not the only organization struggling to be relevant to you. Younger psychiatrists are likely to derive a sense of community from a host of alternative sources, including social media and subspecialty societies. I ask only that you allow us the opportunity to address and meet your needs, and in return, I ask you to remain engaged and, if possible, active in the MPS.

Sally Waddington, M.D.

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.

Meghan E. Gaare, M.D., M.P.H.

Transfers

Nicole M. Absar, M.D. (from MA)

Fahad Ali, M.D. (from PA)

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 members who have joined. For example, members have recently posted:

Has anyone dealt with "split authorization" meaning you have to get one authorization for E&M visit and one for therapy? ...

Are insurance companies accepting and reimbursing for add-on procedure codes of 90833 and 90836?

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

MPS Advocacy Days in Annapolis

February 4 and 5, 2015

9:00 AM to 4:00 PM

Annapolis House and Senate Buildings in Annapolis

Members are needed for 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. Guidance is available for members who do not have experience. Please contact Kery Hummel at khummel@mdpsych.org if you can attend, or if you have questions.

November 11 Council Highlights

Executive Committee Report

Dr. Waddington noted several areas of progress since the last meeting:

- Language has been drafted to implement Dr. Nestadt's suggestion that the MPS Council include a voting Resident-Fellow Member. Council voted unanimously in favor of her motion to approve the addition, as well as any other house-keeping changes needed to integrate it fully into the constitution. The APA must approve the change before it can be put to MPS members for a vote.
- The MPS held a lunch for residents at the University of Maryland/Sheppard Pratt program. Dr. Ehrenreich gave the MPS a nice endorsement; Dr. Hackman also attended, along with about 30 residents. The MPS will hold a similar event for residents at Johns Hopkins.
- The MPS database and website project is moving forward; a contract has been signed and initial design input has been provided.
- Several MPS representatives met with representatives of NAMI-MD, Hopkins and Sheppard to discuss Maryland's dangerousness standard. The group agreed that we prefer no changes to the current definition; however, there is a need for more education of ER personnel and judges to ensure uniformity of application. A joint statement will be issued by the participating organizations, although it is unclear what direction the Hogan administration will take.

Secretary-Treasurer's Report

Dr. McCann reviewed the first quarter MPS financial statements as of September 30. He noted that current assets are \$10K higher than last year and now include \$82K in an investment reserve account. Fixed assets are \$10K lower, reflecting depreciation without replacement of assets. Compared with budget, the \$16K surplus is \$10K more than expected; however we will have a clearer picture once all of the MOC training-related transactions are included. The dues line is about \$4K higher than budget after adding new members. Comparison with this time last year is difficult. Both revenues and expenses are less, and the surplus is higher; however by this point last year the DSM5 trainings were complete but there were three MOC trainings still to go after September 30 this year. Since July 1, operations have resulted in a \$78K increase in cash, mostly from payment of membership dues. Council voted to approve the report.

Program and CME Committee Report

Dr. Addison described plans for an April 18, 2015 spring symposium at Sheppard Pratt Conference Center focused on women's mental health, with topics such as mood disorders and prescribing during pregnancy, intimate partner violence and eating disorders. Speaker confirmations are almost complete. The possibility of a fall 2015 joint program with DHMH on addictions is being explored. A location in Columbia would allow easier access for participants from the DC area.

Old Business

Dr. Waddington gave some highlights of MPS committee activities from the October meeting of chairs:

- Diversity – Dr. Jordan-Randolph will work to revive this group. She also reported in her role as Deputy Secretary of the Behavioral Health Administration.
- Early Career Psychiatrists – Dr. Lauterbach noted that the APA is interested in expanding on the MPS's MOC training initiative.
- Legislative – Dr. Palmer reported that she is looking for a co-chair to assist and eventually lead as she moves up in the MPS Executive Committee.
- Membership – Dr. Lehmann discussed a proposal for changing the APA dues amnesty policy.
- Payer Relations – Dr. Gaffney described their work with Sam Muszynski at APA on problems that appear to violate the parity law.
- Program and CME – Dr. Addison reported on MOC trainings and plans for the spring CME on women's mental health.
- Residents and Fellows – Dr. Schwartz was briefed on the APA grant allowing a waiver of the first year of MPS dues for Resident-Fellow Members, and she expressed an interest among residents for more activities between the Hopkins and Maryland/Sheppard residency programs.

