MARYLAND PSYCHIATRIC SOCIETY

MPS NEWS

Volume 28, Number 9 **Editor: Heidi Bunes** **January 2015**

In This Issue

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

MD General Assembly 2015: What to Expect

I have always been very honest that my entrée to the MPS Executive Committee was through membership recruitment and retention, and maintaining the health of the organization through its membership is definitely close to my heart. However, as I make my way through this presidency year, I am increasingly in awe of the work of our Legislative Committee and lobbyists.

During the legislative session, the Legislative Committee meets by phone every Wednesday evening to screen bills and to work with our lobbyists to formulate responses. They are a passionate and hard-working group, led by Jennifer Palmer, and I know that they welcome new members warmly.

I also would like to draw attention to the MPS Legislative Days in Annapolis. Our lobbyists organize meetings with legislators, to solicit their support, or to explain the MPS' positions and concerns. This year, our Legislative Days are scheduled for February 4th and 5th. Just contact our Executive Director, Kery Hummel, if you're interested in participating; your efforts will be greatly appreciated.

None of these efforts would be possible without the full support of our lobbyists, Harris Jones & Malone, and specifically their MPS attorney and lobbyist, Philip Cronin. Aside from being a fellow Irishman, Phil has amazed me with his availability, his instant grasp of the issues and his ability to synthesize them succinctly and rapidly. This month I am also grateful for his willingness to continue this column on my behalf in order to preview the upcoming legislative session. Thank you Phil, for all that you do for us…

With the convening of the 435th meeting of the Maryland General Assembly seeing sixty-four new faces in the legislature and a Republican in the Governor's seat, Annapolis will be a very different place in 2015. Given the substantial turnover in elected officials across both the executive and legislative branches, the political discussion in Maryland since the General Election has been one of great speculation. Despite the uncertainty, there are a few predictions that can be made with a degree of confidence regarding expected legislation and the effect of a more conservative incoming administration on the State's healthcare initiatives.

The MPS has become aware that Senator Delores Kelley intends to once again attempt to criminalize a psychiatrist's failure to report the abuse of a child patient. While this year's proposed bill is slightly narrower than previous versions in that it does not contemplate the reporting of child abuse when the patient is an adult, it would impose serious penalties for failure to report, including fines, mandatory training and possible criminal prosecution for a misdemeanor. The MPS has consistently taken the position on similar bills that: (1) failure to report by health care practitioners is not a prevalent issue; (2) current regulations governing licensure of psychiatrists impose adequate penalties, including loss of licensure, for failure to report; and (3) criminalizing failure to report may have a chilling effect on psychiatrists' willingness to inquire about a patient's past. Once again, the MPS will work through its lobbyists in Annapolis to either amend this legislation to the satisfaction of the MPS Legislative Committee, or defeat it.

(Continued on next page)

As a result of this summer's Outpatient Services Workgroup, legislation is expected from DHMH that seeks to establish a statewide outpatient civil commitment ("OCC") program and expand access to voluntary outpatient mental health services. The first proposal will likely require the State to develop a targeted OCC program that provides resources to individuals with severe mental illness who have a history of non-adherence with treatment that has led to repeated inpatient civil commitments. Such a program is expected to include an expanded ability of members of the public to petition for civil commitment and a requirement that Assertive Community Treatment ("ACT") be a mandated service in the Behavioral Health System. With regard to expanded voluntary services, we can expect legislation looking to improve access to: (1) ACT teams; (2) peer support; (3) housing for the seriously mentally ill; and (4) crisis services. MPS members have historically held diverse views on the issue of OCC, although there is agreement one basic tenet: without adequate and substantial funding, these contemplated laws are not likely to be effective. Though it is not the intention of Legislative Committee to weigh-in heavily on these proposals, the MPS will continue to lobby for improved mental health services for all Maryland residents where practical propositions are made.

While it is certain that the incoming Hogan Administration will be looking to decrease state spending given the State's recently announced budgetary shortfall of around $600 million, there is no clear picture of where the new Governor intends to make cuts. That being said, with DHMH's spending making up a substantial portion of the expected 2015 budget deficiencies, the State's health department may be the target of future measures aimed at fiscal austerity. This possibility greatly decreases likelihood of the General Assembly implementing expensive new programs like a statewide OCC initiative and increases the chances that current programs will receive less funding in future budgets. We will have a clearer picture of how the incoming administration intends to impact the funding of the State's healthcare programs when the Governor's budget is sent to the legislature on or before January 23, 2015.

