



MPS NEWS

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Editor: Heidi Bunes

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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 on Tuesday, November 12th at 8PM in the MPS office.

President's Column

The Wonderful World of MPS

I had the pleasure of attending the annual MPS Committee Chairs Meeting this past month. The MPS remains a vibrant and evolving organization that responds to changes in our field as well as changes in health care policy. We are dependent on our members and their contributions to our committees to remain vital.

I would like to highlight a few committees and encourage MPS members to participate:

1. The Legislative Committee is the key-stone of the MPS. Chaired with panache by Jennifer Palmer, the committee reviews all bills submitted in the Maryland House and Senate, picking those that have the potential to impact the care of patients with mental health issues or psychiatrists' ability to treat them. They follow about 300 bills per year and arrange testimony for a couple of dozen. They work closely with our lobbying representatives to craft thoughtful responses to legislation. With lots of activity this year and next to create a new health care delivery system, to review and possibly revise current involuntary commitment laws, to revise gun control laws, and to more reliably protect victims of abuse, the committee will need more support from our members. This committee offers a terrific opportunity for members in training and early career psychiatrists to learn about the government interface with psychiatry and participate in a dynamic process. The new legislative session starts in January.

2. The Editorial Advisory Board is responsible for our award winning publication *The Maryland Psychiatrist*. Nancy Wahls has graciously agreed to provide leadership for this committee and Bruce Hershfield, a long time Board member, has offered his support as Senior Editor. As always, they will be looking for contributions from members. Here too, we particularly welcome the efforts of our junior colleagues and the Board is happy to provide editorial assistance to new contributors. We will also investigate being able to provide CME credits for the high quality articles printed in this publication.

3. Our Early Career Psychiatrists (ECP) Committee is led by Margo Lauterbach, who has been working on a program to help members with their Maintenance of Certification. Another critical task for this group will be to help retain ECPs as members of MPS.

4. The Payer Relations Committee, led by Kim Jones-Fearing and Laura Gaffney, assists members with concerns about third party insurers. In a time when the number of Maryland residents eligible for health insurance will increase dramatically, the work of this committee becomes all the more critical and support from our members is urgent.

5. The Academic Psychiatry Committee is chaired by Bob Roca, who had the inspired idea to recognize the scholarly works of MPS members. Please join our effort as we develop a program to identify the best papers written each year by MPS members. There are plans for separate awards for papers by members in training, junior faculty and senior faculty.

(Continued on next page)

6. The Membership and Recruitment Committee led by Susan Lehmann is always looking for new members, both for our organization as well as the committee. It provides a great opportunity to keep in touch with fellow members. Please also help to retain existing members as well as attract new ones.

7. The Program and CME Committee chaired by Neil Sandson has been actively running many programs to educate members and the broader psychiatric community about CPT coding and the new DSM-5. Soon it will be scheduling seminars on the Affordable Care Act. If there are CME topics you would especially like, let us know, or better yet join our group. This was the committee that started my activities with the MPS.

8. The Book Club, created and led by Lisa Beasley, is one of our newest and most successful groups. While functioning mostly as a social opportunity, it meets five times a year to discuss the book of the month. The success of the book club may lead to the creation this year of a movie group. Join us.

Please [see page 4](#) of this issue (or look at the MPS directory) for a list of all our committees and contact the chairs or MPS staff to join. We would love to have 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.

Brittney S. Boykin, M.D.
Leah Fegan, M.D.
Ashli Gamber, M.D.
Charles E. Koransky, M.D.
Michael B. Moore, M.D.
Dina Marie Sztejn, M.D., M.P.H.

APA Members Transferring to Maryland

Bindu P. Koshy, M.D.
Rachna S. Raisinghani, M.D.

Electronic Health Record Special Alert

Physicians and staff must be aware of changes with Electronic Health Record (EHR) vendors. Two examples are listed below and they are part of a larger pattern. Use caution and perform adequate due diligence prior to entering a legal relationship with any vendor. If you would like to speak with someone about any of these issues, contact MedChi Network Services at 888-507-6024, or info@medchiservices.org.

Allscripts has discontinued MyWay, their primary EHR offering for practices with fewer than 10 physicians. In its place, the company is charging physicians to upgrade to their Professional Suite, a more complex EHR designed for large practices. MedChi is determining the appropriate course of action as the state's chief physician advocate. We ask Maryland physicians who purchased Allscripts MyWay to contact us immediately at 888-507-6024, or info@medchiservices.org, so we may formulate an appropriate response.