Membership Committee Report

Dr. Lehmann said she is looking forward to attending the lunch for residents at Johns Hopkins. The MPS decision to not participate with APA's central billing program was discussed. In addition to several problems noted by staff, there is the disadvantage of losing the closer ties with members.

Nominations and Elections Committee Report

Dr. Lehmann presented the list of nominees for the 2015 MPS election. Please see the [slate on p. 4](#).

Review of Executive Director's FY15 Compensation

Dr. McCann reported that the MPS Executive Committee reviewed the Maryland Nonprofits' 2014 Salary Survey for comparable salaries paid to top level executives. The survey was circulated to Council. He noted that Mr. Hummel's FY15 compensation falls below the median salary for CEOs in Maryland. Council voted to approve Mr. Hummel's compensation.

APA Assembly Representative's Report

Dr. Daviss reported highlights of the November Assembly meeting in Washington.

- CEO Dr. Saul Levin is moving District Branches more front and center at the APA through monthly conference calls with DB executives and a first-ever presentation by a DB exec at the Assembly meeting.

(Continued on next page)

- Communications Chief Jason Young has added a member communications office at the APA.
- The parity suit by the APA against Anthem in Connecticut has been dismissed for lack of standing.
- Dues paying members, currently 27K, have increased for the past 3 years in a row.
- Areas of focus have been identified as parity, member retention, psychiatric identity/team leadership, scope of practice, and workforce.
- The proposed ethics annotations for Principle 9 were voted down due to concerns raised by the MPS Ethics Committee and others. The APA Ethics Committee will revisit the task of annotating the new AMA principle, which states "*A physician shall support access to medical care for all people.*"
- MPS member Dr. Marsden McGuire, deputy chief consultant for mental health standards of care at the VA, updated the Assembly on changes that will address systemic deficiencies.
- Nominees for the next Speaker-Elect are Drs. Anzia (current Recorder) and Roca (MPS Rep).
- Nominations for the next Recorder are Drs. De Faria and Miskimen.

MedChi Delegate's Report

Dr. Daviss that MedChi plans to oppose two bills that are expected in the 2015 legislative session: requiring fingerprinting and background checks for physician licensure, and requiring two CME hours annually on prescribing opiates.

December 1 is World AIDS Day

In observance of World AIDS Day on December 1, the APA is offering free online CME modules addressing eight HIV topics. Please visit [APA's Learning Management Website](#) for details. Please contact Ian Hedges with questions about APA activities around World AIDS Day, HIV Psychiatry, etc. at ihedges@psych.org or 703-907-8655.

AMA Tool Reveals Where to Practice

The U.S. has more than 6,000 designated health professional [shortage areas](#) in primary care alone. The [AMA Health Workforce Mapper](#) (log in) lets you determine locations to establish or expand your practice based on regional needs for access to care, geographic features and the existing health care workforce—down to medical specialty and practice type. Physicians who are not AMA members have access to a [reduced view of the tool](#) that does not include physician data.

From [October 28 AMA Wire post](#)

Slate for 2015 MPS Election

On behalf of MPS Nominations and Elections Committee Dr. Lehmann presented the following 2015-2016 slate of officers, which Council approved at the November meeting.

President-Elect **(1 year term)**

Merle McCann, M.D.

Secretary-Treasurer **(1-year term)**

Jennifer Palmer, M.D.

Council

(2-year term, four vacancies)

Jason Addison, M.D.

Eric Anderson, M.D.

Virginia Ashley, M.D.

Mark Ehrenreich, M.D.

Anne Hanson M.D.

Margo Lauterbach, M.D.

Marsden McGuire, M.D.

APA Assembly Representative

Steven Daviss, M.D.

MedChi Representative

Steven Daviss, M.D.

MedChi Alternate

Robert Roca, M.D., MPH

Early Career Psychiatrist Councilor

Jessica Merkel-Keller M.D.

Nominations & Elections Committee

Scott Aaronson, M.D.

Andrew Angelino, M.D.

Joanna Brandt, M.D.

Susan Wait, M.D.