As always, Harris Jones & Malone is looking forward to working with the MPS Legislative Committee to identify and address legislation introduced during the 2015 session. Though we are entering unchartered territory with a new legislature and administration, we remain confident that, by working together, we can influence legislation in a manner that promotes the best interest of MPS' members and mental health patients across Maryland.

Sally Waddington, M.D.
with Philip Cronin, Esq.

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.

Anne Leonpacher, M.D.
Katherine McEvoy, MB, BCh
Nathalie Szilagyi, M.D.
Ye (Amy) Tao, M.D.
Stelios Vantelas, M.D.

Transfer
Parvathy Nair, M.D. (from AL)

APA Advocacy Training

January 20, 2015 from 7:00-8:30 PM

All MPS members are invited to attend this APA presentation centered on hot-topic issues affecting the practice of psychiatry at the state and federal levels. The MPS lobbyist group, Harris Jones & Malone, will also be present to discuss MPS Advocacy Days in February (see the President's Column and below).

Presenter: Pamela Thorburn, Grassroots Manager
APA Department of Government Relations

The event will be held in the MPS Office, 1101 St. Paul Street, Suite 305, Baltimore, MD 21202. Please contact Kery Hummel at khummel@mdpsych.org to RSVP, or if you have questions.

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 to RSVP or ask questions.

November AMA Interim Meeting

This meeting was held at the Anatole Hilton Hotel in Dallas, the décor is South Asian. There were 2 full size sculpted elephants in the lobby of the hotel and another one in the courtyard outside. The meeting, held just 4 days after the 2014 national elections, had a décor that seemed to anticipate the outcome.

There was inevitably much discussion of the recent elections and their impact on medicine. A presentation by several congressmen discussed what might happen in the lame duck session. Congress might finally agree to repeal the Medicare **Sustainable Growth Rate** because the two chambers had agreed on what should be in the bill before partisan politics raised its head and the repeal was tabled. The hope is now that political points have been made, and the election is over, the holdouts might agree. However, this is still a slender hope, and the repeal may not happen. Another concern is what will happen to the **Affordable Care Act** now that the GOP has a majority in both chambers. The Republican congressmen present thought the House would pass a repeal of the Act, but the Senate would be unlikely to get a 60 vote majority on the bill. Even if they did, the President would veto it, and an override is not possible. The fallback strategy seems to be to find an acceptable bipartisan bill that repeals some aspects of the ACA, but not all of it, and the AMA hopes to play a role in those debates. Another big political issue for medicine is **ICD-10.** Many specialties still strongly wish to further delay it, or to disconnect it from payment, so that errors in diagnosis cannot be used as an indication of fraudulent claim filing. However, getting anything done in a lame duck Congress is fraught with peril, because after the election, anyone not re-elected must immediately vacate their office, lose their staff, and be relegated to a room, desk and phone in the basement of the Capitol until their term ends in January. Many of them simply leave and move on.

The AMA adopted an amended council report on **Network Adequacy** that contained nine specific recommendations including: making quarterly reports to regulators on the number and types of providers (including specialists and subspecialists) who have joined and left the network available to the public, data on consumer complaints, number of out-of-network claims annually, etc. Also, the report recommends that insurers indemnify patients who must go out of network for covered services when the network is deemed inadequate by regulatory authorities, and that provider terminations without cause be made PRIOR to open enrollment so enrollees know in advance that they might have to change networks. [For more details, see article on page 5 of the December issue.]

The Board of Trustees prepared a report on **student debt**: 63% of indebted medical school graduates owe at least $150,000. The AMA continues to explore creating a product that would help medical students with this problem and will report at the June 2015 meeting. The AMA also revisited **Maintenance of Certification** and adopted some principles that should be adopted by the Boards, including: 1) MOC should be evidence-based that it will improve performance; 2) MOC should be evaluated periodically to measure physician satisfaction with the process; 3) MOC should not be a requirement for licensure, credentialing, reimbursement or network participation; 4) actively practicing physicians should be well represented on the Boards developing MOC; 5) the activities and measurement should be relevant to clinical practice; and 6) the cost should not be cost prohibitive or barriers to patient care. The AMA recommended that the specialty boards investigate and/or establish alternative approaches to MOC. Evidence was presented that the American Board of Internal Medicine appeared to be too heavily focused on enhancing ABIM revenues, and that the Board Chair was being paid an unreasonably high income for his work. The Board was mandated to provide a yearly report on MOC process.