Practice Fusion is a free, web-based EHR that generates revenue through advertising and secondary data use. Recently, they began automatically sending an email to patients whenever a progress note is created. This email, which looks as though it came directly from the physician, is a customer satisfaction survey allowing patients to rate and review their physician. If you are a Practice Fusion user, we recommend that you review their patient communication policies and disable any services that you disagree with.

Delegate Dan Morhaim, M.D., wrote an [op-ed piece in the Washington Post](#) on electronic medical records that, along with some of the posted comments, speaks to these EHR problems.

From October 7 *MedChi News*

Jamison to Offer Lecture on Jerome Frank

To celebrate a century of psychiatry at Johns Hopkins, a [special lecture series](#) highlights people, ideas, and work that distinguish and define the Department of Psychiatry and Behavioral Sciences. [Kay Redfield Jamison, Ph.D.](#), will present

HEALING THROUGH WORDS
Jerome Frank and Psychotherapy at Johns Hopkins

Thursday, November 21, 2013 from 5 - 6 PM
Zayed Auditorium - Chevy Chase Conference Center,
Concourse Level - Sheikh Zayed Tower

October 8 MPS Committee Chairs Meeting Highlights

In opening remarks, Dr. Aaronson discussed the importance of committees as a resource for MPS action in specialized areas, as well as a starting point for future MPS leaders. Committee chair responsibilities include interacting and exchanging information especially with the MPS Executive Committee. Strong ties continue among MPS committees, especially Legislative, Forensic Psychiatry, Public Psychiatry and Child and Adolescent Psychiatry, during the General Assembly. Other responsibilities include writing articles for *MPS News* and grooming a successor. The following summary of the committee reports is in alphabetical order, not the order of presentation.

Academic Psychiatry Committee - Robert Roca, M.D., Chair

In an effort to create an environment that encourages the submission of scholarly works and articles, Dr. Roca would like the Academic Psychiatry Committee to discuss mechanisms, awards/recognition and publication of such articles. This is an outgrowth of a discussion at the last Area 3 meeting. All DBs are to encourage to promote research activities and papers that are developed in both public and private practice. Residents, junior and senior faculty and private practice psychiatrists will be encouraged to participate. Articles could be considered for publication in *The Maryland Psychiatrist*. This concept met with general approval, especially from the new *TMP* Editor, Dr. Wahls.

Book Club - C. Elizabeth Beasley, M.D., Chair

Dr. Beasley explained the overwhelming participation in the MPS Book Club. The group meets five times a year, rotating to different participants' homes. They have refreshments and discuss the selected book for that meeting. Dr. Aaronson asked her to submit an article to the *MPS News* including meeting dates, locations and the selected book titles. This may encourage other MPS members to participate.

Child and Adolescent Psychiatry Committee - Robert K. Schreter, M.D., Chair

Dr. Schreter continues to serve as a liaison between MRCCAP and the MPS. Dr. Meena Vimalananda is the MRCCAP representative to the MPS Legislative Committee regarding legislation that impacts children and adolescents. Efforts for more outreach with MRCCAP will continue.

Disaster Psychiatry Committee - Eduardo Espiridion, M.D., Chair

Dr. Espiridion has participated in the APA disaster psychiatry listserv corresponding with other District Branch chairs regarding the common goal of disaster relief. Dr. Espiridion stated that he should be able to form a network of psychiatrists to lead MPS relief efforts for any future disasters in Maryland.

Distinguished Fellowship Committee - Neil Warres, M.D., Chair

Dr. Warres stated that the Distinguished Fellowship Commit-

tee remains active performing the enviable task of identifying MPS members most worthy of this national honor. It is always remarkable to learn about the impressive accomplishments of our MPS members.

Diversity Committee - Stephanie Durruthy, M.D. & Gayle Jordan-Randolph, M.D., Co-Chairs

Planning is underway for 2 to 3 meetings annually that would explore the cultural diversity of our population. A book would be selected that is representative of a culture, participants would meet at a restaurant of that culture, and possibly Skype the author into the meeting (if available) to discuss the book.

Early Career Psychiatrists Committee - Margo Lauterbach, M.D., Chair

As the new chair, Dr. Lauterbach reported that committee efforts will center on Maintenance of Certification (MOC). In conjunction with the other four Area 3 DBs, the MPS has applied for an APA grant for MOC education and training.