AMA Backs Interstate Compact to Streamline Medical Licensure

A [compact](#) designed to make it quicker and easier for physicians to obtain medical licenses in multiple states received the AMA's support in November. The [model legislation](#) developed by the Federation of State Medical Boards (FSMB) also aims to increase access to safe, quality care. Under the new policy, the AMA will work with interested medical associations, the FSMB and other stakeholders to ensure expeditious adoption of the compact and the creation of an Interstate Medical Licensure Commission. The compact, released in July, is based on several key principles, including:

- The practice of medicine is defined as taking place where the patient receives care, requiring the physician to be licensed in that state and under the jurisdiction of that state's medical board. This tenant aligns with the [principles for telemedicine](#) that were developed by the AMA Council on Medical Service and adopted at the 2014 AMA Annual Meeting.
- Regulatory authority will remain with the participating state medical boards, rather than being delegated to an entity that would administer the compact.
- Participation in the compact is voluntary for both physicians and state boards of medicine.

From [November 10 AMA Wire post](#)

Maintenance of Certification

AMA Adopts Principles for Maintenance of Certification

The AMA's policy on maintenance of certification (MOC) was updated in November to emphasize the need for an evidence-based process that is evaluated regularly to ensure physician needs are being met and activities are relevant to clinical practice. Its MOC principles will now include:

- MOC should be based on evidence and designed to identify performance gaps and unmet needs, providing direction and guidance for improvement in physician performance and delivery of care.
- The MOC process should be evaluated periodically to measure physician satisfaction, knowledge uptake, and intent to maintain or change practice.
- MOC should be used as a tool for continuous improvement.
- The MOC program should not be a mandated requirement for licensure, credentialing, payment, network participation or employment.
- Actively practicing physicians should be well-represented on specialty boards developing MOC.
- MOC activities and measurement should be relevant to clinical practice.
- The MOC process should not be cost-prohibitive or present barriers to patient care.

The policy encourages specialty boards to investigate alternative approaches to MOC and directs the AMA to report annually on the MOC process. The American Board of Medical Specialties (ABMS) is the organization responsible for developing the MOC process. ABMS works with its 24 member boards in the ongoing evaluation and certification of physicians.

From [November 10 AMA Wire post](#)

Advocacy for Network Adequacy

With open enrollment underway for ACA plans, the AMA is leading efforts to address the problem of inadequate provider networks for health plans. Along with 115 other groups, it is promoting model network adequacy legislation to establish reasonable, meaningful standards, while still allowing for market flexibility and choice. The model legislation includes the following six provisions:

- Provider networks must include a full range of primary, specialty and subspecialty providers for all covered services for children and adults.
- Regulators must actively review and monitor all networks using appropriate quantitative and other measurable standards. Determinations of network adequacy must be the responsibility of regulators, utilizing strong quantitative and objective measures that take into consideration geographic challenges and the entire range of consumers' health care needs.
- Appeals processes must be fair, timely, transparent and rarely needed. Out-of-network arrangements and procedures are not an acceptable alternative to plans having an adequate network.
- The use of tiered and narrow provider networks and formularies must be regulated. Specific patient protections must be included for networks that are tiered or are limited in scope and number of providers in order to prevent unfair discrimination based on health status.
- Insurers must be transparent in the design of their provider networks. It is critical that consumers have clear information regarding the design of their plan's provider network.
- Provider directories must be accurate and up-to-date. Consumers must have access to robust provider directories to enable them to determine which providers are in-network when they purchase their plans, and, in the event their medical needs change, when they need new providers.

The AMA has also adopted a [policy](#) calling for health insurers to make any changes to their provider networks before patients choose their health plans to prevent them from being stuck with plans that drop their physicians after they already have enrolled.

From [November 17 AMA Wire post](#)

Integrated Care and Psychiatry

APA President Paul Summergrad, M.D., discusses integrated care and the role of psychiatry in this [VIDEO MESSAGE](#). It is essential to ensuring that all of a patient's health issues are addressed: there is a higher rate of psychiatric illness in patients with chronic medical illness, and a higher rate of chronic medical illness among patients with psychiatric illness, especially with serious and persistent mental illness.

Holiday Office Hours

During the holiday season the MPS office will be closed on the following dates:

November 28 & 29
December 24, 25, 26, 31
January 1 & 2

Maryland News

IMPORTANT: Check Your Provider Directory Listings

Recent news reports have spotlighted the problem of patients being able to make appointments with an in-network doctor. [Reuters](#) recently reported on findings in a study in *JAMA Dermatology* that less than half of doctors in insurance directories may actually be available. Or, see this *USA Today* [article](#) reporting that a recent law school graduate has sued Empire Blue Cross because he couldn't find a doctor in his new health plan.