The AMA adopted policy facilitating state licensure of telemedicine and supporting an Interstate Compact for Medical Licenses. The compact would be signed between consenting states to allow for multistate licensure if the physician follows a basic set of rules agreed upon by the compact states involved, and is intended to avoid a national licensure of physicians.

The House of Delegates adopted a resolution calling for the AMA to immediately initiate a campaign to educate the media and legislators about the established effects of chronic cannabis use, and potential public health, social and economic consequences of expanded use. One of the potentially useful amendments offered was: "RESOLVED That our AMA should encourage model legislation [regulation?] that would require placing the following warning on all cannabis products not approved by the U.S. Food and Drug Administration: 'Marijuana has a high potential for abuse. It has no scientifically proven, currently accepted medical use for preventing or treating any disease process in the United States.'" Maryland is in the process of trying to develop policies and procedures for "medical marijuana," and perhaps this warning is something that should be on any product approved.

On a personal note, I have stepped down from serving on the Executive Committee of the Southeast States Caucus as I now chair MedChi's AMA delegation. However, I will leave the delegation after the coming AMA meeting in June 2015. It has been a privilege and honor to do this work and I have certainly learned a lot. I hope other psychiatrists will become active in MedChi, and also eventually serve in the AMA.

Thomas E. Allen, M.D.
AMA Delegate from MedChi

Parity or Disparity: The State of Mental Health in America 2015

In Parity or Disparity: The State of Mental Health in America 2015, Mental Health America (MHA) has pulled together a number of indicators across all fifty states and the District of Columbia, and organized them into general categories relating to mental health status and access to mental health services. **Maryland ranks 7th overall** among the states, indicating lower prevalence of mental illness and higher rates of access to care. There are separate rankings for adults and youth, with Maryland adults ranked 4th and youth ranked 20th. In terms of need, Maryland placed next to lowest in terms of prevalence of behavioral health concerns. Maryland's access ranking, measuring access to insurance, access to treatment, quality and cost of insurance, access to special education, and workforce availability, is much worse at 19th.

The report also describes many aspects related to prevalence of mental illness. Interestingly, Maryland ranks among the 10 best states in terms of adults with serious thoughts of suicide, children with emotional behavioral developmental issues, youth dependence or abuse of illicit drugs or alcohol, and youth with at least one major depressive episode, but it ranks 40th based on the rate of youth attempted suicide.

Maryland's access rankings in this report are mixed in terms of insurance coverage and unmet treatment needs of adults and children. Access quality and network adequacy measures in the report are also mixed. For example, Maryland is ranked among the worst for inadequate insurance for children with ongoing emotional behavioral developmental issues, and also among the best for adults who are not able to see a doctor due to costs.

The 54-page *Parity or Disparity: The State of Mental Health in America 2015* holds a wealth of data and examines many policy questions in detail. As part of the report, MHA identifies several priorities related to insurance and access to care. While Maryland compares favorably in most instances, there are definitely areas for improvement, such as insurance network adequacy, services for youth, and improved social connectedness for adults.

FDA warning: ziprasidone (Geodon) is associated with rare but potentially fatal skin reactions.

Review Your Sunshine Act Data by December 31

Physicians have until December 31 to initiate disputes about 2013 data reported on them under the Physician Payment Sunshine Act. After January 1, they can still initiate disputes concerning these data, but it may take CMS six to 12 months to update the public database.

The Physician Payment Sunshine Act requires manufacturers of drugs, medical devices, and biologicals that participate in U.S. federal health care programs (e.g., Medicare, Medicaid) to report certain payments and items of value above $10 given to physicians and teaching hospitals. Only medical residents are excluded. The initial round of reported information from 2013 was made **PUBLIC** on September 30. To review and dispute data, physicians must be registered on the Open Payments Systems. Psychiatrists who are already registered are encouraged to review data reported about them; those who are not registered should visit the **APA WEBPAGE** and follow the step-by-step instructions.

From December 10 *Psychiatric News*

Congratulations!

With MPS recommendation, the APA has advanced the membership status of the following MPS members.

