

MPS NEWS

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Editor: Heidi Bunes

March 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.

MPS News Design & Layout
Meagan Floyd

The next MPS Council meeting will be held
Tuesday,
March 11
at 8PM
in the MPS office.

President's Column

MPS and the Maryland Political Process

When I agreed to serve on the MPS Executive Committee, the biggest concern for me was how to manage what may be the single most important function of our organization—the vetting of new legislation and contributing to the dialogue on the development of mental health resources in our state. In support of my notion that if there is a God, he has a very ironic sense of humor, I have had the opportunity to serve as a leader of the MPS during the years that behavioral health integration and the Affordable Care Act are being rolled out.

As I watch the legislative session of my presidency year proceed, I can't say I am more enamored of the political process, but I am so grateful to be surrounded by so many MPS members with a keen eye, deep political connections, and the willingness to share their expertise with those of us less skilled. As well, we get impressive support from our lobbyists both from the standpoint of understanding House and Senate Bills that require our review and in making our opinions known where they count the most.

I thought I would use this month's column to share a little of what I have learned over the past few years as an observer and somewhat reluctant participant in the political process.

While only a relatively small number of bills are directly about mental health issues, many more may have more subtle impact and require review. In recent years there has been a flurry of gun

control bills that have been related or in response to episodes of violence involving people with mental health issues. The bills have to be carefully vetted to ensure that they do not intentionally or accidentally abrogate the rights of our patients. As well, every year there are bills introduced to expand the practice of other health disciplines. This year a bill supports the credentialing of naturopaths, while not a direct issue for psychiatry, it would in some ways acknowledge naturopathy as a reasonable intervention for serious mental illness.

Not all bills are created equal. Some bills will die a quick death due to lack of support, some a more lingering death due to partisanship or politics. Some bills are never intended to get voted on and are dropped to serve another agenda. Our lobbyists and legislative committee offer invaluable information.

What is the hidden agenda of the bill? Some bills are meant to provoke discussion or to push others into action, perhaps as a threat. This is often not clear until we can arrange a discussion with the sponsor of the bill or their legislative aide.

Who is in support of it and who is opposed and why? A bill is dropped that makes it a criminal act for a therapist to have sex with a patient. The bill does not include physicians within its scope with the idea that the Board of Physicians polices our profession sufficiently well. A group of therapists who are the targets of the bill support the bill and push to have the sponsor expand the bill to include physician therapists, not because they agree with the bill

(Continued on next page)

but so that the deeper pockets and influence of the physician groups will oppose it on behalf of non-physician therapists. (Are we having fun yet?)

Know who your friends are. Depending on the bill, you wind up with different sets of friends. During last year's MPS Advocacy Day, I found myself (a bleeding heart liberal) in agreement with an ultra-conservative NRA member because he understood that it was not fair to summarily abrogate the rights of folks with a mental illness in a knee jerk response to current events. It can also be a very tricky walk to balance between the rights of our patients and doing best for them so we are sometimes with and sometimes against the positions of mental health advocacy groups.

Be careful where you invest your time and resources. This is my single biggest frustration. I have watched hours of volunteered time be spent hashing out the response to a bill that subsequently dies. Perhaps our process helped to kill it, perhaps not. I salute my colleagues for unflinchingly being more graceful than I have been in accepting this reality. I would particularly like to recognize the many MPS members who volunteer their time to testify on bills.

The sky is always falling. So many things are critical and require an immediate response (whether they really do or not). Despite the pressure, it is always better to provide a measured and thoughtful reply. Again, I thank the many folks who have been available to me at a moment's notice.

Please do not take my commentary as warning members away from the political process, but as a reinforcement of how critical our engagement is and how grateful I am for our members who participate and who educate us. Thank you.

Scott T. Aaronson, 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.

Joseph G. Hobelmann, M.D.
Resident Fellow Member
 Sarah J. Herts, M.D.
Resident Fellow Member
 Vinay Parekh, M.D.
General Member
 Matthew E. Peters, M.D.
Resident Fellow Member

APA Members Transferring to Maryland

Nancy Diazgranados, M.D.
 Bankole A Johnson, M.D., DSc
 Jyoti Kanwar, M.D.

Reinstatements

Laura Eskander, M.D.
 Kelly A. Register-Brown, M.D.
 Anne E. Ruble, M.D.
 Eric Weintraub, M.D.

Congratulations!

MPS member **Anita S. Everett, M.D.** was re-elected **Trustee-At-Large** in the APA's 2014 national election.

Memorial Service for Ghilly Godenne

There will be a memorial mass to celebrate [Dr. Ghislaine Godenne's](#) life on Saturday, May 31st at 11 AM at St. Thomas Aquinas Church, 1008 West 37th Street, Baltimore.

REMEMBER TO VOTE!

The **2014 MPS elections** will be underway as of March 1, when ballots will be in the mail. Ballots must be postmarked no later than March 31, 2014. Make a difference by helping select our MPS leaders!



MPS Members Out & About

Steve Daviss, M.D. is running for Central Committee in Baltimore City's 45th Legislative District as the first step in his plan to serve in the Maryland legislature. His [campaign](#) arose out of his extensive work on the MPS Legislative Committee over the past two decades.

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

February 11 Council Highlights

Executive Committee Report

Dr. Aaronson reported that the Continuity of Care Task Force [final report](#) contains a recommendation regarding Assisted Outpatient Treatment that has been proposed in legislation, which is a topic for tonight’s Legislative Report.