Editorial Advisory Board - Nancy Wahls, M.D., Chair and Editor

Dr. Wahls, the newly appointed Editor of *The Maryland Psychiatrist*, will be assisted by Dr. Bruce Hershfield who will serve in a senior editor capacity. The Editorial Board will plan 3 electronic issues. Dr. Wahls will explore the possibility of offering CME credits for articles that would be published online with testing before and after reading the article. This was considered challenging but will be examined with staff. The usual topics will be continued. Junior faculty and residents at both Hopkins and University of Maryland will be actively recruited to contribute articles, coinciding with activities planned by the Academic Psychiatry Committee.

Ethics Committee - Joanna Brandt, M.D., Chair

The Ethics Committee meets twice a year. Ethics recommendations for each case are approved by the MPS Council before final recommendation to the APA.

Forensic Psychiatry Committee - Anne Hanson, M.D., Chair

This committee will continue to coordinate with the Legislative Committee during the 2014 General Assembly. Dr. Hanson plans to have the committee meet in the near future.

Geriatric Psychiatry Committee - Marsden McGuire, M.D., Chair

Dr. McGuire will conduct a series of meetings to discuss end of life issues, availability of geriatric services in conjunction with the Affordable Health Care Act, and activities that other Maryland geriatric organizations are pursuing. He will also seek a successor to chair the committee. Dr. Roca suggested that he network with the academic organizations as well.

Legislative Committee - Jennifer Teitelbaum Palmer, M.D., Chair

Dr. Palmer will email past bill reviewers to solicit their interest for the 2014 General Assembly. Training for the LAC Forum Board will be available. The relationship with our lobbyist, Harris Jones and Malone, will be continued. Close to 300 bills were reviewed last year with letters and testimony was provided on over 20 bills. The MPS continued a close association with MedChi in reviewing proposed legislation and providing testimony. Participation from other MPS committees strengthens the input that MPS gives in the legislative process.

Membership and Recruitment Committee - Susan Lehmann, M.D. & Sally Waddington, M.D., Co-Chairs

The committee is extremely active and works to retain members on the APA and MPS dues drop lists. Potential programs for recruiting Residents and ECPs are being developed in addition to continuing the focus on member retention. Annual events for new Residents and Fellows are scheduled at the Psychiatry Departments at Hopkins and University of Maryland. If available, APA grants will be considered for 2014 to assist in committee efforts.

Payer Relations Committee - Laura Gaffney, M.D. & Kim Jones-Fearing, M.D., Co-Chairs

This committee meets regularly to assist members with concerns, for example, meetings with Blue Choice [see p. 7 for [CareFirst response](#)] and Optum Behavioral Healthcare have been held to discuss billing issues, CPT coding and utilization review, statistical methods for these reviews and claim rejection. The Committee plans more information meetings this year, and will invite MPS members to attend.

Program and Continuing Medical Education Committee - Neil Sandson, M.D., Chair

Numerous educational trainings were conducted for CPT Coding and DSM 5 over the past 12 months. Updates for these two subjects will be scheduled when appropriate. The committee is planning for the 2014 Spring Symposium.

Public Psychiatry Committee - Ann Hackman, M.D., Chair

A committee meeting is planned before the end of the year. The DHMH meeting of public community mental health should help in connecting with psychiatrists in the public sector. Dr. Hackman will provide input from the committee to the MPS Legislative Committee for public health issues that are the subject of legislation. She agreed to develop articles for *MPS News* on public sector psychiatry.

Residents and Fellows Committee - Lori Schwartz, M.D. (UM) & Helen Bellete, M.D. (JHU) Co-Chairs

Luncheon programs are being planned for recruitment of residents at both campuses. MPS leadership, the MPS Membership Committee and faculty will attend. The Membership Committee will work with Residents and Fellows to encourage more participation in MPS activities.

2013-2014 MPS Committee Chairs

Academic Psychiatry	Robert P. Roca, M.D., M.P.H. RRoca@sheppardpratt.org (410) 938-4320
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Disaster Psychiatry	Eduardo D. Espiridion, M.D. edjen19meg@gmail.com (301) 791-2660
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IMPORTANT: Are Your Directory Listings Correct on the Maryland Health Insurance Exchange?

