MARYLAND PSYCHIATRIC SOCIETY

MPS NEWS

Volume 28, Number 3 **Editor: Heidi Bunes** **July 2014**

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 held Tuesday, **September 9** at 8PM in the MPS office.

President's Column

"MOC" - In Short

Having pushed my literary capabilities to the maximum with my first two columns, I have asked one of our members, Margo Lauterbach, M.D., to provide a guest column for our July edition. Margo is very active in the MPS; she is the Early Career Psychiatrist Councilor and a stalwart member of the Membership Committee, in addition to working full-time and being the mother of two small children. I believe she IS leaning in, Cheryl!

In her role as the early career psychiatrist representative on Council, she has worked with our staff member, Meagan Floyd, and others in Area 3 to develop a training program to assist members through the difficult Board recertification process.

I consider myself one of the fortunate; I was in the last cohort to take the Boards and be "grandfathered in." I feel however that it is important for all of our members to understand what the process represents. It is an enormous undertaking for our younger colleagues, who are struggling, like the rest of us, with the huge changes occurring in medicine, and especially in psychiatry. I believe that this is an area where we must all offer support and outreach to our colleagues, and work with them to reduce time-consuming and financial costs.

I am grateful to Margo and Meagan for their hard work and perseverance on this project, and I would also like to thank our Area 3 Council and the APA for providing the financial and structural support for these trainings - another great example of the partnership that can be achieved between District Branches and the APA.

Now, over to Margo:

Maintenance of Certification (MOC) is a mandated requirement of the American Board of Medical Specialties (ABMS). In 2007 the American Board of Psychiatry and Neurology (ABPN) first adopted MOC, a process dedicated to continuous professional development and lifelong learning. For Diplomates with time-limited Board certificates, the ABPN has developed MOC programs to remain Board certified. Diplomates with lifetime certificates may choose to participate in MOC, and several have. There are many Diplomates who have yet to recertify for the first time, and many who have recently recertified who must take part in a MOC program to remain Board certified.

MOC has also been a controversial topic across multiple medical/surgical disciplines. And for some, the MOC process is perceived as confusing, onerous, overwhelming and/or anxiety-provoking. The MOC process is time-sensitive, and the status on one's certificate is available to the public. Each MOC cycle occurs over a decade, but individual components have their own required cyclical timelines. The multiple components of MOC also continue to evolve. This means that Diplomates must stay aware of the requirements as they change and, ideally, stay up-to-date with them between examinations.

In short, MOC components include requirements that relate to licensure, CMEs and self-assessment (SA) credits, a computer-administered examination, and performance in practice

(Continued on next page)

(PIP) units. CMEs and computer examinations are more familiar venues for continuous/lifelong learning. But utilizing self-assessment performance measures and developing quality improvement programs based on one's clinical practice is a more novel approach for most.

The different components of MOC and the personalized timelines for requirements are outlined extensively on the ABPN's website (www.abpn.com). However, navigating the nuances of MOC and grappling with choices for MOC activities can be time-consuming. The MPS is committed to helping its members through the MOC process and encouraging the fulfillment of MOC for any members who wish to take part in MOC, from early to late career psychiatrists.

With grant support from the APA and Area 3, the MPS has led an Area 3-wide effort to offer multiple MOC training workshops scheduled for Fall, 2014. These will be both educational and practical. The purpose of the trainings is to demystify the MOC process and to support member engagement. Representatives from APA, ABPN and MPS will offer didactic teaching about the background of MOC, its specific requirements, and outline various activities that are ABPN approved for MOC. Part of the training will also be a hands-on computer-based workshop to guide attendees through the process of organizing one's activities according to required timelines, recording and tracking activities through ABPN Folio, and practical pearls to keep in mind while undertaking MOC. Lectures will be delivered by both leaders in the field and colleagues who can advise about the process from a grassroots perspective. Stay tuned for specifics regarding the dates and sign up procedures for the MOC trainings.

Sally Waddington, M.D.,
with guest Margo Lauterbach, M.D.

[For MOC training information, go to page 7.]

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.

Margo Nathan, M.D.
Resident Fellow Member

Corneliu Sanda, M.D.
General Member

Reinstatement of Membership

Carmen Lopez-Arvizu, M.D.
Danielle N. Welch-Blair, M.D.

Help Support the MFP!

PRMS, the manager of The Psychiatrists' Program, has a new initiative that can benefit the Maryland Foundation for Psychiatry (MFP). PRMS will make a donation of $25 to the MFP for every referral received from one of its insured psychiatrists who are members of MPS. So far this year one member has helped in this way! Please consider participating if you have colleagues who might want to purchase medical professional liability coverage. To register your referral and get credit for the MFP, contact Remy Palumbo, Senior Account Manager at 703 907 3849, 1-800-245-3333 or rpalumbo@prms.com.

Tax Deduction for 2014-2015 MPS Dues

The Omnibus Budget Reconciliation Act of 1993 ended the deductibility of lobbying expenses for federal income tax purposes. Maryland's Attorney General made the same ruling for state tax purposes. Dues paid to most trade associations and professional societies are no longer deductible by the member, to the extent that they finance lobbying activities. MPS, as a 501(c)(6) non-profit, must track lobbying expenses and notify members of the portion of dues that is non-deductible. **Members who write off MPS dues as an expense of their psychiatric practice cannot deduct 7% of their 2014-2015 dues**.