Executive Director’s Report

The estimated cost to provide the envisioned Maintenance of Certification (MOC) trainings is more than the amount granted by the APA; therefore, staff will attend the March 1 Area 3 meeting to request additional MOC grant funds for training in all 5 DBs within Area 3. MOC training should be a member benefit and could serve as a strong recruitment and retention tool. MPS Advocacy Days January 29 and 30 were an unqualified success with 10 physicians attending over 20 meetings with Delegates and Senators to discuss child abuse reporting, Lynette’s Law, emergency petitions, marijuana, step therapy, gun control and assisted outpatient treatment.

Legislative Committee Report

Dr. Palmer thanked everyone for participating so actively in the MPS Advocacy Days. The MPS Legislative Bill Screeners’ weekly conference call continues. She circulated a document with all of the legislation that the MPS is actively reviewing this session. [[See page 4.](#)]

The remainder of her report focused on [SB831](#) and its companion [HB767](#) entitled “Public Health – Mental Hygiene Law – Assisted Outpatient Treatment.” MPS members in attendance and Council members presented their views, both pro and con, for the concept of Involuntary or Assisted Outpatient Treatment. A consensus was not reached to support or oppose the proposed legislation. A motion that the MPS take No Position on HB767 and its companion SB831 was approved by Council.

Membership Committee Report

Dr. Lehman presented the Membership Committee’s recommendation to drop one member for failure to pay dues for a two year period, which was approved by Council.

MPS Seeks Nominations for Lifetime of Service Award

At the March Council meeting, nominees will be considered for the Lifetime of Service Award to be given at the April 2014 MPS annual meeting. Council would appreciate member suggestions as to who should be selected.

The award is given annually to a senior MPS member who has shown a consistent, career-long pattern of unwavering dedication, commitment, and leadership to the organization. Other qualities to be considered include significant contributions to the mental health of our community through clinical work, teaching, administration, or research. View our past recipients [here](#).

Member nominations should be submitted no later than 5:00 p.m. March 3, 2014 for this year’s award. Names and any supporting reasons you wish to include can be submitted by phone (410) 625-0232, email mps@mdpsych.org or postal mail Maryland Psychiatric Society, 1101 St. Paul Street, Suite 305, Baltimore, Maryland 21202-6407.

24 Percent SGR Cut Unless Congress Acts by March 31

Congress has made more progress than ever to produce a joint policy framework that repeals the Medicare SGR, provides modest increases to physician payments for five years and prevents a cut to physician payments. However, Congress still needs to pass H.R. 4015/S. 2000 before March 31, when the 24 percent cut would take effect. The decade-long cycle of temporary patches to prevent steep payment cuts must end. Don't let Congress resort to yet another patch or, even worse, a 24 percent cut to physician payments. [Send an email to Congress](#) or call via the AMA's Physicians Grassroots Network hotline at **(800) 833-6354**. Tell them to repeal SGR by passing H.R. 4015/S. 2000.

[2014 MPS Annual Dinner](#)

**Thursday April 24 at 6:00PM
Oriole Park at Camden Yards**

See you there!



2014-15 MPS Committees Forming!

Your energy and ideas can help the MPS effectively focus on issues that are important to you. Please volunteer for MPS committees by returning the signup form included in the ballot mailing, calling the MPS office at (410) 625-0232, or emailing

mps@mdpsych.org.

2014 Maryland Legislation of Interest

[HB0033-Criminal Law - "Lynette's Law"](#)

Sponsor: Delegate Smigiel

Synopsis: Prohibiting a specified professional counselor or therapist from engaging in a sexual act, sexual contact, or vaginal intercourse with a person who is receiving counseling from the professional counselor or therapist or received counseling from the professional counselor or therapist within a specified period of time; prohibiting a specified professional counselor or therapist from knowingly, and with intent to deceive, making a false statement concerning the person's criminal record on an employment application; etc.

Committee: JUD

Hearing: 1/28 at 1:00 p.m.

Bill may be amended to include psychiatrists due to manipulation by counselors and therapists who want us to oppose the bill on their behalf. We are trying to get documentation to the bill's sponsor demonstrating the effectiveness of Board oversight and thereby making criminalization unnecessary for psychiatrists. Since the hearing, there has been no further activity and there is not companion Senate bill at this time.

[HB0044-Temporary and Final Protective Orders - Emergency Evaluations](#)

Sponsor: Delegate Vitale

Synopsis: Authorizing a judge, when issuing a temporary or final protective order, to order the respondent to undergo a specified emergency evaluation under specified circumstances; requiring a judge, in determining whether to order a respondent to vacate the home, to consider the results of a specified emergency evaluation; etc.

Committee: JUD

Hearing: 1/16 at 1:00 p.m.

This bill has been amended to our satisfaction, we are taking no position.

[HB0060- Repeal of Firearm Safety Act of 2013](#)

Sponsor: Delegate Smigiel

Synopsis: Repealing a specified exception to the prohibition against carrying a deadly weapon on public school property; repealing the prohibition on the possession or use of specified firearm ammunition during and in relation to the commission of a crime of violence; altering the authorization for a person to wear, carry, or transport a handgun; repealing the designation of specified firearms as assault weapons; etc.

Committee: JUD, HGO

Hearing: Not yet scheduled

We are being advised that this bill does not have a lot of support especially with the efforts exerted last year to pass gun control legislation.