The MPS office often hears from callers desperate to locate a psychiatrist who takes their insurance. (The problem seems especially acute in the Glen Burnie area.) The Maryland Parity Project has a [post](#) explaining that insured Marylanders have a right to appointments with mental health providers without unreasonable delay or travel. [See box on this page.] The problem is that the patient needs to be willing to undertake a significant complaint procedure using the links provided.

Hopefully the work taking place in different organizations will help address this problem, reducing the need for complaints. The National Association of Insurance Commissioners is developing a new standard for what is an adequate number of doctors and hospitals in insurance networks. A [network adequacy subgroup](#) has been meeting since late May. In addition, the National Committee for Quality Assurance has developed [recommendations](#) for exchange network adequacy requirements. The AMA is leading advocacy efforts aimed at model network adequacy legislation. [See [page 5](#).] Beginning next year, CMS is supposed to certify that the networks for plans sold on HealthCare.gov are big enough.

You can take steps personally to address the problem here at home. Psychiatrists must check and request updates to payer directories or it will appear that there are enough providers even when there are not. By exposing this deception and requiring that networks reflect reality, payers may be forced to be more conciliatory so they can get providers to participate by reducing burdensome red tape, and paying faster and at better rates.

The direct link to the provider directory is: <https://providersearch.crisphealth.org>. EVEN IF YOU DO NOT CURRENTLY PARTICIPATE, please look at the provider directory to see if you are listed. Some people are using this directory search to decide what plans to select in the open enrollment period. [See green box at right.] If you don't find your name, just type your last name or psychiatry and click Search. At the bottom of the search page is a request to email them with any problems.

Payer Relations Committee Request

The MPS Payer Relations Committee is still looking for examples of problems with being able to prescribe certain medications and having to get prior authorization for generics, etc. MPS members can post details to the [MPS listserv](#) or email directly to Laura Gaffney, M.D., Chair at lgaffney@sheppardpratt.org.

Laura Gaffney, M.D., Chair

Insured Marylanders Have a Right to Adequate, Accessible Provider Network

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.

Last month, the new [MarylandHealthConnection.gov](#) website for Maryland's health insurance marketplace began allowing individuals and families to enroll for 2015. Increased competition has led to new offerings from carriers. A [checklist](#) is available for gathering the documents needed to apply. [Financial help](#) is offered to those who qualify. Open enrollment ends February 15. [Medicaid enrollment](#) is year-round.



Maryland News

Behavioral Health Integration Update

As reported in the [October issue](#), the DHMH [Behavioral Health Integration \(BHI\) Work Group](#) posted proposed behavioral health regulations on its website and requested informal comments. In November, the Behavioral Health Administration posted responses to the informal comments it received. Comments received after the October 3rd deadline were not included with the responses, but will be reviewed during a second informal comment period scheduled for late November/early December. This second comment period will be announced and the draft regulations and definitions will be posted to the [website](#).

As Maryland continues to integrate public mental health and substance use disorder service delivery systems, the Behavioral Health Advisory Council will be established by merging the State Drug and Alcohol Abuse Council and the Maryland Advisory Council on Mental Hygiene. The Maryland Medicaid Advisory Committee will soon include a member representing the substance use disorder provider community. Local health departments and agencies will be solicited to ensure a smooth transition and continuation of vital safety net services at the local level.

ValueOptions (VO) will become the Administrative Services Organization for the Maryland Public Behavioral Health System, effective January 1, 2015.

- By contract, VO must meet certain performance measures.
- Utilization management practices related to substance use disorders will be modeled after criteria from the American Society of Addiction Medicine.
- Integration plans include an expansion of behavioral health data sharing, an MCO/physician consult line staffed by Maryland behavioral health experts, a tool to help providers participate in the health home program, clinical case management tools offering a better understanding of the whole health of the consumer, and a new, more user-friendly website.
- Procedures related to data submission, service authorization and claims payment for substance use disorder services will be implemented in two phases, and vary depending on insurance status and service type.
- Providers who have never been paid by VO before need to register to receive payment after January 1. VO is not credentialing or enrolling, just registering for payment.

Four Physicians to Serve in Maryland General Assembly

Last month's election resulted in a new Republican governor in Maryland, and four physician delegates in the Maryland General Assembly, which remained overwhelming Democratic. Among the House of Delegates will be longtime legislator **Dan Morhaim, M.D.**, who will be joined by **Jay Jalisi, M.D.**, **Terry Hill, M.D.**, and **Clarence Lam, M.D.** The legislature will have more physicians this term than we have had in the last twenty-five years.