Calls to the MPS patient referral service amply illustrate that many Maryland insurers have inflated provider directory lists, resulting in a complicated, arduous effort for policy holders to access their insurance coverage for mental health treatment. As Steve Daviss, M.D. noted on the MPS listserv, his “office received these calls daily from frustrated, even tearful, patients who were calling all down the list, getting turned down many times (‘our doctors just see inpatients,’ ‘she doesn’t come here anymore,’ etc.). Where it hurts us is that the payers have a directory that looks like it has enough providers in it, but it does not. By exposing this deception and requiring that they reflect reality, it would force the payers to be more conciliatory to providers to get us to participate, reducing burdensome red tape, paying faster and at market prices.”

EVEN IF YOU DO NOT PARTICIPATE, look in the provider directory for the Maryland insurance exchange created under the ACA to see if you are listed. The Maryland Health Connection Provider Directory allows you to search by name, by location, or by the type of provider. People are using this directory search to decide what plans to sign up for under the health reforms that began in October. The Maryland exchange states, “The search results will show you in which health plans a provider participates to help you make an insurance coverage decision.” It also includes the disclaimer, “please note that the Provider Search results rely on information submitted to us by health insurance carriers.”

The direct link to the provider directory is: <https://providersearch.crisphealth.org>. If you don't find your name, try just your last name and click Search. According to Dr. Daviss, the directory can be persnickety about spelling so you can also just put in Psychiatry and look through all the psychiatrists listed. At the bottom of the search page is a request, “If you notice any problems with the Provider Search site please let us know by sending an email to providersearch@crisphealth.org.” Some members have used this to notify the exchange about errors in their listing. Plan directories are being updated.

Dr. Daviss is working with [CRISP](#) to improve the accuracy of the directory, which will help everyone in the long run. He is conducting a survey to get an estimate about how accurate the Maryland Health Insurance Exchange’s provider directories are. The ACA requires the exchanges to indicate whether the provider is accepting new patients so **your participation is encouraged**. Here is the link to [Dr. Daviss’s survey](#) (<http://bit.ly/mdexchange>). He reports that there will probably be a story in the *Wall Street Journal* this week addressing this issue, and that WYPR is also working on something, so please take action now.

Here is what some of your colleagues have found after looking themselves up:

- “...listed on the Exchange but incorrect office location. Listed with 17 products. Only participate with 4...”
- “...listed at two locations and 26 products. Only one of the locations is correct, and none should be listed as I am not accepting outpatients at this location...”
- “#1 - It listed me as being a provider for Dominion Dental Services; #2 - the location that they list ... shut down Child Psych. Services in 2006 #3 - ...listed under Psychiatry and not Pediatric Psychiatry. I have not been paneled under any insurance since 2005.”
- “I am not listed, but I saw names of colleagues that I know have moved out of state.”
- “I am listed as being in 17 plans but I have not been in any plan for 11 years.”

Medicare News & Updates

Deadline Near for Avoiding Medicare Penalties

Psychiatrists have until December 31 to begin participating in Medicare's Physician Quality Reporting System (PQRS) if they want to avoid a future penalty on their Medicare reimbursements. Clinicians only have to report one quality measure (out of the 259 that have established) for one Medicare patient by the end of this year to avoid a 1.5% penalty on their reimbursements beginning in 2015.

Several of the measures are relevant to the care psychiatrists often provide. Among these are five concerned with depression treatment and four related to substance-use screening. Other measures are not specifically psychiatry related but refer to CPT codes that psychiatrists use. The APA has posted detailed information about the [PQRS](#), including links to sample forms for reporting quality measures to Medicare.

From October 3 *Psych News Alert*

For more information, visit the [How to Get Started page](#) on the PQRS website for step-by-step instructions on how to participate. QualityNet Help Desk is another resource that is available Monday through Friday from 7am until 7pm CT to answer questions about PQRS. Call 866-288-8912 (TTY: 877-715-6222) or email Onetsupport@sdps.org.

Maryland Health Connection Update as of October 23

Interest in [Maryland Health Connection](#), the insurance marketplace for Maryland, remains strong, and participation is growing. Although Marylanders can use the system now, the user experience should continue to improve in the weeks ahead. Feedback from users is sent to the technical team working to improve the site. The Consumer Support Center is also available to assist consumers toll-free at 1-855-642-8572 on Saturday until 6 pm and Sunday 8 am until 2 pm.

- A new “[Prepare for Enrollment](#)” page allows visitors to review health plans, including Qualified Health Plans and Managed Care Organizations, and review rate estimates.
- The [Provider Search Tool](#) allows consumers to search for a doctor and find out the plans in which their doctor participates. [See important [article on page 5.](#)]
- In addition, the [Consumer Information Update](#) page includes important notices that should be reviewed, including advice on how to navigate some of the problems with the website.