New APA Distinguished Fellows

This status reflects exceptional abilities, talents and contributions to the psychiatric profession.

Marc Fishman M.D.
Nancy Wahls M.D.

New APA Fellows

Kristen Adashi, M.D.
Eric Anderson, M.D.
Peter Armanas, D.O.
Glenn Brynes M.D.
Kim Bright M.D.
Margaret Chisolm M.D.
Ayanna Cooke-Chen, M.D.
Heather Goff M.D.
Stephen Goldberg M.D.
Jo Hall M.D.
Tyler Hightower M.D., MPH
Meredith Johnston, M.D.
Ovais Khalid, M.D.
Stephanie Knight, M.D.
Maju Koola, M.D.
Christian Lachner M.D.
Dean MacKinnon, M.D.
Kristina Money, M.D.
Sandrine Pirard, M.D., MPH
Savitha Puttaiah, M.D.
Elizabeth Tomar M.D.
David Tompkins, M.D.
Elizabeth Winter M.D.

New APA Life Fellows

Alan Jonas M.D.
Gary Klein, M.D.
Rhoda Padow, M.D.
Garry Seligman M.D.

Maryland News

MIA Submits Emergency Regs for Continuity of Health Care Notice

On November 24, the Maryland Insurance Administration submitted emergency regulations to the Joint Committee on Administrative, Executive, and Legislative Review for approval for emergency adoption: Title 31 Maryland Insurance Administration, Subtitle 10 Health Insurance – General, Chapter 42 Continuity of Health Care Notice. These regulations are being promulgated in accordance with the Maryland Health Progress Act of 2013 (in particular subsection (f) of section 15-140), which creates new rights and obligations **for patients whose contracts are issued or renewed on or after January 1, 2015**. The emergency regulations would require insurance carriers and managed care organizations to provide Continuity of Health Care Notices to transitioning enrollees within 30 days of the enrollee's effective date of coverage. The language for the notices is specified in the regulations.

The Continuity of Health Care Notice for **carriers** explains that new enrollees who are currently in treatment have special rights. For example, if the old carrier gave **pre-approval** for services, the enrollee may not need to receive new approval to receive the same services. Also, if the enrollee's doctor is in-network with the old carrier, but not under the new plan, the enrollee may continue to see the doctor for a limited period of time (generally 90 days) as though he or she were in-network. The notice spells out requirements for accessing treatment using prior approvals and **non-network providers**, as well as appeal rights.

The Continuity of Health Care Notice for **managed care organizations** also explains that new enrollees who are currently in treatment have special rights; however, it states that the right to use a prior approval does not apply to mental health or substance use disorder services. It also omits these services from the list of those where the enrollee can temporarily continue to see a doctor who was in-network with the old carrier as though he or she were in-network under the new plan.

State Mental Health Legislation 2014

In December, NAMI released its report, *State Mental Health Legislation 2014: Trends, Themes & Effective Practices*. The report notes that momentum in the states to improve funding and quality of services for people living with mental illness has slowed. Maryland's SB 622 requiring a process for providers to override fail-first protocols was given a gold star, denoting its effectiveness. Six other new Maryland laws were also included.

2015 MedChi Legislative Agenda

MedChi, The Maryland State Medical Society, plans to focus on a range of objectives during the 2015 General Assembly Session. It will work to protect the integrity of the Medicaid program, including protecting enhanced E&M services payment for all physicians treating Medicaid enrollees. MedChi will also work to ensure that Medicaid can continue to serve the significant number of newly enrolled patients and that an adequate safety net remains for individuals who remain uninsured.

MedChi will continue to strongly oppose trial lawyer attempts to increase the cap on damages in medical malpractice cases and to abolish the defense of contributory negligence, to support efforts to establish a pilot project for specialized health courts and to limit repeated continuances in medical malpractice cases, and otherwise work to protect and strengthen the legal liability environment for physicians in Maryland. Please click here for the complete 2015 Legislative Agenda.

Outpatient Mental Health Services Workgroup Issues Final Report

On December 10, DHMH submitted the Outpatient Services Programs Stakeholder Workgroup's Final Report to the Maryland legislature. Specifically, the report includes proposals to: establish an outpatient civil commitment program in Maryland, expand access to voluntary outpatient mental health services, and an evaluation of the dangerousness standard for involuntary admissions and emergency evaluations. The appendices include comments submitted by various interested parties, among them those submitted by the MPS, along with the DHMH response.