Return Your 2014 Member Survey!

The 2014 MPS member survey was sent with dues notices in June. Please be sure to complete and return it to the MPS as soon as possible. The survey is also available online. Please click HERE to take the survey. Survey responses help the MPS better serve its members, so please complete your survey and let your voice be heard!

Attention: Members Completing Psychiatric Training

The APA and MPS require Members-in-Training to advance to General Member status upon completion of residency training. A member-friendly procedure allows automatic advancement to General Member based on the training completion date originally provided in the member's application. Instead of submitting documentation (e.g., copy of license and training certificate), the member will simply be asked to verify that they meet the requirements for General Member status by signing a verification form/email. After Members-in-Training advance, they become Early Career Psychiatrists (ECPs) - APA General Members who are within their first seven years after training. This group receives targeted support from the APA and the MPS. Visit the APA website for ECP networking and career development information.

June 10 Council Highlights

Executive Committee Report
Dr. Waddington informed Council about the process of revising the Maryland's Uniform Treatment Plan form, in which both Drs. Shaya and Daviss have been involved. The revisions were initiated to reflect the change to DSM5. Dr. Shaya stated that the psychologists are collaborating with MPS representing the providers. Several insurance companies that are part of the group discussing the revisions would like to expand the form to include inpatient and other mental health services. The Maryland Insurance Administration will also be involved in determining what changes are adopted. Dr. Waddington also reported that the Outpatient Services Programs Workgroup has begun meeting, with Drs. Hanson and Daviss attending, as well as Kery and Philip Cronin from Harris Jones and Malone. This group is charged with developing an assisted outpatient treatment program for Maryland. In addition, assertive community treatment programs, dangerousness, emergency evaluations and costs are being included in discussions.

Executive Director's Report
Mr. Hummel gave an update on the Area 3 MOC training project: save the date cards have been sent and a brochure should be mailed in July; all venues and speakers have been secured for the five events. The Maryland Behavioral Health Coalition retreat on June 20 will include planning for the Gubernatorial Forums and priority behavioral health issues to discuss with candidates. Work has commenced on the FY15 MPS membership directory. Dues will be mailed the week of June 15th.

Secretary-Treasurer's Report
Dr. McCann first presented the FY15 MPS Operating Budget, which proposes a 2% increase in MPS dues, with full dues increasing from $419 to $427. Ad rates will increase by 5% and the MPS will receive a $2500 expedited grant from the APA. Total revenues for FY15 are budgeted to increase by $20K. On the expenditure side, staff salaries will increase by $7K, reflecting the removal of a one week furlough plus a 1.5% salary increase. Hosting the new data base will incur a $1250 monthly fee beginning in January 2015. The FY15 operating budget projects a deficit of $28K, compared to the $32K deficit budgeted for FY14. Council voted unanimously to approve the FY15 MPS operating budget as submitted. Next, Dr. McCann presented the FY15 MPS Capital Budget, which totals $60K of which $45K is for a major project that includes a new membership management database and a new Wordpress website that will allow for member updates, dues payments, event registration and much more. An additional $10K has been budgeted for replacing the digital copier, but this will only be spent if the current 10+ year old copier is no longer serviceable. The final $5K is for amounts to be approved by the Executive Committee for unanticipated expenditures, i.e. a new laser printer, a conference call phone or other miscellaneous items. Council voted unanimously to approve the MPS FY15 capital budget as proposed.

Membership Committee Report
The MPS dues drop list of 14 members who have not paid 2013-2014 dues was circulated to all Council members in attendance. Council voted to drop all members on the list by Thursday June12, 2014. However, those who promptly pay their dues can be reinstated administratively. The dual membership requirement specifies that members must belong to both the APA and the MPS. The current APA dues drop list includes 36 MPS members who have until June 30 to pay their APA dues or they will be dropped from both APA and MPS. Council members were urged to contact the members they know and encourage them to retain membership.

Program and CME Committee Report
Dr. Aaronson asked Council to recommend CME programs of interest for FY15. Dangerousness, some short programs on psychopharm updates, and addictions were suggested. Members are also encouraged to give suggestions via the survey that is both online and mailed to members with the dues invoice.

Maryland Foundation for Psychiatry Slate
The proposed FY15 Slate of Officers for the Maryland Foundation for Psychiatry (see page 8) was unanimously endorsed by Council.

Your Action Needed: Member Data Update Form

The MPS will publish its 2014-15 membership directory in September. Your member data verification form was mailed with your yearly dues statement. Please make any changes needed and return the form by August 1. **If we do not have your e-mail address, please be sure to provide it**. We will continue to accept updates after August 1, but they may not appear in the directory.

Members' home information is never listed in the directory, unless they request that the home phone be included. The directory is always given to members and advertisers, and sometimes to other physicians.

Practice information is important for the MPS patient referral service. Please indicate whether you are willing to receive referrals from the MPS and provide complete information. You can change whether you accept patient referrals from the MPS at any time throughout the year.

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July 2014 is Diversity Mental Health Month

The APA has designated July as the month to focus on increasing awareness about mental health in underserved/ underrepresented populations. Please visit the web page for a list of resources and suggested activities and a cultural psychiatry bibliography. It also offers Fact Sheets on disparities among specific population groups and Brochures on mental health of specific populations, among other ways members can learn more about this important topic.