The [October 23 AMA Wire](#) reports that patients can check out an [online calculator](#) from the Kaiser Family Foundation to get a rough estimate of how much health insurance may cost them in 2014. There is also a [search tool](#) to find health plan cost information based on the patient's area.

Open Enrollment period runs until March 31, 2014. Individuals have until December 18 to sign up for health coverage that will start January 1, 2014.

The following Maryland Health Connection data covers October 1 through October 23:

- Unique website visitors: 308,475
- Calls to call center: 33,380
- Accounts created with verified identity: 40,198
- Account-holders who have received eligibility determination for their household: 27,204
- Enrollment: 3,186
- Marylanders to be Automatically Enrolled in Medicaid Expansion, as of September 2013: 82,473
- Sum of New and Automatic Enrollment, above: 85,659.

Insurance Coverage Deadline Extended

On October 28, the Obama administration officially announced a policy change extending the deadline for obtaining health coverage by six weeks. Those who sign up by March 31 will not face a penalty. Previously the deadline was the middle of February to guarantee that processing could be completed so that coverage would begin March 1, which would avoid fines for being uninsured. The extension is granted for 2014 only. It allows extra time for the health exchanges to get up to speed, and also addresses confusion stemming from the administration's first open enrollment period under the law, which has been stated as October 1-March 31.

New Identification Badge Law Began October 1

Beginning October 1, a new Maryland identification badge law requires every healthcare practitioner to wear a name badge while treating patients in a physician's office, urgent care facility, or freestanding ambulatory care facility. This badge must clearly display the name and license held by the practitioner. Healthcare practitioners must wear this badge at all times when caring for patients, except when in a surgical field or other sterile environment, or if in solo practice where the name of the practitioner is clearly visible on office signage. Violations will be reported to the practitioner's licensing board.

From September 30 *MedChi News*

2014 HMO Payments to Maryland Non-Participating Providers

The Maryland Health Care Commission (MHCC) has released the minimum allowed 2014 HMO Payments to Non-Participating Providers. Maryland law requires the MHCC to determine the minimum rates that must be paid for E&M services as defined by CMS. Carriers are required to pay the minimum of 140% of these rates to non-contracting (non-trauma) providers who provide a covered evaluation and management service to an HMO patient. In 2013, CMS recognized new CPT codes for behavioral health evaluation and management codes. For the new codes, MHCC used the 2013 Medicare Fee Schedule fee levels multiplied by 140 percent. For more details review this [webpage](#). MHCC has posted in an Excel file with separate worksheets for each of the Medicare localities in Maryland – Baltimore Metro, National Capital, and Other Maryland. Click here for the minimum [2014 HMO payments](#). Any future updates to the payment figures will also appear on the website.

CareFirst and Magellan Behavioral Health Resources

[This article was submitted last month by Robert Ciaverelli, M.D. in response to questions raised at the March 25, 2013 Payer Relations Committee meeting. It has been edited for length. For a copy of the complete article, please email khummel@mdpsych.org.]

While those of us committed to behavioral health welcome society's increased focus on mental wellness and making treatment readily available to those in need, we do so in a dynamic political landscape and challenging fiscal environment. This article is intended to help bring you up-to-speed on Mental Health Parity and 2013 CPT® Code changes, as well as provide the tools necessary to effectively work with CareFirst.

Understanding Parity

The Federal Mental Health Parity law requires group health plans with more than 50 employees that offer mental health or substance use benefits (MH/SA) to provide coverage for those benefits under the same terms – or better than the terms – for which they provide medical/surgical coverage. The law does not mandate MH/SA benefit coverage. Financial requirements (such as copayments and deductibles) and treatment limitations (caps on inpatient days or outpatient visits) that apply to MH/SA benefits must be no more restrictive than the *predominant* financial requirements or treatment limitations that apply to substantially all medical/surgical benefits.

2013 CPT Code Changes

The AMA issued major changes to behavioral health CPT codes for dates of service on and after January 1, 2013. Magellan invoked a multi-pronged approach to reach and educate providers on these CPT code changes well in advance of the 2013 implementation. Much of this information, including frequently asked questions (FAQs), a CPT code crosswalk, provider presentation and recorded webinar can be found on Magellan's [CPT Code Change](#) page, located on its [provider website](#) under "Getting Paid," and also under "HIPAA." As needed, articles are featured in [Provider Focus](#), Magellan's quarterly provider newsletter, to address provider questions or concerns around implementing the changes. Please see [What You Need to Know About CPT Code Changes](#) in Magellan's Winter 2013 issue for the latest installment.

