

# MPS NEWS

Volume 28, Number 2

Editor: Heidi Bunes

June 2014

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Deadline for submitting articles to *MPS News* is the 15th of the month preceding publication. Please email to [heidi@mdpsych.org](mailto:heidi@mdpsych.org).

*MPS News* Design & Layout  
Meagan Floyd

The next MPS Council meeting will be held  
**Tuesday, June 10**  
at 8PM  
in the MPS office.

## President's Column

### Politics and Prose

I am ashamed to admit it, but I'm afraid I always looked at the legislative process as something akin to the sausage factory; I know what comes out at the end, but am really afraid to observe the process too closely. Full disclosure here: I only took out US citizenship in 2012, and so I haven't really been in a position to be fully engaged in the process until recently. Well, clearly all that has changed!

For four months of the year, the MPS Legislative Committee is undoubtedly the busiest committee we have. Jennifer Palmer is the committee chair, and I marvel at her organizational skills and her political savvy, as she and her crack team of committee members and lobbyists go into full action in the depths of winter. Bills are screened regularly and discussed in a weekly telephone conference for signs of any issues that may pertain to psychiatry. Expert opinions are sought from our membership, be they forensic psychiatrists, child psychiatrists, community psychiatrists. They also stay in close touch with MedChi, on issues of mutual interest. The Executive Committee and Council are kept in the loop, although the picture can change from day to day, and sometimes from minute to minute.

As the most pressing concerns of the MPS become clearer towards late January, volunteers go to Annapolis to press the flesh. They meet with legislators, both friendly and not so friendly, to explain our perspective and to ask for their support, usually with excellent results. Members testify before the legislature on occasion, and our lobbyists do a wonderful job staying on top of it all.

This year's Legislative Session was no less exciting than usual. The committee determined that a number of bills had major implications for psychiatrists. They worked to defeat some, amend others and to support a few.

One major victory was the bill to allow administration of medications to dangerous inpatients by a clinical review panel. For years, due to a ruling by the Maryland Court of Appeals, patients could only be involuntarily medicated if they showed evidence of dangerousness while on the inpatient unit. The Legislative Committee worked with DHMH to introduce legislation so that medication can be administered over the objection of the patient if any of three conditions are met: that the patient's dangerousness contributed to their commitment, or they had shown themselves to be dangerous while on the unit, or that symptoms are present which might cause the patient to be dangerous, if released. It was signed in to law by the governor in May—a great victory for the Legislative Committee and their forensics consultants, Doctors Hanson and Janofsky. [See [page 5](#) for more new laws.]

Another concern was a bill to allow Naturopaths to practice independently in the state. MedChi was worried that this might lead to confusion, especially in more vulnerable patient populations, where the term "therapy" might be misconstrued. MPS worked with them to ensure that these practitioners will have physician supervision, a partial victory.

Laws regarding criminalization of non-reporting of child abuse, and sexual contact between therapists and patients did not get to the voting stage, but we expect to see them back

(Continued on next page)

next year, so watch this space!

Perhaps the most contentious issue in this session was several bills introduced pertaining to outpatient civil commitment. Maryland is one of only five states without some form of outpatient commitment, and with recent violent tragedies fresh in the news, there was a renewed push for "something to be done." As our the bills were debated, it became clear that even among our membership, there was wide debate as to whether out-patient commitment laws were effective and whether the risks of curtailing people's rights outweighed the frustrations of families and friends of the mentally ill. Indeed, some of our members questioned the ethics of the entire concept in principle. There were several lively Council debates, with limited consensus. Ultimately, the legislature has re-created a stakeholder workgroup, under the umbrella of DHMH, to provide them with recommendations for the next session. MPS will continue to provide input, through several of our members who have been appointed to the workgroup.

We cannot begin to do this work without the dedication of our Legislative Committee and lobbyists. We are fortunate to welcome three new committee members this coming session: Doctors Wilk, Kimchi and El-Sayed, who bring a wealth of forensic experience and energy. However, please consider helping if possible; all are welcome, as committee members, bill-screener, subject matter experts, or to attend the Advocacy Days in Annapolis.

Lastly, I would like to note that MPS member Steve Daviss, M.D. is moving to the next level in terms of psychiatrist involvement in our political process. He is [running as a candidate](#) for Northeast Baltimore's 45<sup>th</sup> District Democratic Party Central Committee in the June 24<sup>th</sup> primary. Those who have observed him in action advocating with legislators and regulators on behalf of the MPS and the APA over many years will agree that he is especially well suited for this position. Go Steve!