[HB0802/SB0198- Maryland Medical Assistance Program - Telemedicine](#)

Sponsor: Senator Pugh

Synopsis: Requiring the Maryland Medical Assistance Program to provide specified reimbursement for specified services delivered by telemedicine; and repealing the limitations on the health care services delivered by telemedicine that are eligible for reimbursement.

Committee: FIN

Hearing: 1/29 at 1:00 p.m.

Following Med Chi in support.

[HB0606/SB0067 Mental Hygiene – Standards for Emergency Evaluation and Involuntary Admission – Modification](#)

Sponsors: Morhaim/Middleton

Summary: For the purpose of modifying certain standards for involuntary admissions of individuals with mental disorders to certain facilities or a Veterans' Administration hospital under certain circumstances; modifying certain standards for emergency evaluations of individuals with mental disorders under certain circumstances; defining a certain term; and generally relating to standards for emergency evaluation and involuntary admission of individuals with mental disorders.

Committee: FIN

Senate Hearing 2/26 at 1:00 p.m.

Dr. Janofsky and colleagues at Hopkins have drafted amendments that would not compromise the current standard. Dr. Janofsky will meet with Del. Morhaim to discuss.

[HB0592/SB0620 - Mental Health - Approval by Clinical Review Panel of Administration of Medication - Standard](#)

Sponsors: Delegates Morhaim and Hammen; Senator Kelley

Synopsis: Altering the standard for approval by specified clinical review panels of the administration of specified medication to specified individuals with mental disorders admitted to specified facilities.

Committee: HGO; FIN

Hearing: 2/26 1:00

Anne Hanson and her Fellows have drafted amended language that would better address the Kelly decision problem.

[HB0641 -Courts and Judicial Proceedings Communications Between Patient or Client and Health Care Professional – Exceptions to Privilege](#)

Sponsor: Delegate Simmons

Synopsis: Creating an exception to the privilege of communications of a patient or client if the disclosure is necessary to prove a charge in a specified criminal proceeding against the patient, former patient, client, or former

(Continued on next page)

client; creating an exception to the privilege of communications of a patient or client if the disclosure is necessary to obtain relief in a peace order proceeding in which a specified health care professional is a petitioner and the patient, former patient, client, or former client is a respondent; etc.

Committee: Judiciary
 Hearing: 2/12 at 1:00 p.m.
We are supporting this bill.

[SB0807- Drivers' Licenses - Disorder, Disease, or Physical Disability – Identification, Disclosure, and Reporting](#)

Sponsor: Senator Raskin

Synopsis: Expanding the requirements for renewing a driver's license to include the written disclosure of a specified disorder, disease, or physical disability; requiring the Department of Health and Mental Hygiene, the Medical and Chirurgical Faculty, and the State Board of Examiners in Optometry to define diseases and physical disabilities that may render an individual unable to exercise reasonable control over a motor vehicle; expanding the scope of health care professionals authorized to make a specified report to the Medical Advisory Board; etc.

Committee: JPR
 Hearing: 2/28 at 1:00 p.m.
We are opposing this bill.

[HB0767/SB0831 - Mental Hygiene Law - Assisted Outpatient Treatment](#)

Sponsor: Delegate Murphy; Senator Kelley

Synopsis: Providing that an application for assisted outpatient treatment may be submitted to a court by specified individuals; requiring, except under specified circumstances, a court to hold a hearing on a specified application within a specified time period; authorizing, under specified circumstances, a court to order assisted outpatient treatment for a specified individual; requiring a specified order to include a specified treatment plan; requiring, under specified circumstances, a court to deny a specified application; etc.

Committee: HGO; FIN
 Hearing: Senate - Hearing 2/26 at 1:00 p.m.
Legislation drafted by the Treatment Advocacy Center. No consensus among MPS members yet. At the Council meeting, a vote of No Position passed on this legislation. A Letter of Information may be sent to the appropriate House and Senate Committees regarding Assisted Outpatient Commitment.

[SB0882- Assertive Community Treatment \(ACT\) - Targeted Outreach, Engagement, and Services](#)

Sponsor: Senator Pugh

Synopsis: Establishing the Targeted Outreach, Engagement, and ACT Services Program in the Department of Health and Mental Hygiene; requiring the Program to provide specified services and supports to specified individuals; requiring the Department to identify specified individuals and to develop a specified peti-

tion and process; providing for the criteria for an individual to be eligible for the Program; providing for the individuals who may file a specified petition; etc.

Committee: FIN
 Senate Hearing 2/26 at 1:00 p.m.
We are supporting this bill with amendments to address Ann Hackman's concerns about team autonomy, patients served and reimbursement.

*Jennifer T. Palmer, M.D.
 Legislative Committee Chair*

Understanding ICD-10-CM and DSM-5

The APA has posted important information about DSM-5 codes and payment that relates to the change on October 1, 2014, when the United States will transition to the ICD-10-CM system of medical codes. Anticipating this change, DSM-5 includes both ICD-9-CM and ICD-10-CM codes. However, clinicians have raised questions about the nature and purpose of the codes in DSM-5 and how they should be used in light of the impending adoption of ICD-10-CM. In response, the APA has developed a [fact sheet](#) that serves as a “quick guide for clinicians” in understanding the relationship between DSM and ICD. Contact Jennifer Shupinka at jshupinka@psych.org with questions, concerns, or feedback.