From [November 10 MedChi News](#)

2015 Budget Rally in Annapolis

The Maryland Behavioral Health Coalition will host a budget rally in Annapolis during the 2015 legislative session. **The noontime rally is scheduled on Wednesday, February 25.** There is a lot of uncertainty about the FY16 budget, and it's important that there is a strong turnout. For more info, contact [Dan Martin](#).

MIA Issues 2014 Physician Rating Systems Report

On November 19, the Maryland Insurance Administration issued its [2014 report](#) on insurance carriers that use physician rating systems. As required under a 2009 law, the two carriers using rating systems have reported data on appeals filed by physicians who contest their ratings. UnitedHealthcare received 45 requests for appeal, of which 27 were overturned. Aetna received 4 appeal requests and overturned one.

Sheppard Pratt-Lieber Research Institute, Inc.

A new joint venture between [Sheppard Pratt Health System](#) and [Lieber Institute for Brain Development](#) will begin operating in January 2015. Sheppard Pratt-Lieber Research Institute, Inc. (SPL) aims to translate scientific advances in genetics and brain research into clinical practice. SPL seeks to develop new treatments and therapies through research with human patients, including the study of genetics, the creation of a patient registry with digital records, an extensive biobank, the use of advanced brain imaging technology, and clinical trials for both new and repurposed medications. The Institute will be located on the Sheppard campus in Towson.



HIPAA Updates

Medical Records More Valuable than Credit Card Information

As the digitization of medical records becomes commonplace among healthcare providers, cyber criminals are now refocusing their attentions on procuring medical information, and for good reason. A recent report from Reuters suggests that PHI may be worth 10 times as much as credit card information on the black market, while the FBI has even cited reports stating that partial EHRs are selling for up to 50 times as much as credit card numbers (<http://www.reuters.com/article/2014/09/24/us-cybersecurity-hospitals-idUSKCN0HJ21I20140924>). Factors such as the comparative value of PHI, the ease with which healthcare security protections can be infiltrated, and the difficulty in tracking medical identity fraud have incentivized cyber criminals to seek out PHI and contributed to a 20% jump in reported healthcare cybercrime between 2009 and 2013.

OCR Offers Free Online Training

The Office of Civil Rights' (OCR) offers six different CME courses on HIPAA compliance at the following link: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/training/>. PRMS Risk Management recommends that you, as well as any member of your staff that handles protected health information, complete at least the following four courses: "Patient Privacy: A Guide for Providers" "HIPAA and You: Building a Culture of Compliance" "Understanding the Basics of HIPAA Security Risk Analysis and Risk Management CME" "Examining Compliance with the HIPAA Privacy Rule"

Depending on the use of technology in your practice, the other courses may be relevant as well.

Excerpted from "HIPAA Updates – Recent News" by Professional Risk Management Services, Inc. (PRMS)

Apply for APA Child/Adolescent Fellowship

Psychiatry residents interested in pursuing a career in child and adolescent psychiatry are encouraged to apply for APA's Child and Adolescent Psychiatry Fellowship, which provides mentorship by senior child and adolescent psychiatrists and funding to participate in a wide array of sessions on child and adolescent psychiatry at APA's 2015 and 2016 annual meetings. **The deadline for applications is December 15.** For more information, contact Alison Bodurant (kids@psych.org) or click [HERE](#).

Medicare News

2015 Medicare Annual Participation Open Enrollment Period

The Medicare participation open enrollment period runs through December 31, 2014. For more information, please visit the [2015 Medicare Participation](#) section of the Novitas website. Medicare Physician Fee Schedule fees for services rendered in calendar year 2015, please click [here](#).

Report Once in 2014 for Medicare Quality Reporting Programs

Providers participating in the 2014 Physician Quality Reporting System (PQRS) program may be eligible to report their quality data one time only to earn credit for multiple Medicare quality reporting programs. Individual eligible professionals and group practices will be able to report once on a single set of clinical quality measures (CQMs) and simultaneously satisfy some of the various requirements of PQRS, the Value-Based Payment Modifier (VM) and the Medicare Electronic Health Record (EHR) Incentive Program, depending on eligibility. (Aligned reporting options are only available to eligible professionals beyond their first year of participation in the EHR Incentive Program.)

Those who report once will:

- Earn the 2014 PQRS incentive and avoid the 2016 PQRS payment adjustment.
- Satisfy the CQM requirements of the Medicare EHR Incentive Program.
- Satisfy requirements for the 2016 VM.