Maryland News

Behavioral Health Integration Stakeholder Workgroup Update

As required by House Bill 1510, Secretary Sharfstein has appointed Kathleen Rebbert-Franklin to chair a stakeholder workgroup to make recommendations on issues related to behavioral health, including statutory and regulatory changes to fully integrate mental health and substance use disorder treatment and recovery support; and promote health services. The workgroup includes representatives of DHMH, providers, consumers, and advocacy organizations.

There is concern in the behavioral health coalition about how the stakeholder community will be involved in the new service delivery system. The request for proposals was issued for the new Administrative Services Organization (ASO); however, the review process has been secretive. Hopefully a forthcoming Joint Chairman's Report on roles in the new system will provide greater detail.

On or before December 1, 2014, the workgroup's findings and recommendations will be reported to the Governor and the General Assembly. Meetings are currently scheduled at least monthly through October.

Maryland's Preferred Drug List

The Maryland Medicaid Pharmacy Program has updated its PDL effective July 1. The central nervous system drugs highlighted in yellow on this list now require prior authorization. To view in PDA format, please check the current PDL here. The Maryland Medicaid Mental Health Formulary lists drugs that are carved out of the MCO pharmacy benefit.

Renewing Maryland CDS

Members on the MPS listserv have reported weeks of delay in renewing their CDS registrations. Apparently the office is under-staffed and running behind, but that won't result in a lapse in coverage provided physicians reapply in a timely manner. If confirmation is needed before the paper certificate arrives, it can be obtained online.

Effective July 1, Maryland's Behavioral Health Integration effort culminates in the Mental Hygiene Administration and the Alcohol and Drug Abuse Administration merging into a single **Behavioral Health Administration** under the leadership of Gayle Jordan-Randolph, M.D. Visit this page for an overview of the process.

Candidates' Positions on Medical Issues

MedChi's affiliated political action committee has been very involved in the 2014 election. The MMPAC asked every candidate to complete a survey and many responded. Click the links below for their answers:

Governor
State Delegate
State Senator
Attorney General
Comptroller
Congress

MedChi has posted a list of physicians running for office in Maryland this year.

From June 23 *MedChi News*

AOT Update

As required by SB882/HB1267, DHMH has convened an Outpatient Services Programs Workgroup, chaired by Gayle Jordan-Randolph, M.D, which will meet many times over the summer. This group will examine the development and implementation of assisted outpatient treatment programs, assertive community treatment programs, and outpatient service programs in the State; develop a proposal for a program in the State; and evaluate the dangerousness standard for involuntary admissions and emergency evaluations. Moreover, its proposal must address all of the concerns regarding assisted outpatient treatment that were recently identified by the Continuity of Care Advisory Panel Report to the Secretary of Health and Mental Hygiene. The final report of the Outpatient Services Programs Workgroup will include a proposal to:

1. establish an outpatient civil commitment program in Maryland;
2. expand access to and enhance voluntary services in the community; and
3. define dangerousness in regulations.

Meetings have been held May 20, June 11 and June 24. For meeting details, see the right column of this webpage.

Maryland Health Benefit Exchange Advisory Committee

The Maryland Health Benefit Exchange has established a Standing Advisory Committee to provide input to its Board of Trustees. The committee members, who were selected from among many nominations, include Adrienne Ellis and Bonnie Katz from the mental health community. Monthly meetings began in May with a recap of 2014 enrollment and update on the Connecticut transfer. Critical issues for 2015 and beyond were discussed. Visit the Health Benefit Exchange website for more information.

2014 AMA Annual Meeting Highlights

The AMA convened again in this rail gateway to the Northern High Plains and we had a definite taste of what that means as cold winds blew down on us and brought lots of rain. Everywhere was evidence of the effect of this year's brutal winter on bushes and evergreens that had not survived now that Spring was calling hardier plants back to life. And speaking of Spring, there is a changing of the guard of the Maryland AMA delegation. Several years ago Med Chi adopted term limits for its AMA delegates, and I, and other current members, are "terming out." The present chair and vice chair termed out at this meeting, and their experience will be missed. I will be leaving after June 2015.

The AMA very strongly represents the practicing physician, and is not dominated by the academy as is often the case with the specialty society boards and the ABMS. But the AMA's composition of many different specialties and modes of practice makes crafting policy a delicate task. As psychiatry has become more a part of the House of Medicine, it has been possible to temper existing policy so that it does not conflict with the needs of psychiatrists, and to amend new policy in ways that make it acceptable also in our field. We as psychiatrists have more concern about issues of privacy and confidentiality of medical information than many other medical colleagues; others have great concerns about the role and power of medical staffs in hospitals. However, we have many common interests, such as health insurance coverage, liability issues, maintenance of certification and licensure, cost of CME, composition and authority in medical teams, and scope of practice issues. Despite the array of differences, we are able to come together much better than most legislative bodies to support important issues that affect psychiatry as well as the rest of medicine.