ICD-10 in 2014

October 1, 2014 is the ICD-10 compliance deadline. The ICD-10 transition will affect every part of your practice, from software upgrades, to patient registration and referrals, to clinical documentation and billing. No matter where you are in the process, there are ICD-10 resources available to you. Check the [provider resources](#) on the CMS website frequently for news and information to help you prepare. **Plan your journey** – Look at the codes you use, prepare a budget, and build a team. **Train your team** – Many options and resources are available. **Engage your partners** – Talk to your software vendors, clearinghouses, and billing services. **Test your systems and processes** – Test within your practice and with your partners.

Medicare Claims Processing Guide for ICD-10

[MLN Matters® Article #SE1408](#), “Medicare Fee-For-Service (FFS) Claims Processing Guidance for Implementing International Classification of Diseases, 10th Edition (ICD-10) – A Re-Issue of MM7492” explains the use of ICD-10 code sets for dates of service on and after October 1, 2014. It includes tables regarding claims that span the periods where ICD-9 and ICD-10 codes may both be applicable.

Maryland News & Information

Other Maryland Legislative News

The **Mental Health Association of Maryland** has been lobbying actively for the [Mental Health and Substance Use Disorder Safety Net Act of 2014](#) and the Behavioral Health Administration budget for Fiscal Year 2015. At the **Safety Net bill hearing**, advocates and experts called for greater attention to the unmet service needs addressed in the bill, which would expand the statewide crisis response system, school mental health services, mental health literacy, housing, and reentry programs, to name a few. These non-traditional services can be critical to a successful recovery. [Listen to the full hearing here](#). The first ever **budget has been submitted for the Behavioral Health Administration (BHA), which will be created on July 1, 2014** as a result of the merger of the Mental Hygiene Administration and the Alcohol and Drug Abuse Administration. A [Department of Legislative Services analysis](#) recommends no cuts to the Governor's proposed BHA budget. The [MHAM's 2014 bill list](#) includes their other priorities for this session.

NAMI Maryland has been deeply involved with bills that affect mental health public policy. [The 2014 bills](#) they are tracking this session and related fact sheets are online. Despite the rain and ice, more than 60 NAMI advocates went to Annapolis for its Advocacy Day on February 5th. One bill of particular focus is [SB 622 - Health Insurance - Step Therapy or Fail-First Protocol](#), which NAMI Maryland strongly supports because it would limit insurers' use of "step therapy" or "fail first" protocols that impact treatment decisions. NAMIMD is also a key supporter of the Mental Health and Substance Use Disorder Safety Net Act of 2014 and the 2015 Behavioral Health Administration Budget noted above, as well as the bills related to involuntary treatment ([SB67](#), [SB620](#) and [SB831](#)).

MedChi is monitoring complex legislation this year, with insurance reform and tort reform as major priorities. In addition to **Senate Bill 622** on *Step Therapy* noted above, MedChi has been lobbying [for Senate Bill 642 - Health Insurance – Assignment of Benefits and Reimbursement of Nonpreferred Providers – Repeal of Reporting Requirement and Termination Date](#), which seeks to remove the “sunset” on the assignment of benefits legislation passed in 2010 that allows doctors to be paid directly by Maryland regulated insurance companies, even when they are non-participating. Once again, MedChi is leading the fight to defend the cap on non-economic damages that it won in 2005, which currently restricts non-economic damages in medical malpractice cases to \$740,000. The cap proposed under [SB 789/HB 1009](#) would more than triple that amount if a judge ruled that a catastrophic injury had occurred. Extensive information is available on the [MedChi website](#) about bills they are following, testimony and position papers.

Bill introduction deadlines have now passed in both chambers, and legislative hearings are increasing. Further information is available on the [Maryland General Assembly website](#).

Sign Up for Maryland Prescription Drug Monitoring Program

MedChi has resources to help any physician sign up at no cost to Maryland's new Prescription Drug Monitoring Program (PDMP). The new Maryland PDMP is run by Chesapeake Regional Information System for our Patients (CRISP). Maryland launched the PDMP in late December allowing physicians to access valuable information to assist them in identifying patients at risk. Physicians will be able to access online information about their patients, allowing them to screening for substance use disorders, and make referrals for patients who need recovery and prevention services. The service should also help prevent dangerous drug interactions. Clinical access to PDMP data is provided by CRISP through their web-based query portal. CRISP also administers the statewide health information exchange (HIE).

Prescription drug abuse is a significant public health challenge in Maryland and across the country. In Maryland, over 40% of all overdose deaths that occurred between 2007 and 2012 involved one or more prescription opioids. If you are interested in signing up for this free service or learning more call Colleen George at 410-539-0872 or email CGeorge@MedChi.org.

From [February 10 MedChi News](#)

ACA Open Enrollment Ends March 31

Marylanders still without coverage have until March 31 to enroll in a health benefit plan at [Maryland Health Connection](#). Learn more about [plan options](#). [Resources](#) are available around the state. The [Tax Credit Tool](#) can help with decision-making. Those who tried and were unable to get coverage by January 1 can apply for retroactive coverage through the [Maryland Health Insurance Plan](#); the deadline is also March 31.

New Maryland Medicaid Rates in Effect

The Medicaid fee increases for mental health services that were proposed in October 2013 were adopted effective February 3, 2014. These rates are retroactive to July 1, 2013, so any claims for services on or after July 1 that were processed between then and February 3 can be resubmitted to receive the higher reimbursement. The fee schedules for various treatment services, as well as other details are available [here](#).