*Sally Waddington, M.D.,*

## Membership

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

**Robina Hameed Niazi, M.D.**  
*General Member*

**Travis A.L. Klein, M.D.**  
*Resident Fellow Member*

## Apply for Congressional Fellowship

The American Psychiatric Foundation is inviting nominations for the [Jeanne Spurlock, M.D., Congressional Fellowship](#). This fellowship provides a unique opportunity to work on Capitol Hill in a congressional office on federal health policy, particularly policy related to child and/or minority issues. The fellowship is open to all psychiatry residents, fellows, and early career psychiatrists. Applicants must be APA members and U.S. citizens or permanent residents. Applications, in the form of a letter, three letters of recommendation, and a CV, should be submitted **by July 10**. Please see details in the link above.

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

Are you ready to take the next step in your professional career? Members who pursue fellow status perceive it as one of the first steps to enhancement of their professional credentials. Members who apply and are approved this year for fellow status will be invited to participate in the Convocation of Distinguished Fellows during APA's 2015 annual meeting in Toronto. **The deadline is September 1**. Visit the [APA website](#) for more details and a link to the application.

## Helping Hands Grant Applications Due June 13

The American Psychiatric Foundation is accepting applications for its [Helping Hands Grant Program](#), which awards grants of up to \$5,000 to medical schools for mental health and substance use disorder projects that are created and managed by medical students. These projects can be conducted in partnership with community agencies or in conjunction with ongoing medical school outreach activities. Applications must be postmarked by June 13.

## Have You Paid Your 2013-14 MPS Dues?

**The MPS Council will vote June 10 on MPS dues drops.** If you are unsure whether your July 1, 2013 to June 30, 2014 MPS dues are paid, please call 410-625-0232 or email [mpps@mdpsych.org](mailto:mpps@mdpsych.org). 2014-2015 dues notices will go out later this month.

## Pay 2014 APA Dues by June 30

APA membership dues must be paid by June 30 to avoid being dropped from the APA and MPS membership rolls. Pay your dues [online](#) or enroll in the payment plan to pay your dues by credit card in monthly, quarterly, biannual, or annual installments - with no interest or service fee.

## May APA Assembly Meeting Highlights

The 80th APA Assembly met in New York May 2-4, with MPS Members Harry Brandt as Area 3 Council Chair and Bob Roca and Steve Daviss as elected Assembly Reps from the MPS. We heard from recent past AMA President, psychiatrist Dr. Jeremy Lazarus. (See [Dr. Daviss's tweets](#) for bullet points and links.) We also had a special guest, psychologist and U.S. Congressman Tim Murphy (R-PA), who gave a wonderful speech about pending mental health legislation that would appoint a mental health czar to improve and coordinate our broken mental health system. See APA's announcement here: [bit.ly/apa14murphy](http://bit.ly/apa14murphy) [pdf]. The proposal, the [Helping Families in Mental Health Crisis Act](#), has growing bipartisan support.

The newly elected Assembly officers are Dr. Dan Anzia (Illinois), Recorder, and Dr. Glenn Martin (New York), Speaker-Elect. APA Treasurer Dr. David Fassler's report included the following highlights: dues-paying membership is up; APA is currently \$7.5M ahead in its operating budget; advertising revenue is down 60% from 2005 to \$4M; and APA has \$115M in reserves, none of which yet includes DSM5 revenue of \$28M.

### Notable Action Papers:

- **Bringing back industry-sponsored symposia** - Put forth by a member who is a pharma employee, this paper appeared close to passing on a voice vote, but a vote tally (using our fancy new wireless voting gizmos) resulted in it failing.
- **Task force to investigate DSM5 conflicts of interest** - Our Benghazi equivalent, of sorts, this paper failed because the Assembly felt reassured that the investigation already conducted was adequate.
- **Allowing Deputy Reps to vote** - DBs with fewer than 450 members have a voting Rep and a non-voting Deputy Rep, who votes in the Rep's absence. There is growing pressure for Dep. Reps to have greater participation in the Assembly, but this paper was postponed for action at the November Assembly meeting.
- **Removing penalties for failure to adopt EHRs**: This feel-good paper sought to exempt psychiatrists from the 2% CMS penalty for not using EHRs. Due to the unlikely success of making psychiatrists "special" in this regard, the paper was amended to include all physicians. The paper passed; however, resulting changes in national legislation are unlikely.
- **Collaboration among APA and primary care organizations** - This paper, with the highest price tag at \$179K, sought to "develop educational & policy collaborations on primary care and behavioral health integration with relevant primary care educators and primary care organizations regarding the Affordable Care Act." It passed.