Resources for working with CareFirst

CareFirst Direct, an online application that allows registered users to make free, unlimited eligibility, benefit and claims status inquiries, is located on the CareFirst Provider Portal (requires provider login): <https://provider.carefirst.com/wps/portal/Provider>. Under CareFirst Direct, providers have access to Electronic Remittance (835) data for assistance with accounts receivables. Provid-

ers can search across all National Provider Identifiers (NPIs) within the tax ID under their user ID to locate remittance checks back to January 2012. Participating providers also have the ability to navigate and browse throughout the provider portal. Non-participating providers can call the number on the back of the member's ID card to get eligibility, benefits and claims status. If you can't find the information you need, follow the prompts to get to a customer service representative.

The [CareFirst Provider Website](#) is a one-stop shop for tools and information on policies and procedures, claims processing and contact information. [BlueLink](#), CareFirst's bimonthly administrative provider newsletter for participating practitioners and their office staff, covers topics that could impact your daily practice. [Phone numbers & addresses](#) for your CareFirst Representative or for relevant service numbers and claims mailing addresses are essential. [Medical Policies](#) and operating procedures for all products offered by CareFirst can also help.

This information provided by CareFirst BlueCross BlueShield, an independent licensee of the BlueCross BlueShield Association. Magellan Behavioral Health is an independent company that manages the MH/SA services to CFBCBS members.

New Study on Physician Satisfaction

Being able to provide high-quality health care is a primary driver of job satisfaction among physicians, and obstacles to quality patient care are a source of stress for doctors, according to a new [RAND Corporation study](#) that can be ordered or read online. The [AMA worked with the RAND Corporation](#) to produce the report, "Factors Affecting Physicians Professional Satisfaction and Their Implications for Patient Care, Health Systems and Health Policy," which expands on other sources of satisfaction and discusses how electronic health records have impacted satisfaction, among other findings.

Medical Record Copying Charges

Maryland law allows physicians to charge fees for copying medical records. Check [here](#) for inflation adjustments.

- 76 cents for each page of the medical record, and
- Actual cost of postage and handling.
- Preparation fee of \$22.88, if the records are sent to another provider (not to the patient).

A provider may not refuse to provide the records because of unpaid fees for medical services.

ICD-10 Deadline October 2014

Beginning October 1, 2014, physicians and their office staff will have to contend with about 68,000 outpatient diagnostic codes in place of the 13,000 codes used under the ICD-9 code set. Experts say physicians who have not begun preparations for ICD-10 should do so now. Among the many changes that may be required are:

- Upgrading billing, claims processing and electronic health record software
- Revising forms and coding support tools
- Training staff
- Updating payer contracts and fee schedules
- Identifying coverage changes
- Testing updated systems
- Stockpiling cash reserves to preserve cash flow

As of October 1, 2014, services that are not coded in ICD-10 will be rejected and go unpaid.

Physicians can find aids for making the transition on the AMA's [ICD-10 Web page](#). Free resources include answers to frequently asked questions, a 12-step action plan, a checklist and a project plan template.

From [October 2 AMA Wire](#)

New ICD-10 Implementation Guide

The web-based [CMS ICD-10 implementation guide](#) includes a basic overview of ICD-10 as well as step-by-step guidance on how to transition to ICD-10 for small/medium practices, large practices, small hospitals, and payers. Users can easily navigate to information that is most relevant to them—wherever they are in the implementation process. The online guide also includes links to resources and other tools to help with the ICD-10 transition. Visit the [ICD-10](#) website for latest news and resources to prepare for the **October 1, 2014 deadline**.

SAMHSA Report on Integrated Care for Youth

The report, titled "[Integrating Behavioral Health and Primary Care for Children and Youth: Concepts and Strategies](#)," is designed for community behavioral health and health centers to learn an approach to delivering care that comprehensively addresses the primary care, specialty care, and social support needs of children and youth in a continuous and family-centered manner. It includes models of organizing service delivery, core competencies, and financing mechanisms that support integrated care systems for children with behavioral health problems.