MPT State Circle Update on Medical Marijuana

MedChi member Paul Davies, M.D., chair of Maryland's medical marijuana commission, was on Maryland Public Tevlevision's *State Circle* on December 5 discussing the latest developments with medical marijuana, including the regulations adopted in November. To view the video, please click here and advance to about the 12 minute position.

Click here for the APA Position Statement on Marijuana as Medicine, approved in December 2013 by the APA Board of Trustees.

Maryland News

Maryland Medicaid Pharmacy Program Changes

Intuniv® Is Preferred Over Its Generic

The Maryland Medicaid Pharmacy Program (MMPP) announced that **effective December 17** it will cover **brand Intuniv®** over its generic counterpart (guanfacine extended-release tablets). Claims for Intuniv® must be submitted with **DAW 6** and will be priced appropriately. Claims for Intuniv® with any other DAW code will reject. A DHMH Medwatch form is not required. In some instances the State "prefers" a multisource brand name drug over its generic equivalent because the branded drug costs less once manufacturer rebates are taken into consideration.

Carve out of Substance Use Disorder Medications and Suboxone® Film

Starting January 1, MMPP will carve out Substance Use Disorder medications from the HealthChoice MCOs and they will be covered by Fee-For-Service (FFS) in the same way as mental health and HIV medications are. Currently most MCOs cover the generic version of **Suboxone® tablets** on their formulary, whereas the FFS Preferred Drug List (PDL) has **Suboxone® Film** as preferred. Therefore, the result of the carve-out may be denial of prescriptions for Suboxone tablets, which will require a prior authorization by the prescriber. Anticipating this problem, MMPP requests that if you have patients on Suboxone® tablets who may need to refill their prescriptions on January 1, 2015 or later, consider prescribing Suboxone® film to avoid future denial of the prescription due to the FFS PDL prior authorization requirement.

Carve-Out of Behavioral Health Medications and 72 hour Emergency Supply

Starting January 1, MMPP will carve-out Behavioral Health Medications from the HealthChoice managed care benefit and they must be billed fee-for-service (BIN 610084: PCN DRMDPROD and Group ID: MDMEDICAID), just as claims for other carved-out drugs, such as mental health and HIV/AIDS drugs, are currently billed. The medications below are included in the Behavioral Health carve-out:

- acamprosate (Campral®) naloxone injections (Narcan®) (Evzio®)
- buprenorphine (Subutex®) naltrexone tablets (Revia®)
- buprenorphine/naloxone combination therapies*
- nicotine patches, gums, lozenges
- Chantix® Nicotrol® nasal spray, inhaler
- disulfiram (Antabuse®) Vivitrol®

*Please note that currently MCOs do cover the tablet form. Fee-for-service will only cover the film without a PDL PA

Please refer to the website for a complete Preferred Drug List (PDL).

MIA Form for Confidential Communications

The Maryland Insurance Administration has posted a standardized form for consumers to request confidential communications from carriers. The form can be used by the patient to request that the insurance company not send private health information to the person who pays for the insurance.

Patient Survey on Network Adequacy

The Maryland Health Care Access group (brought together by Phrma) has posted a survey that will collect data to support a network adequacy bill they have drafted. MPS members who have patients enrolled through the ACA exchange can provide them the survey link below. Please direct any questions to Lori Doyle at lori.doyle@mosaicinc.org.

https://www.surveymonkey.com/s/JPV9BVC

Beat the Rush and Get the Best Rates

The 2015 APA annual meeting, *Psychiatry: Integrating Body and Mind, Heart and Soul*, will be held May 16-20 in Toronto. The scientific program will feature a variety of innovative sessions and inspiring courses with a special focus on integrating body and mind, heart and soul.

Get ready now:

- Register for the meeting and courses.
- Reserve your hotel.
- Check out the annual meeting Information Guide.
- Review the annual meeting Schedule at a Glance.

Please be aware that this meeting involves international travel, and passports are required for entry to Canada and re-entry to the U.S.

Early bird registration ends February 24. 2015 APA member dues must be paid in order to qualify for the member rates. Members save over $600 on full program registration fees.

For more information, visit the annual meeting website. You can also call the APA Meetings and Conventions Department at (703) 907-7822 or email apa@psych.org.