Objectives:

At the conclusion of the program, the participant will be able to:

- Implement evidence-based pharmacological therapies for bipolar depression as part of an individualized treatment plan for patients.
- Recommend nonpharmacological therapies as part of a treatment plan for patients with bipolar depression.
- List three co-morbidities frequently seen in patients with bipolar disorder.

About The Film

Life doesn't always go according to plan. Pat Solatano (Bradley Cooper) has lost everything -- his house, his job, and his wife. He now finds himself living back with his mother (Jacki Weaver) and father (Robert DeNiro) after spending eight months in a state institution on a plea bargain. Pat is determined to rebuild his life, remain positive and reunite with his wife, despite the challenging circumstances of their separation. All Pat's parents want is for him to get back on his feet-and to share their family's obsession with the Philadelphia Eagles football team. When Pat meets Tiffany (Jennifer Lawrence), a mysterious girl with problems of her own, things get complicated.

The Maryland Psychiatric Society is accredited by MedChi, The Maryland State Medical Society, to sponsor continuing medical education for physicians. The Maryland Psychiatric Society designates this continuing medical educational activity for a maximum of 3 *AMA PRA Category 1 credits*™. Physicians should only claim credit commensurate with the extent of their participation in the activity. **(Psychologists may use this for CE credit)**

This activity is approved for a maximum of 3 hours of Category I Continuing Education for **Social Workers** by the Maryland Board of Social Workers. **(Psychologists may use this for CE credit)**

The Maryland Psychiatric Society
Presents

Silver Linings Playbook:

A special movie & CME presentation

Saturday, March 22, 2014

5:30 pm-10:00 pm

The Conference Center at Sheppard Pratt - Towson, MD

Agenda

- 5:30-6:40pm Registration & Dinner
- 6:45-8:00 Viewing of "Silver Linings Playbook"
- 8:00-8:15 Break
- 8:15-9:15 Presentation by Scott T. Aaronson, M.D.

For more information about the film, or to view the film's trailer please visit:

<http://silverliningsplaybookmovie.com/>

Saturday March 22, 2014

**Tickets are \$60.00 for MPS Members and \$90.00 for Non-members.
FEES ARE NON REFUNDABLE.**

Please send checks to :
Maryland Psychiatric Society 1101 St. Paul Street Ste. 305, Baltimore, MD 21202
Questions? Call: (410)-625-0232

REGISTER AND PAY ONLINE! Click HERE

Name _____

Address (Please print clearly.)

Phone _____ E-Mail _____

Number of tickets requested _____ Amount enclosed \$ _____

**Please make checks payable to Maryland Psychiatric Society (MPS).
Tickets/Registration Fees are non-refundable.**

Please indicate if you have special dietary needs or require other special accommodations. Registration fee includes dinner, program material and CME/CEU credit.

Electronic Health Records

EHR Incentive Program: 2015 Payment Adjustments

Eligible professionals (EPs) participating in the Medicare Electronic Health Records (EHR) Incentive Program may be subject to payment adjustments beginning on *January 1, 2015*. CMS will determine the payment adjustment based on meaningful use data submitted prior to the 2015 calendar year. EPs must demonstrate meaningful use prior to 2015 to avoid payment reductions.

How your EHR Incentive Program participation will affect the 2015 payment adjustments:

If you began in 2011 or 2012 - If you first demonstrated meaningful use in 2011 or 2012, you must demonstrate meaningful use for a full year in 2013 to avoid the payment reduction in 2015.

If you began in 2013 - If you first demonstrate meaningful use in 2013, you must demonstrate meaningful use for a 90-day reporting period in 2013 to avoid the payment reduction in 2015.

If you plan to begin in 2014 - If you first demonstrate meaningful use in 2014, you must demonstrate meaningful use for a 90-day reporting period in 2014 to avoid the payment adjustment in 2015. This reporting period must occur in the first 9 months of calendar year 2014, and EPs must attest to meaningful use no later than October 1, 2014, to avoid the payment reduction.

Avoiding Payment Adjustments in the Future - You must continue to demonstrate meaningful use every year to avoid payment reductions in subsequent years.

If you are eligible to participate in both the Medicare and Medicaid EHR Incentive Programs, you must demonstrate meaningful use to avoid the payment adjustments. You may demonstrate meaningful use under either Medicare or Medicaid.

If you are only eligible to participate in the Medicaid EHR Incentive Program, you are not subject to these payment reductions.

For more information on EP payment adjustments, view the [Payment Adjustments and Hardship Exceptions Tipsheet](#) for EPs.

Visit the [EHR Incentive Programs](#) website for the latest updates on the EHR Incentive Programs.

New EHR Attestation Deadline March 31

CMS is extending the deadline for eligible professionals to attest to meaningful use for the Medicare EHR Incentive Program 2013 reporting year from February 28 to March 31, 2014.

This extension will allow more time for providers to submit their meaningful use data and receive an incentive payment for the 2013 program year, as well as avoid the 2015 payment adjustment. For details, please [click here](#) and then click on "New EHR Attestation..." under the Announcements heading.

Panel on EHR Meaningful Use Hears Complaints

CMS and the Office of the National Coordinator for Health IT have already [extended Stage 2](#) an extra year, through 2016, but the AMA and others are pressing the HHS Health IT Policy Committee [Meaningful Use Workgroup](#) for more substantive changes so more physicians can avoid financial penalties. As the Sept. 30 attestation deadline to avoid financial penalties in 2015 approaches for physicians who are new to the program, many physicians still are struggling to meet requirements for Stage 1. Among the organizations' chief complaints were:

- A lack of flexibility in the requirements to demonstrate meaningful use
- Shortcomings of EHR systems that make them less usable for physicians
- Failure of health IT vendors to supply required product upgrades on time

They are urging a focus on fixing the problems with the program's early stages before increasing the difficulty of requirements for Stage 3, scheduled to begin in 2017. The Health IT Policy Committee is expected to make its recommendations for Stage 3 by March.