A full year (January 1 through December 31, 2014) of data must be submitted to receive credit for the various programs. The following resources help explain the Reporting Once option.

- [Reporting Once Interactive Tool](#): Reporting guidance based on how the eligible professional plans to participate in PQRS in 2014.
- [eHealth University Reporting Once Module](#): How to report quality measures one time during the 2014 program year and satisfy quality reporting requirements PQRS, the Medicare EHR Incentive Program, the VM, and ACOs.
- [2014 CQM Electronic Reporting Guide](#): Overview of 2014 CQMs and reporting options.

Medicare News

2015 Medicare Payment Policy Changes

From the nearly 1,200 page 2015 Medicare Physician Fee Schedule [final rule](#), the AMA has highlighted the following payment policy changes that physicians should know about.

1. The sustainable growth rate (SGR) formula calls for a 21.2 percent cut to physician payments, effective April

The AMA continues to press Congress to repeal the SGR formula to eliminate the perennial payment cut threats and temporary legislative patches.

2. Continuing medical education (CME) will not be reported under the Physician Payments Sunshine Act.

CMS proposed including CME activities in reports of physicians' financial interactions with medical device and drug manufacturers in the [Open Payments public database](#), but reversed itself after dozens of medical associations said it could "chill physician participation" in independent CME programs.

3. Proposed penalties under the [value-based payment modifier \(VBM\)](#) will be scaled back.

CMS intended to increase payment penalties under the modifier from 2 percent to 4 percent, beginning in 2017. The AMA objected strongly, noting that some physicians would be vulnerable to payment cuts totaling more than 11 percent as a result of the VBM and other Medicare reporting programs, which could mean some of Medicare's sickest patients would lose access to their doctors. The final rule maintains a potential pay cut of 4 percent for larger medical groups, but limits it to 2 percent for practices with fewer than 10 physicians.

4. The [Physician Quality Reporting System \(PQRS\)](#) becomes a penalty-only program next year.

Physicians must successfully report in 2015 to avoid PQRS and VBM penalties in 2017. Among other things, they'll have to report on at least nine quality measures that cover three "domains." In addition, the final rule requires physicians to report on at least one of the 18 new "cross-cutting measures." CMS originally said physicians would be obligated to report on at least two cross-cutting measures but cut that requirement in half after AMA input. The agency had also planned to shorten the period physicians have to review their feedback reports to just 30 days, but left the review period at 60 days after AMA feedback.

5. The [Physician Compare website](#) will continue to expand—but not as much as planned.

Continued pressure from the AMA has led CMS to commit to better prevention and correction of errors on this website. The agency will also notify physicians when they can preview their reports. Plans to post benchmarks to the site have been put aside for now; however, it will show physicians' performance under PQRS, the electronic health record meaningful use program and Medicare accountable care organizations.

6. Chronic care management services will be supported by a monthly payment. CMS will pay \$40.39 per month when CPT code 99490 is reported. The AMA and others will continue to urge the agency to also adopt higher values and pay for multiple complex chronic care coordination services so that patients have ongoing access to this important care.

7. Four services now are eligible for telehealth payment. These services are Medicare's annual wellness visit (coded with HCPCS G0438 and G0439), prolonged evaluation and management services (reported with CPT codes 99354 and 99355), family psychotherapy (CPT codes 90846 and 90847) and psychoanalysis (CPT code 90845).

Read more about these and other components of next year's Medicare payment policies by downloading an [AMA summary](#) (log in) or viewing [fact sheets](#) from CMS.

From [November 13 AMA Wire post](#)

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

Community Child and Adolescent Psychiatrist - The University of Maryland School of Medicine

Department of Psychiatry, Division of Community Psychiatry is seeking a full time Child and Adolescent Psychiatrist to join our Child and Adolescent Team. Part time may be an option if desired. The position includes direct care, teaching psychiatric residents and medical students and leading the interdisciplinary team. The program provides a full range of mental health services to individuals ranging from 6 years and up. Candidates must hold an MD and be board eligible. Academic rank and salary is commensurate with experience. Send a letter of introduction and CV to: Jill RachBeisel, M.D., Associate Professor, Division Director of Community Psychiatry, 110 S. Paca Street, Baltimore, MD. 21201 or e-mail jrachbei@psych.umaryland.edu. The University of Maryland, Baltimore is an equal Opportunity/Affirmative Action Employer. Minorities, women, individuals with disabilities, and protected veterans are encouraged to apply.