The most notable vote involved a series of nine Practice Guidelines around the Initial Psychiatric Evaluation. The Guidelines development effort follows the process prescribed by the Institute of Medicine, and involves reviewing the literature and soliciting input from content experts; however, in this case the Assembly expressed concern that its members lacked of sufficient time to review the draft Guidelines and was not sufficiently involved in their development to support them at this time. Despite strong encouragement from the leadership to pass the Guidelines, the Assembly voted to delay approval to allow more time for review. The final vote will take place in November. MPS members are encouraged to review the [draft guidelines](#). (Be sure to log in before clicking the link at the word "here".)

Steven R. Daviss, M.D.  
Robert P. Roca, M.D., M.P.H.  
*APA Assembly Representatives*

## Typical or Troubled?<sup>®</sup> 2014-15 School Year Grantees

The [American Psychiatric Foundation](#) provides funding to implement the [Typical or Troubled?](#) School Mental Health educational model in communities nationwide. This program, designed for school personnel (teachers, coaches, guidance counselors, etc.), focuses on promoting the importance of early recognition and treatment, recognizing the early warning signs of mental health problems, and encouraging action and appropriate referral to a mental health professional. Next year, the following Maryland schools will receive staff education training grants:

**Charles County Public Schools**  
John Hanson Middle School, Waldorf  
St. Charles High School, La Plata

## eFOCUS Free Online CME

Supported by a grant from the Agency for Healthcare Research and Quality, APA has developed a multipart interactive CME program to disseminate evidence-based information on off-label use of atypical antipsychotics. This free program consists of a self-assessment and 10 eFOCUS clinical vignette surveys. Participants can earn up to 2 AMA PRA Category 1 Credits for each eFOCUS clinical vignette. Approved by ABPN for MOC Part 2. For more information, click [HERE](#).

Review the [AHRQ Off-Label Use of Atypical Antipsychotics Executive Summary](#) and/or [Clinician Research Summary](#).

# Maintenance of Certification

## ABPN MOC Program Changes

As a result of the new 2015 ABMS MOC Standards, the ABPN announced changes in May that increase the flexibility of the ABPN MOC Program requirements. There are two changes **effective immediately**.

### FIRST CHANGE

**Feedback modules now require that diplomates collect feedback from only ONE of the following options:**

- Five patient surveys
- Five peer evaluations of general competencies\*\*
- Five resident evaluations of general competencies\*\*
- 360 Degree evaluation of general competencies with five respondents\*\*
- Institutional peer review of general competencies with five respondents\*\*
- One supervisor evaluation of general competencies\*\*

Model feedback forms are available on the [ABPN website](#).

\*\*The general competencies to be reviewed are:

- Patient Care
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- System Based Practice

In other words, diplomates are no longer required to complete patient surveys AND peer surveys to meet the feedback module for Part IV of MOC (PIP). Diplomates must now complete only ONE of the above options to satisfy the feedback module requirement.

### SECOND CHANGE

**Based on recent feedback from the field and availability of ABPN-approved MOC products, the requirements for the 10-Year MOC program have changed. All diplomates in the 10-Year MOC Program (MOC candidates in 2015-2021) are required to complete:**

- 300 Category-1 CME credits
- 24 Category-1 CME credits from Self Assessment Activities (can count toward the 300 total CME credits)
- 1 PIP Unit (clinical module and feedback module)

Please click [HERE](#) for a helpful chart that outlines the modified requirements for the 10-Year MOC Program.

(continued in bottom right column this page)

Navigating your way through  
**Maintenance of Certification**  
doesn't have to be this confusing.

PROFESSIONAL STANDING  
SELF-ASSESSMENT  
PERFORMANCE IN PRACTICE  
COGNITIVE EXPERTISE  
CONTINUING MEDICAL EDUCATION

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

(ABPN MOC Program Changes, continued from left column)

The APA reports that Lifetime Certificate holders will no longer be referred to as "not participating in MOC." ABPN will instead categorize them as "not required to participate in MOC." Also, Qualifying Quality Improvement projects will now satisfy PIP requirements for chart review.