Medicare News

Medicare Participation Decision due December 31

Will you be participating or nonparticipating in the Medicare program in 2015? December 31 is the deadline to decide. New Medicare payment penalties that take effect next year must be considered, in addition to the possibility of the SGR across the board payment cuts.

Many physicians face multiple regulatory penalties next year, including a new penalty under the value-based modifier (VBM) program that will affect groups of 100 or more eligible professionals in 2015. Physicians in smaller practices will be affected in subsequent years. Importantly, the VBM penalty can be avoided by choosing the Medicare status option of nonparticipating physician. VBM penalties and bonuses will not apply to unassigned claims.

Other penalties will hit many physicians, based on their performance in 2013. The penalties for not meeting requirements for the electronic health record meaningful use program and the Physician Quality Reporting System will apply to payments to both nonparticipating and participating physicians.

The federal deficit reduction sequester of 2 percent will continue in 2015, and the perennial SGR formula cut threatens a 21 percent reduction beginning April 1.

The Medicare payment schedule for nonparticipating physicians is set 5 percent below the participating physician payment schedule. At the same time, nonparticipating physicians can bill patients for 15 percent above that lower payment schedule amount.

While participating physicians agree to accept assignment for all Medicare claims, nonparticipating physicians can decide whether to accept assignment on a claim-by-claim basis. In 2014, 96.6 percent of physicians are participating. Physicians who want to become nonparticipating must send a letter to their Medicare contractor postmarked no later than Dec. 31 to terminate their participation agreement for the coming year.

The AMA's newly updated Medicare participation kit explains the three options:

- Participating (often referred to as "PAR")
- Non-participating (commonly referred to as "non-PAR")
- Private contracting

The toolkit includes a participation guide (log in), revenue worksheet (log in), answers to frequently asked questions (log in) and sample materials to help communicate with patients about any changes to your Medicare participation status.

New Requirements for Prescribers of Medicare Part D Drugs

CMS rule CMS-4159-F requires health professionals who write prescriptions for Part D drugs to:

- Be enrolled in Medicare in an approved status, or
- Have a valid opt-out affidavit on file for their prescriptions to be covered under Part D.

Physicians who write prescriptions for Part D drugs but are not currently enrolled in Medicare in an approved status or do not have a valid opt-out affidavit on file, must submit a Medicare enrollment application or opt-out affidavit no later than **June 1, 2015** to ensure sufficient processing times and avoid the denial of patients' prescription drug claims by their Part D plans beginning December 1, 2015.

For more information on the Part D enrollment requirements and how to enroll online, see MLN Matters® Article SE1434, "Provider Enrollment Requirements for Writing Prescriptions for Medicare Part D Drugs." Questions can be directed to providerenrollment@cms.hhs.gov.

Opting Out of Medicare

Since January 1, 1998, physicians have been allowed to opt out of Medicare and enter into private contracts with Medicare beneficiaries that allow them to set their own fees. A physician who opts out of Medicare agrees not to see any Medicare patients (barring emergencies or urgent services), except for those with whom he has entered into private contracts, for a period of two years. This means that if you work in a situation where you must see Medicare patients as a part of your employment, you cannot opt out of Medicare. It also means that if there is any possibility that your life will change in the next two years, and you may have to see Medicare patients as part of new managed care contracts or new employment, you also should not consider opting out of Medicare. The rules for opting out are very specific. Please visit the APA website for more details and templates for private contracting.

Medicare News

Without Congressional Action, Medicare Fees to Be Cut in April

Physicians participating in the Medicare program face an across-the-board decrease in payment of 21.2 percent on April 1 next year unless Congress acts—as it has repeatedly in the past—to suspend the pay cut and enact a short-term payment "patch," or else permanently reform the payment formula and the Sustainable Growth Rate (SGR). APA's Division of Government Affairs says that although incoming Republican leadership has indicated a desire to address SGR repeal and physician payment reform, it is too early to predict how any debate or legislative activity will take shape. The cost of repeal of the SGR—from the accumulation of yearly mandated pay cuts that have been deferred by Congress each year for a decade—ranges between $130 and $180 billion. Read **MORE**.