One area of evolving collaboration is on issues of **Maintenance of Certification** (MOC) and Maintenance of Licensure (MOL). At this meeting the House of Delegates (HOD) directed the AMA to: 1) "Explore the feasibility of conducting a study to evaluate the impact of MOC requirements and MOL principles on workforce, practice costs, patient outcomes, patient safety and patient access", 2) "Work with the ABMS and its member boards to collect data on why physicians choose to maintain or discontinue their board certification", 3) "Work with the ABMS and the Federation of State Medical Boards to study whether MOC and the principles of MOL are important factors to physicians deciding whether to retire and whether they have a direct impact on the workforce", and 4) "Oppose making MOC mandatory as a condition of licensure." The study of whether MOC affects patient outcomes should be an interesting one, because if it has no significant effect on patient outcomes then it raises questions of its legitimacy.

Another issue that drew a lot of attention is the serious **problems at the VA**. Most of us are aware of the increased suicide rate among the active duty military and veterans. This is obviously a complicated issue. But certainly timely access to psychiatric care among veterans is a likely a factor. The AMA HOD called upon the President to "to provide timely access to entitled care for eligible veterans via the (private) health care sector…until the VA can provide health care in a timely fashion." It also directs the AMA "to urge Congress to quickly enact long-term solutions so eligible veterans always can have timely access to entitled care." The AMA President was quoted saying; 'Our nation's physicians can and should be a part of the solutions to this national crisis…" We shall see how this plays out.

The AMA also is in the process of developing principles and guidelines governing **telemedicine**, an area of rapidly developing medical practice. Here the policy seems to be lagging behind the actual development of this technology. The AMA Council on Medical Service reviewed where we currently stand and offered some general minimum guidelines such as: 1) Know and abide by state licensing laws in using telemedicine. 2) Follow evidence based practices. 3) Be sure that a physician's medical liability insurance covers telemedicine services, including services provided across state lines. Beyond that it encourages development of research in the use and effectiveness of telemedicine and specialty-specific guidelines, standards and practice parameters.

Also in the technology area, there were concerns about **EHR**. One of the major problems remaining unsolved is "data lock-in" where information stored in one EHR system cannot be easily transferred to another system, preventing physicians from communicating with other practices or hospitals or switching from one vendor to another. Problems remain with EHR usability; even ePrescribing is not recognized by all pharmacies. Med Chi asked the AMA Board to study a better mechanism for addressing the tsunami of new technology that is emerging, such as telemedicine, EHR, the development of smartphone apps, etc., and the AMA HOD adopted our resolution.

Sadly, we missed Dr. Robert Phillips who represented AAPL so well at the AMA meetings, in addition to chairing the Med Chi Ethics Committee. He was the victim of a sudden and unexpected heart attack last winter. It was a pleasure to see Dr. Allan Anderson who represents American Society of Geriatric Psychiatry at the AMA, and as usual it was good to see all the APA AMA delegation chaired by Carolyn Robinowitz, M.D.

If anyone would like to talk about any of this information or ask about something I haven't covered, please feel free to call or email me at 410-821-8351 or MDTAllen@aol.com.

Thomas E. Allen, M.D.
AMA Delegate, Med Chi

[See more from the AMA meeting on the following page.]

Physicians Call for Better Electronic Data Interchange

Calls for sorely needed changes to health IT to accommodate physicians and patients' needs were among the new policies adopted at the 2014 AMA Annual Meeting. They include:

Requiring all pharmacies—including those run by the government—to accept ePrescriptions. The policy directs the AMA to advocate for suspension of the eRx requirements in the electronic health record (EHR) meaningful use program until all pharmacies are able to comply with this requirement.

Addressing "data lock-in," in which information stored in one EHR system cannot be easily transferred to another system. One of the largest challenges with EHR technology is the lack of interface between systems, which often prevents physicians from communicating with other practices or hospitals and from easily switching from one EHR vendor to another. The policy directs the AMA to work with the federal government and EHR vendors to enhance transparency and establish a process to achieve data exchange.

Promoting improvements in EHR usability. Additional policy calls for the AMA to engage the EHR vendor community to secure changes to their systems that would better meet physicians' practice needs.

From June 11 *AMA Wire* post

Common EHR Complaints

A discussion at the AMA annual meeting by the head of its Professional Satisfaction and Practice Sustainability initiative included the most common EHR complaints:

- The amount of time required to input data takes too much time away from patient care.
- EHR systems aren't matched to the work flow of the practice, causing major disruptions.
- The technology interferes with face-to-face interaction with patients.
- Systems can't exchange information between practices.
- The tremendous cost places financial strain on practices.

AMA to Recommend Models for Implementing Integrated Care

The AMA will work with APA and other organizations to provide recommendations on implementing models for integrating physical and behavioral health care. At the June meeting of the AMA House of Delegates, a resolution was approved that directs the AMA, along with interested specialty and state societies, to study and report back at next year's meeting on the current state of knowledge regarding integration of physical and behavioral health care, including pediatric and adolescent health care, and to recommend models for implementing physical and behavioral health care integration.

The district branches of APA's Area 3 are proud to present **five opportunities** for MOC trainings this fall!

Choose the one that works for you!

September 20: Baltimore, MD
September 27: Parsippany, NJ
October 11: Pittsburgh, PA
October 18: Bethesda, MD
October 25: Philadelphia, PA

Watch for registration materials this summer!
Questions? Call 410.625.0232!