The ABPN will update its website and send email notification to diplomates regarding these changes. The MPS and APA are assisting in sharing this news with members. The ABPN anticipates a few more changes to the Continuous-MOC program this summer concerning additional options for Self-Assessment Activities and inclusion of a patient safety module requirement, which will be communicated as soon as they are finalized.

## Maryland News

### MPS Priority Bills Become New Maryland Laws

The following bills of interest to psychiatry were approved during the 2014 General Assembly and signed into law by Governor O'Malley. The links give complete details about their provisions and legislative history. Please contact [Kery Hummel](#) with any questions.

#### Effective date- June 1, 2014

- [HB881/SB923](#) – Medical Marijuana – Natalie M. LaPrade Medical Marijuana Commission
- [HB 1456](#)- Department of Health and Mental Hygiene – Board of Review – Jurisdiction

#### Effective date- July 1, 2014

- [SB622/HB1233](#)- Health Insurance - Step Therapy or Fail-First Protocol
- [SB882/HB1267](#)- Department of Health and Mental Hygiene - Outpatient Services Programs Stakeholder Workgroup
- [HB 1510](#) - Behavioral Health Administration – Establishment and Duties

#### Effective date- October 1, 2014

- [HB592/SB620](#)- Mental Health – Approval by Clinical Review Panel of Administration of Medication – Standard
- [SB 198/HB802](#)- Maryland Medical Assistance Program – Telemedicine

### Insurance Industry to Publish Health Prices

An effort is underway to make the costs of healthcare services available online. Organized by the nonprofit [Health Care Cost Institute](#) (HCCI), the initiative builds on provisions in the ACA that shed light on charges by healthcare providers. Medicare has already released [databases](#) that reveal 2012 payments to hospitals and physicians. This initiative will be more constrained, offering consumers a "reference price" for health services in their area, based on aggregate data. Unlike the Medicare data, the total paid to a specific doctor or hospital will not be available. Aetna, Humana and UnitedHealthcare will partner with HCCI; Kaiser, Cigna and WellPoint are not participating. Commercial payments to health providers will be combined with data from insurers' Medicare and Medicaid plans, where possible. Data from other insurers and from the government-run Medicare and Medicaid programs may be added later. The service is expected to be available in the first quarter of 2015. [Read more.](#)

### Step Therapy Bill Signed into Law

MedChi applauds the enactment of [SB 622/HB 1233](#), a bill that addresses a dangerous health insurance practice known as "step therapy." Step therapy (or "fail first" policy) jeopardizes patient health by requiring them to try and fail on up to five older, less effective treatments before the insurer will cover the treatment originally prescribed. This law protects patients and keeps treatment decisions in the hands of doctors. The Maryland Health Care Commission recently studied step therapy, and Senator Middleton and Delegate Bromwell introduced this bill to codify some of its recommendations.

The Middleton/Bromwell legislation, which takes effect on July 1, prevents insurers from forcing patients who are already being effectively treated on a medication to undergo the step therapy process, and also prohibits insurers from forcing patients to try medicine the FDA has not approved for treatment of a specific condition. Maryland is the first state in the country to enact the latter provision. Evidence suggests that step therapy may increase overall health care costs. Patients forced to manage multiple insurer "steps" often endure additional trips to the doctor or pharmacy, with additional time off from work or child care. When patient treatment is unnecessarily delayed, manageable conditions can devolve into more difficult to manage diseases.

From [May 5 MedChi News](#)

### Updating the Maryland UTP

The Maryland Insurance Administration (MIA) has asked that the Uniform Treatment Plan (UTP) be updated to reflect DSM5 changes. The UTP was developed around 2005 as a one-page treatment authorization form containing the minimum amount of information necessary to request treatment. In collaboration with plan administrators, the MPS and the Maryland Psychological Association (MPA) worked to develop this form to replace the status quo at the time, where every review company had its own form, which often required a half-hour or more to complete, often on the phone.

Since passage of the Parity Act's final rule in November 2013, few plans are even using the UTP for routine outpatient care. Apparently, the MIA recently ruled that a plan can ONLY ask a provider about information that is on the UTP. Thus, plans seeking to authorize higher levels of care, such as PHP or inpatient, are being prevented from asking more detailed questions about the patient's functioning and treatment.