CLASSIFIEDS**EMPLOYMENT OPPORTUNITIES—continued**

LifeBridge Health, Department of Psychiatry, is seeking adult psychiatrists for exciting opportunities in our comprehensive system of care, with treatment settings at Sinai Hospital of Baltimore and Northwest Hospital in Randallstown. F/T openings to join group practice of 14 psychiatrists. Outpatient Psychiatrist will deliver services at Sinai Hospital. Inpatient Psychiatrist will deliver and manage treatment services provided to hospitalized psychiatric inpatients using a multidisciplinary team model. Psychiatrist will also provide general hospital and emergency room consultation/liason services with support of mid-level psychiatric practitioners (advanced practice nurses and licensed social workers). Position offers highly competitive compensation and an exceptional benefits package. Email interest to: psychiatry@lifebridgehealth.org and for telephone inquiries call: (410) 601-5461.

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 Kim Bright, M.D. Clinical Director, 6655 Sykesville Road, Sykesville, MD 21784. For questions, call (410)970-7006 or e-mail kim.bright@maryland.gov. EOE

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.](mailto:Clark.J.Hudak.Jr.,Ph.D) Requirements: Active individual Malpractice insurance (1-3 million) and Valid License, DEA, CDS.

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.

FULL TIME OR PART TIME CHILD PSYCHIATRIST - The outpatient psychiatric clinic at Franklin Square Medical center is expanding. We currently have 11 psychiatrists and 16 psychotherapists. We are looking for a part time child psychiatrist, or a fulltime child psychiatrist who is also comfortable seeing adults. Psychiatrists will have 75 minutes for evaluations and 25 minutes for medication management. We offer flexible hours, CME reimbursement, 6 weeks paid time off, 403B match, medical benefits, and paid malpractice ins. The atmosphere is collegial, and most of our staff has been here for years. Please fax CV to Stephen Pasko, Director at 443.777.2060 or call 443-777-7925 for details.

Inpatient Consultation Psychiatrist Opportunity-Baltimore, MD - St. Agnes Hospital is seeking a Psychiatrist for the inpatient consultation service. Position available immediately. Duties include consultations, teaching medicine residents and co-attending our 20 bed med-psych unit. Future possibility to expand into outpatient setting via collaborative care. Service coverage Monday – Friday. Competitive salary, full benefits include 4 weeks paid vacation, 1 week CME, and CME stipend. Applicants must be currently certified or eligible by the American Board of Psychiatry and Neurology and eligible for Maryland licensure. Preference for candidates fellowship trained in Psychosomatic Medicine or with similar experience. Interested parties email a CV and letter of interest to Pinar Miski, MD, pmiski@stagnes.org. EOE, Not an H1-B or J-1 opportunity.

PT Psychiatrist needed in Anne Arundel County -UM Baltimore Washington Medical Center has a part-time position available for a BE/BC Psychiatrist to assist with treating inpatients and performing in-house and ED consults. UMBWMC is located between Baltimore, Washington and Annapolis. To learn more about UMBWMC visit our website at www.mybwmc.org. Competitive Salary and Benefits. If interested please send your CV to Jill Albach at physicianopportunities@bwmc.umms.org.

AVAILABLE OFFICE SPACE

Fully furnished psychiatry/psychotherapy office in Roland Park, Baltimore, a view, separate waiting room, free parking, secure building, available 3 days a week. Contact: officerolandpark@gmail.com.



Sheppard Pratt
PHYSICIANS, P.A.