Maryland Psychiatric Society • Pennsylvania Psychiatric Society • Washington Psychiatric Society • Psychiatric Society of Delaware • New Jersey Psychiatric Association

Illinois Psychologist Scope of Practice Legislation

A groundbreaking development in scope of practice may become the model for all other states that want to implement psychologist prescribing. Illinois is the third state to allow clinical psychologists to gain prescribing privileges. However, it has significantly raised the bar with requirements for biomedical education, clinical training and regular continuing physician oversight. Illinois S.B. 2187 would require that psychologists who wish to prescribe would essentially have to go through the same training as a P.A., and then must be supervised, with limits on what they may prescribe and which populations. Many psychiatrists think that if psychologists are going to get prescribing privileges AT ALL, this is probably the best legislation for safer treatment of patients. This bill passed both houses and was approved by the governor on June 25 as Public Act 098-0668.

Maryland Foundation for Psychiatry 2014 - 2015 Officers and Directors

In June the MPS Council approved the following Maryland Foundation for Psychiatry slate for the coming year.

PRESIDENT:
Jonas R. Rappeport, M.D.

VICE PRESIDENT:
Neil E. Warres, M.D.

SECRETARY-TREASURER:
Thomas E. Allen, M.D.

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Are You a General Member? Apply to Become an APA Fellow

Are you ready to take the next step in your professional career? Being an APA Fellow is an honorary designation to recognize members who have demonstrated allegiance to their profession and commitment to the work of the APA. Pursuing Fellow status is one of the first steps early career members can take to enhance their professional credentials. Members who apply and are approved this year for fellow status will be invited to participate in the Convocation of Fellows and Distinguished Fellows during the 2014 APA annual meeting in New York City. The deadline for submitting a fellowship **APPLICATION** is **September 1**. The newly revised guidelines make it even easier to apply!

MPS Members Out & About

Mark Komrad, M.D. was a guest on the June 11 WYPR Midday with Dan Rodricks show discussing Mass Murder and Mental Illness.

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

Patients' HIPAA Rights

Under the Health Insurance Portability and Accountability Act (HIPAA), patients have a right to their health information. Whether the information is stored on paper or electronically, they have the right to keep it private. HIPAA gives the right to get personal health information, make sure it's correct and know who has seen it. Having access to medical records can improve communication between patients and doctors in decision-making and taking action to improve health.

Although patients have the right to see, or to access, their medical records, sometimes they might not be able to see the full record. They still have the right to ask. For instance, HIPAA does not give the right to access psychotherapy notes, and they can't be shared with others without patient permission.

Patients have the right to check to make sure their medical information is correct and complete. If they think something is wrong, or missing, they can ask the health care provider to fix it. The health care provider might not agree, in which case the disagreement would be added to the medical record.

Patients also have the right to know how their health information is used and shared. This information is conveyed through a report called an accounting of disclosures.

Under HIPAA, patients can request to share their health information with someone, like a spouse or parent. The provider may share relevant information if the patient gives the provider or health plan permission, the patient is present and does not object, or if the patient is not present, and the provider determines based on professional judgment that it's in the patient's best interest.

HIPAA gives patients the right to ask the health care provider not to share information with the health plan if they pay for an item or service out of pocket.

Patients have the right to say which phone number, fax or email providers should use for communication and how they can leave a message.

All these rights are spelled out in the Understanding the HIPAA Notice. Read about more information and resources on HIPAA.

Parity Final Rule Effective for Plan Years Beginning July 1 or After

After advocacy by the APA and others for more than 20 years, HHS issued the long-awaited Final Rule implementing the Mental Health Parity and Addiction Equity Act on November 8, 2013. It is effective for **plan years beginning on or after July 1, 2014**. In practice, most plan years end December 31, so the effective date will be delayed until January 1 for patients covered under many health plans.

The Final Rule contains the following features:

- **Transparency** – Insurers must provide to beneficiaries who ask the medical necessity standards and the processes used to implement them (e.g. concurrent review, prior authorization) for both mental health/substance use disorder (MH/SUD) and medical surgical claims. This information will make it possible to determine if there is compliance with the law.
- **Scope of Services** – Parity requires a comparable continuum of care for MH/SUD and medical/surgical conditions, which includes intermediate levels of care.
- **Non-Quantitative Treatment Limitations (NQTLs) and Reimbursement Rates** – Provider reimbursement rates are a form of NQTL as they are integral to achieving parity and network adequacy. Methodologies used to determine rates must be comparable for providers of medical/surgical and MH/SUD care. Limiting factors may not be more stringently applied to mental health professionals.
- **Mental Health Carve-Outs** – Carve-outs are not exempt from compliance with the parity laws. The overall plan providing both the mental health and medical surgical benefits must do so in parity regardless of how it divides up the administration of benefits.
- **Financial Requirements and Quantitative Treatment Limitations**– These cannot be more restrictive for mental health than the predominant feature that applies to substantially all medical surgical benefits.

Medicaid – The Final Rule does not apply to Medicaid Managed Care or Medicaid Expansion Programs. It is unfortunate that while the law stipulates that parity applies, the issue of parity under Medicaid has not yet been resolved. The Maryland Behavioral Health Coalition is working to implement parity for Medicaid as part of the behavioral health integration process in our state.