Representatives from provider groups are in discussions now with plan representatives (Magellan, Value Options, MHNet) on proposed revisions to the form, balancing parity limitations, provider burden, and the needs of the payers. To view documents, click [here](#).

*Steven R. Daviss, M.D.*

# Medicare News & Updates

## Calculating the 2015 Medicare Limiting Charge

Determining the amount of the limiting charge will be more complicated for Non-Par physicians who do not accept assignment. This is due to the 2015 negative payment adjustments (fee reductions) for Medicare services provided by eligible professionals (EPs) who do not demonstrate "meaningful use" of electronic health records (EHR) and/or who do not report data on quality measures to the PQRS program. CMS has posted [MM8667](#), which clarifies how the limiting charges are to be calculated, including several examples.

Non-participating (Non-Par) EPs in the Medicare program can either accept or not accept assignment on a claim-by-claim basis. If EPs do not accept assignment, they may not charge the patient more than the Medicare limiting charge for unsigned claims for Medicare services. They may choose to collect the entire limiting charge amount up front at the time of service. The limiting charge is 115 percent of the Medicare Physician Fee Schedule (MPFS) amount. The patient is not responsible for amounts in excess of the limiting charge for a covered service. A charge in excess of the Medicare limiting charge amount constitutes a violation of the limiting charge, which renders the physician subject to a civil penalty of not more than \$10,000, an assessment of not more than 3 times the amount claimed for each service, and possible exclusion from the Medicare program.

Novitas will post on its website the following limiting charge amounts after applying the EHR and PQRS negative adjustments:

- EHR Limiting Charge;
- PQRS Limiting Charge;
- EHR/2014 eRx Limiting Charge;
- EHR + PQRS Limiting Charge; and
- EHR/2014 eRx + PQRS Limiting Charge.

The [Novitas Fee Lookup Tool](#) is useful for determining a few fee amounts; or the [entire fee schedule](#) can be downloaded.

## CMS Physician Payment Lookup Tool

CMS now offers a [lookup tool](#) that facilitates finding data on specific physicians listed in the utilization and payment database it published in April. [See page 5 of the [May issue](#).] It allows the user to look up a provider by National Provider Identifier (NPI), or by name and location. The lookup tool produces information on services and procedures provided in 2012 to Medicare beneficiaries.

## REMINDER - EHR Hardship Applications Due July 1

Medicare providers who were unable to demonstrate EHR meaningful use for 2013 can request [hardship exceptions](#) to avoid the upcoming Medicare [payment reductions](#) for the 2013 reporting year, which will begin on January 1, 2015 for eligible professionals. CMS will review applications to determine whether or not hardship exception are granted. **Applications for the 2015 payment adjustments are due July 1.** If approved, the exception is valid for one year. The EHR website has applications for:

- [Eligible professionals](#) (EPs)
- [EPs submitting multiple NPIs on a Single Form](#)

## More Flexible EHR Meaningful Use Requirements Proposed

CMS is [proposing](#) changes in the electronic health records (EHR) program as described in a [May 20 press release](#), where it outlined several ways that the "Meaningful Use" EHR program should be slowed down. The most notable change would allow healthcare providers to use EHR software that was previously disqualified and still receive incentive payments this year. If finalized, the changes would prevent penalties from hitting doctors and hospitals that fail to move into stage 2 of "Meaningful Use" on time, even if they do not apply for a special exception. The proposal would also extend stage 2 through 2016, a change that officials had already promised to make. Smaller providers and rural hospitals have struggled to adopt the software, and these changes are designed to ease pressure on healthcare providers and maintain momentum in the EHR program. [Read more](#).

## EHR Mistakes

EHR design flaws can contribute to the difficulties that some clinicians experience. But individual doctors and physician practices can also make serious errors that cause problems. A [Medscape article](#) discusses 10 mistakes that physicians commonly make with EHRs and give advice on how to avoid them.