Visit the AMA's [EHR meaningful use Web page](#) to learn more about program requirements and how to avoid penalties.

APA Information

APA's PsychPRO Member Benefit

Last summer, the APA launched *Psychiatry Resources Online (PsychPRO)*, a new member benefit that provides online access to product and mental illness education resources for physicians and their patients. PsychPRO is an on-demand, non-commercial and neutral marketplace focused on point-of-service resources for patient care. The site provides a single place to find a full array of available product resources, easy to search and easy to order, including:

- Patient education materials
- Product coupons, samples, and vouchers
- Product information
- Support resources from APA
- Patient assistance programs for each product
- Searchable database of US clinical trials
- Access to Surescripts-certified ePrescribing platform

PsychPRO is HIPAA compliant and meets the highest standard of internet security, SSL.

Surescripts and their web-based partners are required to adhere to new regulations that require that health care provider's identities and credentials are verified once per year in order to ePrescribe non-controlled substances. After the security verification is successful, the health care provider can use the username and password they set up through PsychPRO to ePrescribe. **There is now a \$20 annual fee for the required security processing.**

Please note that the resources on PsychPRO are all based on U.S. drug filings; therefore the ePrescribing service is only certified to operate under U.S. regulations for prescribers with U.S. based credentials (i.e. DEA, NPI, and/or U.S. State License.)

Check out this benefit by clicking "PsychPRO" under the [member benefit list here](#). You will need your APA login to access the information.

MedChi Archive Blog

The Center for a Healthy Maryland has created a [blog](#) using pieces found while searching the MedChi archives for a History of Maryland Medicine project. The posts range from 1800s and 1900s menus from special occasions, to biographies of some of MedChi's extensive collection of oil portraits, to the history of Baltimore and Medicine in Maryland, to late 1800s era medical advertisements.

APA Obtains 60-Day Halt to Optum Audits

After receiving member complaints about Optum's "Special Investigations Unit" audits and the manner in which these audits were conducted, APA challenged Optum's practice and has secured a 60-day stand-still on these audits during which Optum will help APA to understand the algorithms used to identify audit targets, documentation issues that Optum claims are problematic, and other issues that have arisen. If you are experiencing an audit with Optum and have not been notified of this stand-still, please contact hsfmail@psych.org.

Need to Meet MOC Requirements?

The ABPN has approved the APA Annual Meeting Self-Assessment for up to 8 hours of CME credit (and MOC Self-Assessment credit). You can take this test any time before the annual meeting, get credit, and identify areas where you may need to improve your knowledge. At the meeting you can attend the sessions that will help you "brush up" on your knowledge. Free to all registrants, and available [NOW](#).

APA MOC Resource

To assist members with the maintenance of certification (MOC) process, APA has posted a [summary](#) of the ABPN MOC requirements and a list of useful tools, as well as the ABPN schedule for phasing in various components of the MOC requirement based on the year in which a psychiatrist was originally certified. In addition, the document describes components and requirements of the Continuous Pathway to Lifelong Learning Program (CP-MOC) for diplomates certified or recertified in 2012 or later.

APA CME Offerings

APA's Division of Education is helping psychiatrists advance their clinical knowledge and expand their patient care skills with [new online courses](#). Many are available at no charge to APA members. Here's a sampling:

- CPT Coding and Documentation Update: 2013 CPT Coding Changes
- Clinical eFocus Series: Imaginary Friends and An Unhappy Man
- Cognitive Therapy and Psychodynamic Psychotherapy: More Alike Than Different?
- PIP: Clinical Module for the Care of Patients With Major Depressive Disorder
- Primary Care Updates for Psychiatrists

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:

March 11

Methadone and Buprenorphine: Clinical Impact of Drug Interactions

Elinore McCance-Katz, MD, PhD

Chief Medical Officer, Substance Abuse and Mental Health Services Administration

www2.gotomeeting.com/register/806461818

April 8

The Psychology of AA and Its Role in Clinical Care

Marc Galanter, MD

Director of the Division of Alcoholism and Drug Abuse, NYU

www2.gotomeeting.com/register/809088138

May 13

Managing Pain in Patients with an Addiction History

Janice F. Kauffman RN, MPH, LADC, CAS

Vice President, Addiction Treatment Services
North Charles Foundation, Inc.

Assistant Professor of Psychiatry, Harvard Medical School

www2.gotomeeting.com/register/566690482

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

Education Available on Preventing Opioid Overdose

For other ways to prevent the tragedy of overdose, watch the free APA-supported webinar, "[preventing opioid overdose with education and naloxone rescue kits](#)." Also, view a [post](#) on APA's Healthy Minds Blog, in which John Renner, M.D. and Frances Levin, M.D. focus attention on effective treatments for opioid addiction. Additional information on [medication-assisted treatment for opioid use disorders](#) appears in the current issue of *Psychiatric Services*.