From October 2 *Psychiatric News*

APA Information

APA Updates HIPAA Compliance Manual

The deadline for compliance with the revisions to HIPAA was September 23. If your practice isn't up to date yet, the updated APA *HIPAA Privacy Rule Manual, a Guide for Psychiatric Practices* can help. The manual includes step by step instructions, checklists, template forms and patient notices, frequently asked questions, a thorough explanation of the regulations, and cross references to useful APA developed materials on issues including treatment of psychotherapy notes and 'minimum necessary' disclosure standards. The manual is a free benefit for members. Along with other HIPAA resources, it can be found at: <http://www.psychiatry.org/hipaa/>. [APA login and password are required.]

Area 3 Launches First APA Area Website

Area 3 has created a [website](#) to serve the APA members of Area 3 and their District Branches (DBs). The interactive site will provide resources, highlight activities of the Area 3 DBs and Assembly Allied Organizations, and promote the interchange of ideas amongst members, their Area 3 elected representatives, and their DBs. The site provides an easy means to [contact the Area 3 Council](#) as well as a single portal to connect with the APA website and four Area 3 DB sites. It keeps members informed of essential information to help them professionally, and offers one location to learn what is happening in Area 3.

Holiday Hours

The MPS office will be closed on November 28 and 29 in observance of Thanksgiving.

As a cost saving measure, the MPS office will be closed from December 24 through January 1.

CLASSIFIEDS

AVAILABLE OFFICE SPACE

Beautiful office in Towson/Lutherville - Prime location. Walls of windows, hardwood floors and large waiting room shared by two other psychiatrists. \$750 + utilities per month. Contact Dr. Sue Kim at 410-321-5502 or suekim@comcast.net

SHEPPARD
PRATT
HEALTH
SYSTEM



WEEKEND PSYCHIATRISTS

SHEPPARD PRATT PHYSICIANS, P.A.

Either Towson or Ellicott City, Maryland

Sheppard Pratt is seeking psychiatrists to provide inpatient, weekend-only services on either our main campus in Towson or on our campus in Ellicott City, Maryland. This position could either be part time or full time, depending upon the candidate's interest.

Qualified candidates must possess a current license to practice in Maryland at the time of appointment. Sheppard Pratt offers a generous compensation package and is an equal opportunity employer.

CONTACT:

To inquire about this position, please contact Kathleen Hilzendeger, Director, Professional Services, 410-938-3460 or khilzendeger@sheppardpratt.org.

SHEPPARD
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SYSTEM



ADULT PSYCHIATRISTS

SHEPPARD PRATT PHYSICIANS, P.A.

Towson, Maryland

Sheppard Pratt is currently recruiting for adult psychiatrists to provide inpatient services either on the Co-Occurring Unit or the Specialty Unit that primarily treats patients with symptoms of psychosis. Both units are located on our main campus in Towson, Maryland about twenty minutes north of Baltimore's Inner Harbor. Based on psychiatrist preference, inpatient positions can be paired with an assignment in the Day Hospital or Crisis Evaluation Services.

Sheppard Pratt is seeking psychiatrists with an orientation to time effective treatment, sensitivity to managed care referrers and a focus on quality care in a clinical setting with active training programs. Board certification and advanced, specialty training are highly preferred. Sheppard Pratt offers flexible, competitive compensation and benefit plans and is an equal-opportunity employer.

For the 23rd year in a row, Sheppard Pratt was named as one of the nation's best hospitals specializing in psychiatry by US News and World Report. If you are interested in advancing your professional life to the next level, we encourage you to explore this opportunity. Please contact Kathleen Hilzendeger, Director, Professional Services at 410- 938-3460 or khilzendeger@sheppardpratt.org.

CLASSIFIEDS**EMPLOYMENT OPPORTUNITIES**

Outpatient Psychiatry Services at MedStar Franklin Square Medical Center is looking for a general psychiatrist to work 16 hours per week with adult 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.

The VA Maryland Health Care System (VAMHCS), Mental Health Clinical Center (MHCC) is actively recruiting for a part time neuropsychiatrist to work at the Baltimore Medical Center to perform traumatic brain injury (TBI) evaluations and to conduct of neuropsychiatric research. Qualified candidates must be citizens of the United States; proficient in spoken and written English as required by 38 U.S.C. 7402(d) and 7405(f); and board certified/board eligible in psychiatry. Preferred applicant should have completed an ACGME-accredited fellowship in geriatric psychiatry, and have experience in neuropsychiatric research and the assessment of patients for traumatic brain injury. Credentials warranting academic appointment in the UMSOM is desirable but not required. The Department of Veterans Affairs is an equal opportunity employer. Interested candidates should apply through www.usajobs.gov to Announcement # 512-38-170-968602.