## Medicare News & Updates

### “Reporting Once” for Multiple Medicare Quality Reporting Programs

For those participating in multiple Medicare quality reporting programs in 2014, there is a new interactive CMS tool that explains how to submit quality data one time only to earn credit for more than one quality program. The Reporting Once for 2014 Medicare Quality Reporting Programs [interactive tool](#) is found on the [PQRS website](#). It provides guidance based on how you plan to participate in PQRS in 2014:

- As an individual eligible professional
- As part of a group practice
- As part of a Medicare Shared Savings Program Accountable Care Organization (ACO)
- As part of a Pioneer ACO

Using the interactive tool, you will learn whether you will be incentive eligible for PQRS in 2014, avoid the 2016 PQRS payment adjustment, and satisfy the clinical quality measure component of the Medicare EHR Incentive Program. If you are part of a group practice with 10 or more eligible professionals, the tool will also help you assess the impact of your participation in PQRS on the Value-Based Payment Modifier.

The [How to Report Once for 2014 Medicare Quality Reporting Programs](#) fact sheet gives an overview of the quality programs and reporting once in 2014.

**These reporting once options are only available if you are beyond your first year of participation in the Medicare EHR Incentive Program, and you are still required to report your core and menu objectives through the CMS Registration & Attestation System.**

For step-by-step instructions for 2014 PQRS participation, view the [How to Get Started](#) page, or contact the QualityNet Help Desk at 1-866-288-8912 (TTY 1-877-715-6222) or via [Qnetsupport@hcqis.org](mailto:Qnetsupport@hcqis.org). (Monday through Friday from 7:00 a.m.-7:00 p.m. CT.)

### Sunshine Act/Open Payments Resources

Physicians can learn more about Open Payments program requirements by reviewing [Program Overview for Physicians](#). Continuing education materials are posted to the [Physician](#) web page of the [Open Payments](#) website, and the free [Open Payments Mobile for Physicians](#) app is available to help physicians track applicable payments and other transfers of value they receive throughout the year.

### Get Ready for Sunshine: Phase 1 Registration begins June 1

CMS will soon allow physicians and teaching hospitals to review Sunshine (Open Payments) disclosures from industry about payments and other transfers of value made to them during the reporting period. Those who wish to review and potentially dispute disclosures must complete a two-phase registration process to access their data. Phase 1 (begins June 1) includes user registration in CMS' Enterprise Portal. Phase 2 (begins in July) includes physician and teaching hospital registration in the Open Payments system, with 45 days to review and dispute data before its public release. Visit the [AMA Sunshine Act Web page](#) to learn more about financial interactions that must be reported and access resources to help prepare for reviewing data and challenging any false, inaccurate or misleading reports. Additional information is available on the [CMS website](#).

From [May 19 MedChi News](#)

### Special Reporting Periods for Submitting Meaningful Use Measures in 2014

If you are an eligible professional, make sure you are aware of the special reporting periods for submitting meaningful use measures in 2014 for the Electronic Health Record (EHR) Incentive Programs.

Meaningful Use Reporting for Medicare and Medicaid Eligible Professionals

You only need to demonstrate meaningful use for a three-month, or 90-day, reporting period, regardless if you are demonstrating Stage 1 or Stage 2 of meaningful use. Choose your reporting period based on your program and participation year:

- Medicare: beyond first year of meaningful use: Select a three-month reporting period fixed to the quarter of the calendar year.
- Medicare: in first year of meaningful use: Select any 90-day reporting period. To avoid the 2015 payment adjustment, begin your reporting period by July 1 and attest by October 1.
- Medicaid: Select any 90-day reporting period that falls within the 2014 calendar year.

For more information visit the [EHR Incentive Program](#) website for the latest news and updates.

From [May 27 MedChi News](#)

## Open Payments (the Sunshine Act): CMS Registration Overview

MLN Connects™ National Provider Call  
**Thursday, June 12; 1:30pm-3pm**

Are you aware of Open Payments (the Sunshine Act) and the differences between Phase 1 and Phase 2 registration for this first Open Payments reporting year? Registration in the CMS Enterprise Portal is the required first step to be able to review and dispute any of the data reported about payments or other transfers of value given to you by industry prior to public posting of the data. Do you understand the time-limited process for disputing information with industry that you believe to be inaccurate or incomplete?

During this [MLN Connects™ National Provider Call](#), CMS experts will give a brief introductory presentation about Open Payments, providing an overview of physician and teaching hospital CMS registration phases and the upcoming review and dispute process. This overview will be followed by answers to questions submitted prior to the call and an opportunity for participants to interact with our subject matter experts during a live question and answer session.