States will play an increasingly important role in enforcement and implementation, and the APA and MPS must be at the forefront, providing education and assistance and keeping officials informed about problems that need resolution. The Maryland Parity Project is an excellent resource for questions or help with suspected violations. Contact parity@mhamd.org or 443-901-1550 ext. 206.

The road to parity has been long; and the trek is not over. As with every rule, "final" is the beginning – there will be disagreements over how to interpret the language and what it all means. The next few years will likely entail a lot of work with federal and state agencies to ensure complete equity in the health system.

ICD-10

Webinar on *DSM-5* and ICD-10-CM Coding

A free 90-minute webinar, "Transitioning to *DSM-5* and ICD-10-CM," will be offered on Tuesday, July 8, at 3 p.m. The SAMHSA-funded program is designed to educate clinicians on the intention and use of *DSM-5's* diagnostic codes, and will feature a presentation by *DSM-5* Task Force Vice Chair Darrel Regier, M.D., M.P.H. By the end of the program, participants will be able to explain how the ICD coding structure of DSM-5 compares with that of *DSM-IV*, identify the different uses of *DSM-5's* ICD-9-CM and ICD-10-CM codes, and describe post-publication coding corrections that clinicians should implement in patient care. Participants in the session can earn CME credit, but only the first 1,000 registrants will be able to join the webinar. Register **HERE**.

ValueOptions® Change to DSM-5

At its May 2013 annual meeting, the APA released the new DSM-5. Medicaid providers who submit their own requests for authorizations will be interested to know that on June 28, 2014, the ValueOptions® ProviderConnect screen layout will be modified to support these changes by accepting DSM-5 diagnoses and no longer using the Axis I-V framework. Multiple behavioral health diagnoses as well as medical diagnoses and functional assessment scores (optional) can be entered. A guide outlining the new ProviderConnect DSM-5 screen modifications is available online. All claims will continue to be paid based on ICD-9 codes. Please contact Provider Relations with any questions.

7 things you must know before signing an employment contract

A good contract is fair and reasonable and a win-win for everyone involved. But how do physicians ensure they have a good contract before agreeing to work for a hospital or group practice? Read more in *AMA Wire™*.

Healthcare Data Increasingly Available Online

Charges for 100 of the most frequently billed Medicare inpatient procedures at more than 3,000 hospitals across the country in 2012 were released on June 2. Hospital data was released for the first time last year, so this year's release was accompanied by analysis of price increases and comparisons among hospitals. (Between 2011 and 2012, Medicare increased payment rates by only 1 percent for most inpatient stays.) Medicare beneficiaries and those covered by commercial insurance often pay significantly less than what is charged through negotiated payments for treatments. However, charges apply directly to others who are uninsured or have high-deductible plans. 2012 data again show broad variations in what hospitals charge for the same procedure.

The release of new hospital charge data follows the release in April of Medicare's physician billing records for 2012. Both sets of data bring increased transparency and allow a national dialogue about the cost of health care.

CMS has developed interactive dashboards with information on state and county level variation in standardized per-capita costs for the Medicare fee-for-service population. It has also created dashboards that present statistical views of the prevalence, utilization and Medicare spending for beneficiaries with chronic conditions and multiple chronic conditions.

Also on June 2, the Food and Drug Administration announced a platform called openFDA, which includes data on millions of drug-related adverse events and errors reported by doctors and members of the public from 2004 to 2013. The platform is intended to make it easier to access and mine the data without revealing any individual or private information.

2014 PCSSMAT Webinars

In conjunction with the APA, the Providers Clinical Support System for Medication Assistance Treatment offers webinars free of charge. Sessions are from noon to 1 p.m. with CME credits available.

July 8
Treatment Options for Opioid Dependence: A Role for Agonists vs. Antagonists
Maria A. Sullivan, MD, PhD
Associate Professor of Clinical Psychiatry
Division on Substance Abuse
Columbia University and NYSPI
www2.gotomeeting.com/register/744246234

Archived webinars are available at www.APAeducation.org and www.pcssmat.org

Open Payments (Sunshine Act) CMS Registration Underway

The CMS Enterprise Portal is now available for physicians and teaching hospital representatives to begin the registration process (Phase 1). *Note that registration in the Enterprise Portal is a separate process from registration in the Open Payments system.* Enterprise Portal registration is a required first step to allow for registration in the Open Payments system when it becomes available in Phase 2. Registration is voluntary, but it is required if the physician or teaching hospital wants to be able to review and dispute any of the data reported about them by applicable manufacturers and applicable group purchasing organizations (GPOs). Registration will be conducted in two phases for this first Open Payments reporting year:

Phase 1 (available now) includes user registration in the CMS Enterprise Portal. Use the Phase 1 Step-by-Step CMS Enterprise Portal Registration for Physicians and Teaching Hospitals presentation for guidance.

Phase 2 (begins in July) includes registration in the Open Payments system, and allows review and dispute of data submitted by applicable manufacturers and applicable GPOs prior to public posting of the data. Any data that is disputed, if not corrected by industry, will still be made public but will be marked as disputed. Learn more about the review and dispute process.

The Open Payments User Guide has been extensively updated and is now available as a one-stop-shop resource for providing industry, physicians, and teaching hospitals. The Guide includes definitions, screenshots, tools, and tips to provide users with a better understanding of how to operationalize the collection, reporting, and review of Open Payments data. The contents are organized by user group (industry, physician, or teaching hospital), making it easy to identify what is most applicable to the user.