From December 10 *Psychiatric News*

Physician Compare Webinar

CMS will host a one hour "virtual office hour" session for the Physician Compare website via WebEx on **Thursday, January 22, 2015 from 11:30 am – 12:30 pm**. To register for this opportunity to have your questions about Physician Compare and public reporting answered, send an email to PhysicianCompare@Westat.com. Please use the subject line "Physician Compare Virtual Office Hour" and include your name, organization, telephone number, and email address. All questions will be solicited in advance. Please include your questions with your registration email or send them separately to the email address above. You may submit up to three questions – one primary and two secondary. All questions must be received **by 5:00 pm January 14**. For more information, visit the Physician Compare Initiative page.

Holiday Office Hours

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

December 24, 25, 26, 31
January 1 & 2

2015 Awards for Advancing Minority Mental Health

The American Psychiatric Foundation is accepting applications for its 2015 Awards for Advancing Minority Mental Health program. This annual award recognizes mental health professionals, programs, and organizations that have undertaken innovative efforts to raise awareness of mental illness in underserved minority communities, increase access to mental health care for underserved minorities, and/or improve the quality of care for underserved minorities. **The application deadline is January 20.**

Apply for Minority Fellowships

Psychiatry residents are invited to apply for APA's Minority Fellowships Program, which funds educational opportunities to **any** resident interested in providing quality and effective service to minorities and the underserved. The program is also designed to involve the resident in the work of the APA. Learn more. Watch a video, or contact Marilyn King with any questions.

The application deadline is January 30.

All applicants are welcome to apply regardless of race, ethnicity, gender, national origin, religion, sexual orientation or disability.

EMPLOYMENT OPPORTUNITIES

CLASSIFIEDS

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.

More classifieds on the next few pages!

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. 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/liaison services with support of midlevel 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. 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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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.

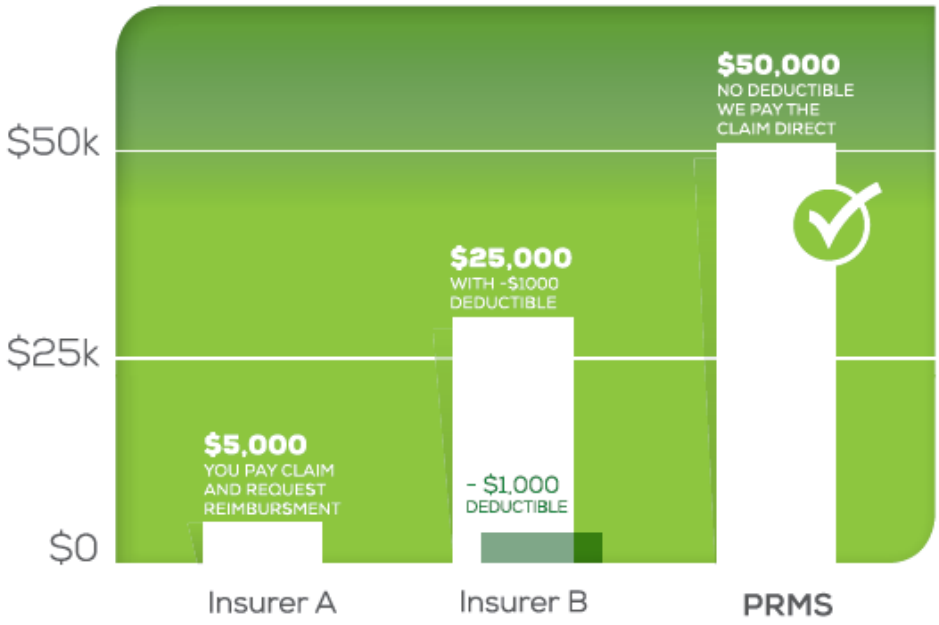
For more information about this opportunity, please contact Kathleen Hilzendeger, Director of Professional Services at 410-938-3460 or khilzendeger@sheppardpratt.org.

INSURANCE COVERAGE **DESIGNED FOR PSYCHIATRISTS**

HOW DOES YOUR COVERAGE COMPARE?

Psychiatrists are more likely to face a medical board complaint than a lawsuit. Administrative defense claims can sometimes cost upwards of $40,000 and many insurance companies fall short in covering these expenses. We recognize this risk and that is why we automatically include administrative defense coverage of $50,000* in your medical professional liability policy at no extra cost. How does **your** coverage compare?

ADMINISTRATIVE DEFENSE COVERAGE COMPARISON



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