### Agenda:

- Open Payments overview
- Overview of physician and teaching hospital CMS registration phases
- Upcoming review and dispute process
- Answers to submitted questions
- Live Q&A session

### Target Audience:

Physicians, teaching hospitals, professional organizations, physician staff and other interested parties.

To register, visit [CMS Event Registration](#).

## OCD Mid-Atlantic Evening with the Experts

On June 25th at Towson University, Drs. Gerald Nestadt and Gregory Chasson will give a presentation on OCD followed by an expert panel and Q&A. The event is **free of charge** and is intended for patients, their families and treatment providers. It begins at 6:30 PM in Room 4310 of the Liberal Arts Building.

## 2014 PCSSMAT Webinars

In conjunction with the APA, the Providers Clinical Support System for Medication Assistance Treatment (PCSSMAT) offers webinars **free of charge**. Sessions are scheduled from noon to 1 p.m. CME credits are available. Upcoming offerings include:

### June 10

#### **Assessment and Management of Opioid Use Disorders in the General Hospital Setting**

Joji Suzuki, MD  
Director, Division of Addiction Psychiatry  
Instructor in Psychiatry, Harvard Medical School  
Department of Psychiatry  
Brigham and Women's Hospital  
[www2.gotomeeting.com/register/432848618](http://www2.gotomeeting.com/register/432848618)

### 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](http://www2.gotomeeting.com/register/744246234)

Archived webinars are available at [www.APAeducation.org](http://www.APAeducation.org) and [www.pcssmat.org](http://www.pcssmat.org)

## CLASSIFIEDS

### EMPLOYMENT OPPORTUNITIES

**The University of Maryland School of Medicine—Community Child and Adolescent Psychiatrist** The 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](mailto:jrachbei@psych.umaryland.edu). The University of Maryland, Baltimore is an equal Opportunity/Affirmative Action Employer. Minorities, women, individuals with disabilities, and protected veterans are encouraged to apply.



# CLASSIFIEDS—CONTINUED

## EMPLOYMENT OPPORTUNITIES—Continued

The Fairmount campus of the Kennedy Krieger School serves students with a variety of psychiatric disorders and disabilities, including autism spectrum disorders. The age range served is grades kindergarten through 8. The part-time psychiatrist position is 8 hours per week. The hours chosen are flexible, although must fall within school hours. The position would entail providing direct medication management for a limited number of students, including classroom observation and individual meetings with students, and communication with the school team and senior psychiatrist. Attending team meetings may occur as needed and if they fall within the agreed upon schedule. A senior psychiatrist is on site daily. BE/BC in Child and Adolescent Psychiatry. To apply: please visit [ca-reers.kennedykrieger.org](http://ca-reers.kennedykrieger.org) or to inquire: please email [Schmitt@kennedykrieger.org](mailto:Schmitt@kennedykrieger.org). EOE/M/F/Disability/ProtectedVet.

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. For more details please contact Dr. Bernadette Cullen, Director, Community Psychiatry Program at 410-955-5748 or email: [bcullen@jhmi.edu](mailto:bcullen@jhmi.edu).

Frederick County Behavioral Health Services is seeking a full time, benefitted adult psychiatrist for outpatient mental health clinic, to provide medication evaluation and management services. Flexible hours, full admin support, multidisciplinary team, no on call required. Must be board certified or board eligible and possess current Maryland license. Free parking and contractual, non benefitted option available. Please go to <http://jobaps.com/MD/> to apply.

**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](http://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](mailto:barbara.usher@spectrum-behavioral.com).

**PSYCHIATRIST NEEDED**- Full or Part Time. Private practice in Columbia and/or Towson without hassles. Full administrative support. Flexible hours. Plenty of patients. Contact Abdul Malik, M.D. at 410-823-6408 x13 or email to [Drmalik.baltimore@gmail.com](mailto:Drmalik.baltimore@gmail.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 week-end/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](mailto:kim.bright@maryland.gov). EOE

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

Outpatient Psychiatry Services at MedStar Franklin Square Medical Center is looking for a child psychiatrist to work 20-24 hours per week with outpatients. Six weeks paid time off, CME time off, 403B, flexible hours, experienced interdisciplinary colleagues, pleasant environment. Please fax CV to Stephen Pasko, Director at 443.777.2060 or call 443-777-7925 for details.