PART OF THE SHEPPARD PRATT HEALTH SYSTEM

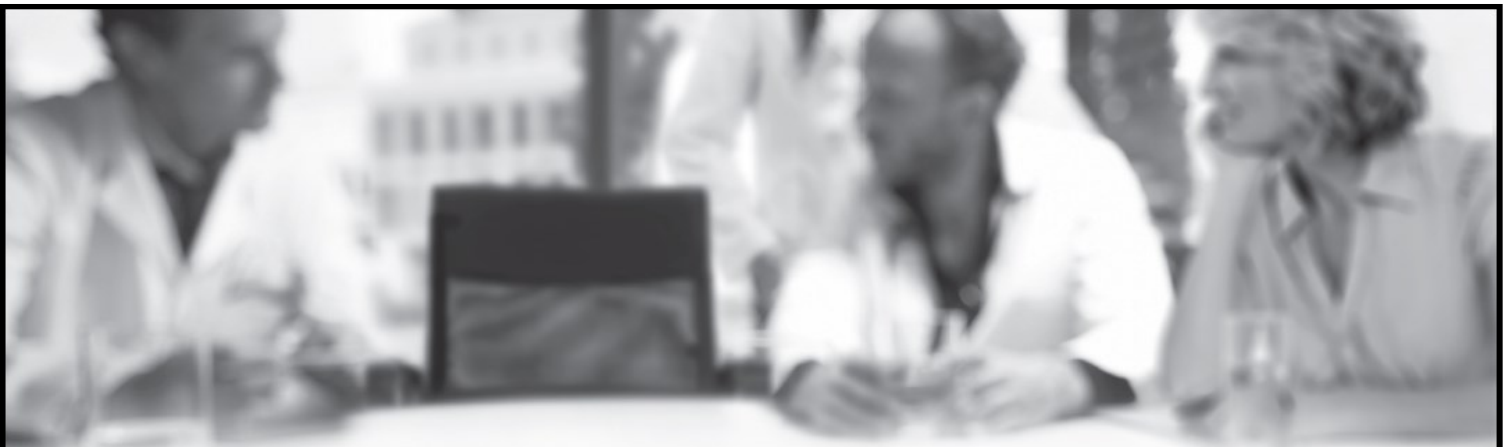
INPATIENT PSYCHIATRISTS

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. Focus areas for these positions include trauma, addictions and child and adolescent services. Based on psychiatrist preference, these positions can be paired with assignments in the Adult 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 in addictions 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.



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¹ Caron electronic patient record, 4th quarter of 2013-2014 fiscal year.
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**CHILD PSYCHIATRIST
OUTPATIENT SERVICES
Behavioral Health Partners, Inc.**

FREDERICK, MARYLAND

Unique opportunity has become available to join a team of psychiatrists and social workers providing services at our outpatient center in Frederick, Maryland. Behavioral Health Partners, Inc., a joint venture between Sheppard Pratt Health System and Frederick Memorial Hospital, provides a critical component to the continuum of care for patients of both parent organizations.

Sheppard Pratt is seeking either a part-time or full-time child psychiatrist with experience and expertise in outpatient psychiatry, focus on continuity of patient care and sensitivity to the needs of patients, families and referrers. Qualified candidates must be board eligible and possess a current license to practice in Maryland at the time of appointment. Board certification is strongly preferred. Sheppard Pratt offers a generous compensation package and comprehensive benefits and is an equal opportunity employer.

Please contact Fred Donovan, Director, at 301-663-8263 extension 228 or at fdonovan@sheppardpratt.org.

**Sheppard Pratt-Lieber (SPL) Research Institute
*Executive Director***

To advance our mutual vision of creating new treatment options for individuals with serious mental illness, Sheppard Pratt Health System, Inc. and the Lieber Institute for Brain Development (LIBD) have established a joint nonprofit research institution. This institute will focus on translating scientific advances in genetics, neuroimaging, and other aspects of brain research into clinical practice with the goal of improving patient care and outcomes.

The SPL Research Institute will leverage the respective strengths of both of the founding organizations. The Institute's collaborative research activities will encompass the broad areas of human clinical research, including genetics, neuroimaging, clinical trials, novel therapeutics, repurposing of existing therapeutic agents, digital clinical record data mining, and the creation of a biobank.

The SPL Research Institute Board of Directors is seeking a clinician-scientist to serve as a full time Executive Director (ED). This individual will have overall strategic and operational responsibility for the staff, programs, organization, and execution of the mission of this new psychiatric research organization. Working with the Board of Directors and an independent Scientific Advisory Board, along with key partners from the Sheppard Pratt Hospital and the Lieber Institute for Brain Development (LIBD), the successful candidate will develop core research and administrative programs, operations, and business plans as the first Executive Director.

The SPL Research Institute is located in newly renovated space on the campus of Sheppard Pratt Health System in Towson, MD. Candidates for this position must have an M.D. and a strong background in clinical neuropsychiatric research. The SPL Research Institute is an equal opportunity employer, and encourages candidate applications from individuals with diverse backgrounds.

For more information about this opportunity, please contact Kathleen Hilzendeger, Director of Professional Services at 410-938-3460 or khilzendeger@sheppardpratt.org.

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