From February 12 *Psychiatric News*

MedChi presents:

ER/LA Opioid REMS: Achieving Safe Use While Improving Patient Care

The FDA has approved a risk evaluation and mitigation strategy (REMS) for extended-release (ER) and long-acting (LA) opioid medications. The Collaborative on REMS Education, a multi-disciplinary collaboration of 10 partners and three cooperating organizations have designed a curriculum based on needs assessment, practice gaps, clinical competencies, learner self-assessment, with shared tools, resources and outcomes to meet the requirements of the FDA REMS Blueprint. MedChi is participating in this educational endeavor by offering two educational activities on **March 22** and **March 29, 2014**. While these activities are offered free of charge, registration is required. Please use the following links:

- March 22 Peninsula Regional Medical Ctr: [Register Here](#)
- March 29 Western Maryland Health System: [Register Here](#)

For more information or registration contact:

MedChiCME@medchi.org, or call 410-539-0872 ext. 3307.

Acknowledgement:

Presented by the MedChi, The Maryland State Medical Society, a cooperating member of the Collaborative on REMS Education (CO*RE) interdisciplinary organizations working together to improve pain management and prevent adverse outcomes.

RPC Commercial Support Disclosure Statement:

This educational activity is supported by an independent educational grant from the ER/LA Opioid Analgesic REMS Program Companies (RPC). Please see www.er-la-opioidREMS.com for a listing of the member companies.

This activity is intended to be fully-compliant with the ER/LA Opioid Analgesic REMS education requirements issued by the US Food & Drug Administration (FDA).

Accreditation Statement:

MedChi, The Maryland State Medical Society is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Designation Statement:

MedChi designates this live activity for a maximum of 4 *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

SAMHSA App for Disaster Responders

The Substance Abuse and Mental Health Services Administration (SAMHSA) released a smartphone app with behavioral health information and resources for responders providing support to survivors of disasters. The [SAMHSA Disaster App](#) is available in iPhone/iPad, Google Android, and Blackberry versions. Content includes brief refreshers on psychological first aid, suicide prevention, disaster mental health, and self-care. One section discusses the special aspects of working as part of emergency operations following terrorist events. All sections contain links to more extensive information on SAMHSA and other websites.

From February 12 *Psychiatric News Alert*

Medicare News & Updates

Improper Payments Identified for Part B Psychiatry and Psychotherapy Services

The CMS Comprehensive Error Rate Testing (CERT) review of claims for Medicare Part B Psychiatry and Psychotherapy Services identified many improper payments. The [MLN Matters® SE1407 Article](#) that was published to address this problem has since been rescinded and will be posted again when revisions are complete. Originally, the article summarized billing for Psychiatry and Psychotherapy Services with Healthcare Common Procedure Coding System (HCPCS)/ Current Procedural Terminology (CPT) codes and noted that the main error identified with the revised psychiatry and psychotherapy codes is the failure to document the time spent on the evaluation and management (E&M) service separately from the time spent on the add-on psychotherapy service.

CMS Adds Quality Measures to Medicare's Physician Search Site

CMS announced that quality measures will be added to its [Physician Compare](#) website. Five quality measures related to treating patients with diabetes and heart disease now will be included in search results for patients who are looking for Medicare-enrolled physicians. Ratings for physicians and other health care professionals who participate in the Medicare program will be displayed using stars alongside the actual percentage score. In the first year of reporting, ratings will be listed for 66 group practices and 141 accountable care organizations. The site already includes information about the specialties of doctors and group practices, as well as board certifications and hospital affiliations. CMS has stated it can take up to four months to correct a physician's profile information on the website, raising concerns about how reliable the information can be when patients are using it as a tool to make medical care decisions.

From a [February 25 AMA Wire post](#)

Outpatient Sleep Studies

Novitas has posted a notice that Local Coverage Determination for [Outpatient Sleep Studies \(L27530\)](#) will become effective on March 27. This revision includes Medicare coverage guidance, coding and general information.

New Medicare Coverage Ruling for PET Imaging

Effective for dates of service on or after September 27, 2013, Medicare will no longer cover Positron Emission Tomography (PET) for patients with dementia or neurodegenerative disease because CMS has found insufficient evidence to conclude that PET A β imaging improves their health outcomes. However, PET A β imaging could be promising in certain scenarios, so Medicare will only allow coverage for one PET A β scan per patient through coverage with evidence development (CED). Please see the [February 6 MLN Matters](#) for more details.

New Standards for Electronic Funds Transfers

APA is advising members that new federal standards under the Affordable Care Act will govern how health insurers conduct electronic transactions with physicians. Currently about one out of three payments across the industry are conducted electronically, and CMS forecasts that insurers' reliance on electronic funds transfers (EFT) will increase because electronic transactions offer physicians an alternative that both avoids costs involved with receiving insurance payments by virtual credit cards and allows them to take advantage of the fact that insurers are required to offer payments through EFT. The AMA has prepared [free toolkits](#) to help physicians take advantage of [efts](#) and [electronic remittance advice](#) that will help physicians take advantage of the change in rules.

From February 12 *Psychiatric News*

Rules for Health Care Electronic Funds Transfers

CMS has issued [article MM8619](#) and [article MM8629](#) that clarify changes in payments for Medicare claims that will be effective July 1. The payment information that a provider receives or that is transmitted from a provider's financial institution regarding the health care EFT payment may change. Health plans must transmit a trace number that allows providers to re-associate the EFT health care payment with its associate electronic remittance advice. Billing staffs and services should be made aware of these changes. Please contact your financial institution directly in order to understand the form in which payment information will be transmitted.