### AVAILABLE OFFICE SPACE

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

WHAT YOUR CURRENT POLICY MIGHT BE LACKING

# A STRONG DEFENSE

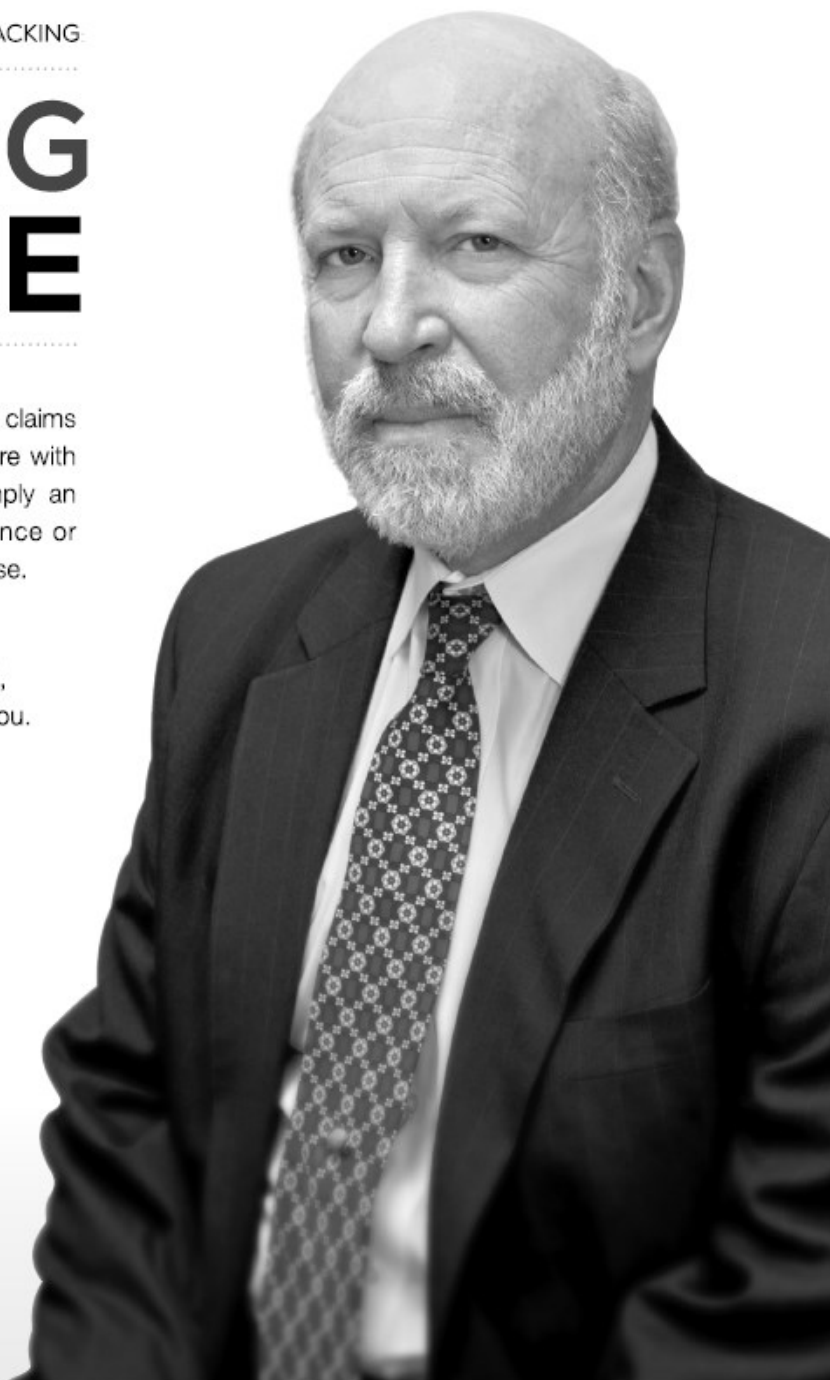
Of course we hope you'll never need our claims expertise, but if you ever report a claim we are with you every step of the way, whether it's simply an adverse event for which you need legal guidance or a lawsuit requiring a robust full-court defense.

Take comfort that you will have our full support working closely with you, your defense counsel, and experts to vigorously protect and defend you.

View our 2013 claims results at [www.PsychProgram.com/Claims](http://www.PsychProgram.com/Claims) and see for yourself how our strong defense can work for you.

**Dave Torrans, II**  
Senior Litigation Specialist, PRMS

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