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 Paramjit Agrawal, M.D. Clinical Director, 6655 Sykesville Road, Sykesville, MD 21784. For questions, call (410)970-7006 or e-mail paramjit.agrawal@maryland.gov. EOE

PMHS OMHC needs Adult Psychiatrist(s). W-2 OR 1099. Strong team emphasis, flexible schedules. Optional evenings, no on call. Dundalk location. Send resume/ CV to Linda Wilkens, LCPC at lindawilkens@keypoint.org or call 443-216-4800.

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.

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

Multidisciplinary practice is seeking a psychiatrist primarily for medication management in our Towson office. Contact Dr. Lawrence Fishel or Dr. Theo Lemaire at (410) 583-2222, fax (410) 583-2377, or e-mail staff@associatedmentalhealth.com.

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).

Frederick County Behavioral Health Services is seeking a temporary, part time (20-25 hrs/wk) contractual 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. Contact: Sangwoon Han, MD, Medical Director, 301-600-1755.

Psychiatrist - Weekend coverage for Emergency Room, Inpatient Consultations, and a General Adult Inpatient/ Partial Hospitalization unit at University of Maryland, St. Joseph Medical Center in Towson, MD. Maryland license required. Send C.V. and cover letter to Steven Crawford M.D at 6535 North Charles Street, Suite 300, Baltimore MD 21204 or via Fax: 410-938-5250 or Email: stevecrawford@umm.edu.

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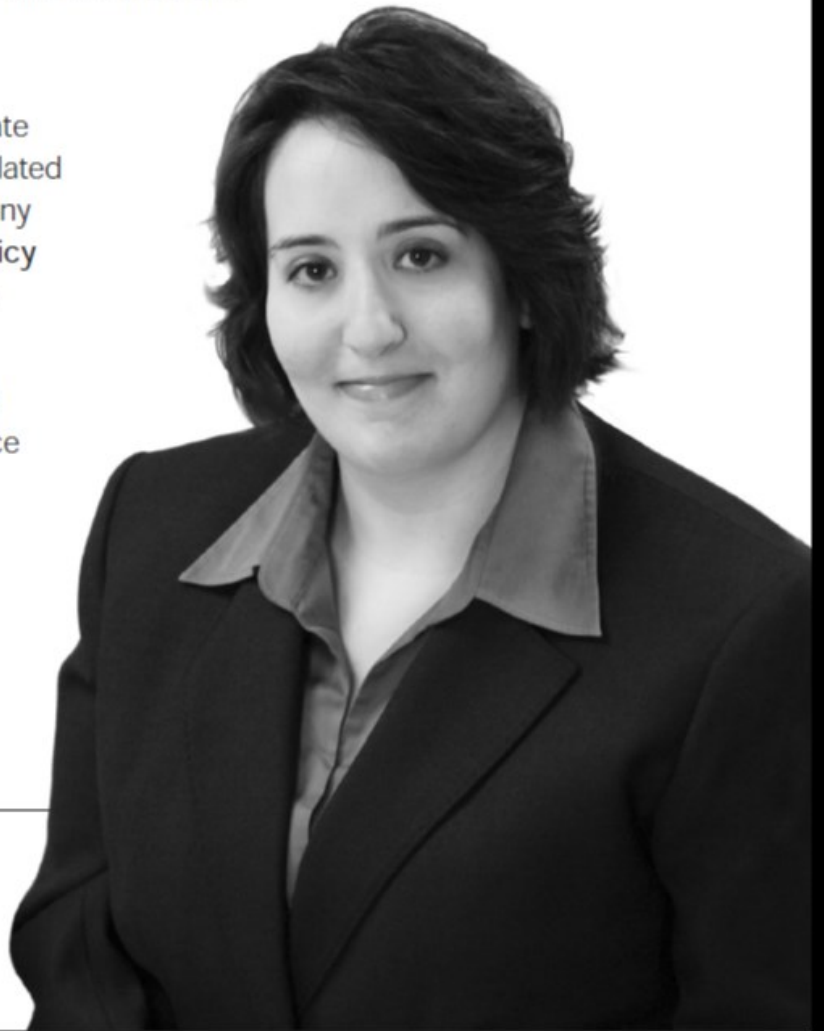
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