SPRING GROVE HOSPITAL CENTER PSYCHIATRISTS

Spring Grove Hospital Center (SGHC), a Maryland State Facility, is recruiting staff psychiatrists in Catonsville, a suburb of Baltimore, (recently ranked by Money Magazine as one of the top American cities in which to live).

Our psychiatric patient population is an interesting forensic and civilly committed group housed in treatment units on our 200 acre campus. Our practice includes consultation with psychiatric experts on campus with the Maryland Psychiatric Research Center (MPRC).

Adjustable work schedules are negotiable. Continuing medical education (CME) is organized on site to meet Maryland's Category 1 requirements. First after hours on call is provided by medicine rather than psychiatry. Monthly salaries for board certified psychiatrists are up to \$16,500 and \$15,340 for board eligible psychiatrists.

Benefits: Healthcare includes medical, vision, dental, and prescription plans. Other benefits include guaranteed income retirement; malpractice indemnification; tax deferred contributions of up to \$35,000 per year; 12 paid holidays; generous sick leave; 6 paid personal days; paid vacation up to 5 weeks per year; and options for disability are available.

Interested candidates, please visit www.dbm.maryland.gov for an electronic State application for Physician Clinical Specialist or Physician Clinical Staff position.

Kelley Phillips MD MPH Clinical Director
55 Wade Avenue - Catonsville, Maryland 21228
410-402-7596 (phone)
410-402-7038 (fax)
EOE

Adult/General Psychiatrist (M.D.) (fulltime) MedStar Good Samaritan Hospital

Educational Requirements: Completion of an approved psychiatric residency and Board Certified/Board Eligible in Psychiatry.

Experience: Experience in working with general adult psychiatric patients, and in providing psychiatric consultation to general hospital medical/surgical inpatient units.

Job Description: The Division of Psychiatry of MedStar Good Samaritan Hospital is expanding psychiatric services under the leadership of Elias K. Shaya, M.D. We are recruiting a full-time Psychiatrist whose time will be divided between office-based outpatient treatment and consultation to inpatient medical/surgical units of Good Samaritan Hospital, as well as teaching students and residents. Research opportunities will also be available and encouraged, if interested.

Our Psychiatrist will be supported by an excellent administrative staff and will collaborate with an experienced team of Social Worker/ Psychotherapists, Nurse Practitioners and other Psychiatrists. For more information, contact Ed Matricardi, LCSW-C, Operations Director, at 443.444.2237.

Position Benefits (for full time): Highly competitive compensation package including 25 PTO days, 6 Holidays, 3 Personal Holidays, a comprehensive medical plan with prescription, vision and dental coverage. Benefits also include short-term and long-term disability plans, a 403(b) retirement plan with company match, as well CME allowance.

Annual Salary:
Matches experience.

Start Date: As soon as credentialing is completed.

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

PSYCHIATRIST F/T or P/T: well qualified, personable psychiatrist interested in working with geriatric/medically ill patients in long-term care facilities in the Frederick area. Flexible schedule. Excellent pay. Growth opportunity with expanding consultation practice. E-mail CV to: nramesh@pgs-nhcare.com mail to: Psych Geriatric Services LLC.

Adult psychiatrist needed for contract work as consultant for busy private practice in Severna Park, MD. No overhead, scheduling, billing. Set your own hours and negotiated hourly rate. Friendly staff, newly renovated office suite. Contact Dr. Driscoll at babh1@verizon.net or call 410-315-7864.

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 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.

STAFF PSYCHIATRISTS - LifeBridge Health, Department of Psychiatry, is currently seeking **psychiatrists** to supplement our **weekend inpatient coverage pool** for Sinai Hospital of Baltimore and Northwest Hospital Center. Psychiatrist is responsible for Sat-Sun rounding on adult psychiatric inpatients and occasional ED or General Hospital consultation. No call responsibilities or nighttime coverage required. Very competitive compensation schedule based on actual services rendered. Contact Samuel E. Adler, M.D., Psychiatrist-in-Chief, LifeBridge Health, 2401 West Belvedere Avenue, Baltimore, MD 21215. Fax: (410) 601-4458.

AVAILABLE OFFICE SPACE

TOWSON: Spacious private office in suite with established psychotherapists. Windows open, great views, beautiful space, enclosed balcony, upscale building. Cross-referral encouraged. Prof., relaxed atmosphere. Handicapped accessible. Call Marjorie 410-913-3565.

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

FREE Physician Boot Camp & Trade Show

On **Thursday March 13 from 5:30-8:30pm** MedChi, the Baltimore City Medical Society, and the Baltimore County Medical Association will present "Physician Boot Camp and Trade Show." This **FREE** event will be held at the North Baltimore Plaza Hotel, 2004 Greenspring Drive, Timonium, MD 21093. Bring your office staff and join your colleagues for an evening of learning and networking. Food will be provided, and you don't have to be a MedChi member to attend. Breakout Sessions include:

- CRISP HIE how-to's
- ICD-10 preparedness
- Practice metrics

For more information or to register: <http://www.medchi.org/expo> or call 410-539-0872 x3308.

Call me for a quote.

Medical professional liability policies can vary widely from one company to the next. It is important for psychiatrists to know the full – and accurate – story on a policy. Whether it is reviewing the difference between occurrence and claims-made policies or explaining how another policy might leave the doctor with an uninsured risk, I have done my job when I help psychiatrists evaluate their options to make the right choice.



Richard Stagnato
Account Manager

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

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professional liability insurance.



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