For more information, please visit the Open Payments website. For questions, email the Help Desk at openpayments@cms.hhs.gov; or call 855-326-8366 for live Help Desk support Monday through Friday, from 7:30am to 6:30pm CT, excluding Federal holidays.

CMS Videos - 2014 Updates

CMS has posted three videos online explaining **what you need to know in 2014** about the Physician Quality Reporting System (PQRS), the Value-based Payment Modifier, and the Medicare and Medicaid EHR Incentive programs.

CMS Physician Quality Reporting System
The CMS Value-Based Payment Modifier
Medicare & Medicaid EHR Incentive Programs

Important PRMS Alert Regarding Windows XP

Please be advised that Microsoft will no longer maintain Windows XP. It will no longer provide security updates, fix bugs, or offer call center support for Windows XP users. What does this mean for you? If you are still using Windows XP in your practice – 28% of all computer users continue to do so – the security of your Protected Health Information (PHI) may be in danger, potentially resulting in liability. In order to secure your PHI, minimize your risk, remain HIPAA-compliant, and meet your professional obligation to keep patient information secure, we suggest you do the following:

- Review HIPAA! It is important to understand what capabilities are required of your operating system by law. For more information on HIPAA's requirements, contact your risk managers.
- Do the research. Before utilizing any new program that will manage PHI, assess its strengths, weaknesses, and whether it will be the right fit for your practice.
- Upgrade your operating systems to ensure that they are up to date and compliant with HIPAA. Windows XP is now being phased out. If you continue to use this operating system, you will open yourself up to elevated risk and exposure over the coming months.
- For those devices that have yet to be updated, create an implementation schedule and stick to it! It has been reported that Microsoft will continue to maintain the XP malware engine for another year until July 14, 2015. However, they have already had their final public release of security patches.

Donna Vanderpool, MBA, JD
Vice President, PRMS Risk Management

Coping with Disaster or a Traumatic Event

The CDC has a designated web page that provides general strategies for promoting mental health and resilience in the event of a disaster, terrorist attack or other public health emergency. It includes a helpline and information for individuals, families, schools, responders, health professionals and health departments. The site also offers resources for suicide prevention and coping during specific types of emergencies.

From June 23 *MedChi News*

Collecting Payments at the Time of Service

Many high deductible plans were offered on the health insurance exchange this past open enrollment period, which have implications for the amounts patients must personally pay. For some facts, considerations and tips on how to legally and ethically create a policy to collect cost-sharing payments at the time of service, review the MedChi SITE. Additional resources can be found in the AMA's Point of Care Pricing Toolkit.

From June 9 *MedChi News*

Award for Research in Schizophrenia

The American Psychiatric Foundation invites submissions for the Alexander Gralnick, M.D. Award, which acknowledges research achievements in the treatment of schizophrenia, emphasizing early diagnosis and treatment, and psychosocial aspects of the disease process. Additional preference will be given to researchers working in a psychiatric facility. The amount of the award is $3,000. The application must be emailed by **August 1, 2014**.

CLASSIFIEDS

AVAILABLE OFFICE SPACE

Ellicott City-redesigned office, sound proof, furnished, windowed, located on 1st floor with an internal security system. Share suite with other psychiatrists and therapists. Reception area, restroom, and kitchenette are located in office. Ideal location convenient to routes 29,70,100 and 40. Contact Dr. Durruthy 410-992-0272.

COLUMBIA- Large, sound-proof, furnished office w/ fireplace & wall of windows in wooded townhouse professional park. Waiting room & shared bathroom. Great location near rte. 29 & 32. Half/full time. Julie Morrison, Psy.D. jm@drjuliemorrison.com.

Ellicott City – Full time (unfurnished) and part-time (attractively furnished) offices in established, multi-disciplinary mental health suite. Ample parking and handicapped access. Expansive, welcoming waiting rooms with pleasant music throughout. Private staff bathrooms, full size staff kitchen with refrigerator, microwave, dishwasher, Keurig coffee and teas. Staff workroom with mailboxes, photocopier, fax machine, secondary refrigerator and microwave. Wireless internet access available. Plenty of networking and cross-referral opportunities with colleagues who enjoy creating a relaxed and congenial, professional atmosphere. Convenient to routes 40, 29 and 695. Contact Dr. Mike Boyle at 410.465.2500.

Classifieds—Continued

EMPLOYMENT OPPORTUNITIES

The Johns Hopkins Hospital Community Psychiatry Program is recruiting a board eligible/board certified adult psychiatrist to work full-time in their outpatient program. The program uses a multidisciplinary approach to provide care to those with a wide range of psychiatric disorders. Applicants may be eligible for the Maryland State Loan Repayment Scheme (SLRP). For more details please contact Dr. Bernadette Cullen, Director, Community Psychiatry Program at 410-955-5748 or email: bcullen@jhmi.edu.

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

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

PART -TIME CHILD AND ADOLESCENT PSYCHIATRIST -The outpatient child and adolescent clinic at Franklin Square Hospital is expanding. We currently have 5 board-certified child psychiatrists on staff and are adding another part-time position (20-24 hours). We are located in Rosedale in Eastern Baltimore County, just off I-695. We offer flexible hours, CME reimbursement, 6 weeks paid time off, 403B match, and medical benefits. We have a collegial atmosphere, an interesting mix of patients, and excellent interdisciplinary staff. Please fax CV to Stephen Pasko, Director at 443.777.2060 or call 443.777.7925 for details.

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

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.

The University of Maryland School of Medicine Community Child and Adolescent Psychiatrist Department of Psychiatry, Division of Community Psychiatry is seeking a part-time **Child and Adolescent Psychiatrist** to join our Child and Adolescent Team. FT may be an option if desired. The position includes teaching psychiatric residents and providing direct clinical care to children and adolescents living in the immediate community. The program provides a full range of mental health services within a multidisciplinary setting 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.

ADULT PSYCHIATRIST: medication consultant for busy private practice in Severna Park, MD. Set your own hours and hourly rate regardless of collection. No overhead. Friendly staff, newly renovated office suite. Contact John Driscoll PhD at babh1@verizon.net or call 410-315-7864.

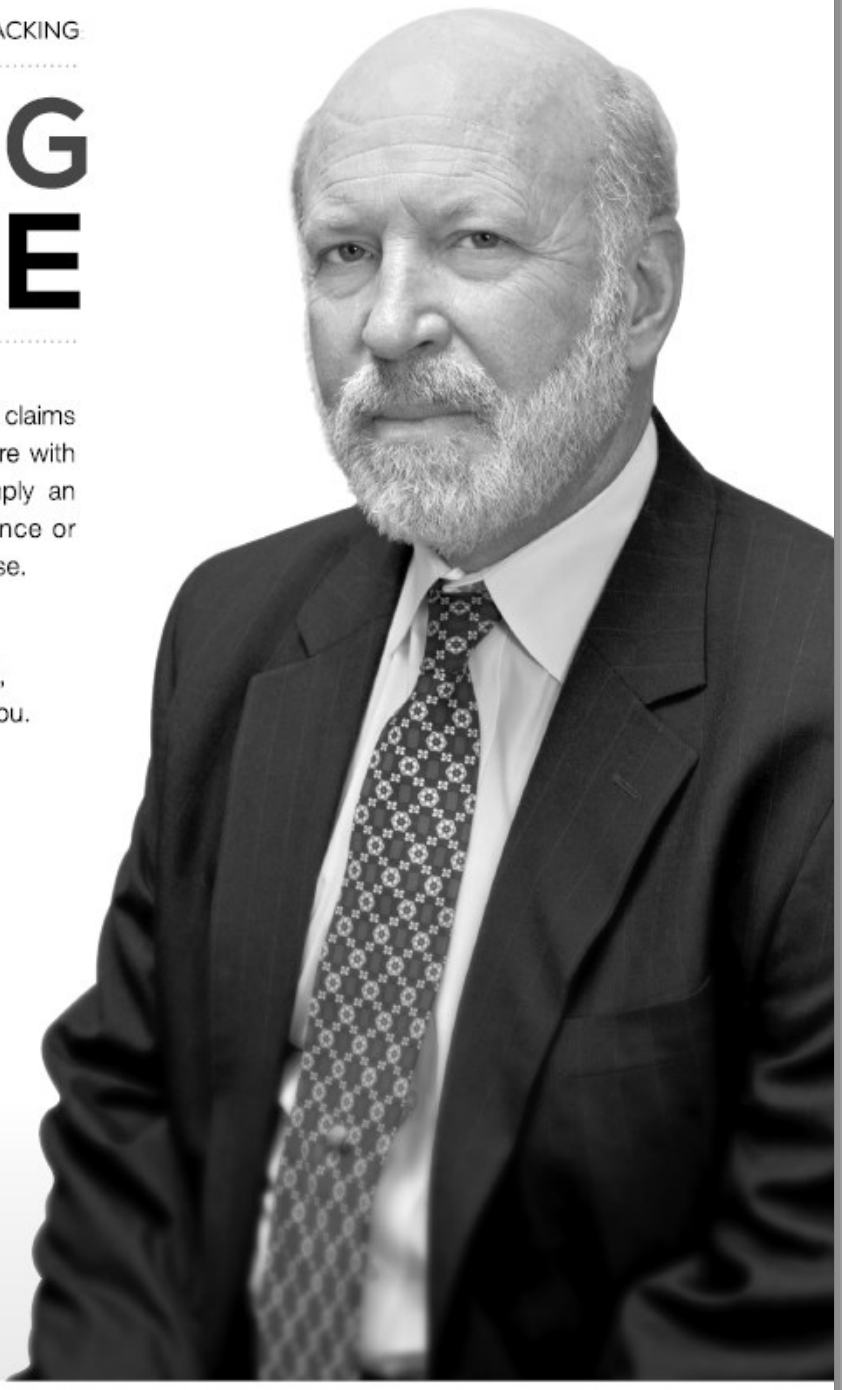
Member Data Update Form

Your member data verification form was mailed with your yearly dues statement. Please make any changes needed and return the form by August 1.

If you have any questions please call the MPS at 410-625-0232 or email mps@mdpsych.org.

WHAT YOUR CURRENT POLICY MIGHT BE LACKING

A STRONG DEFENSE



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Dave Torrans, II
Senior Litigation Specialist, PRMS

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