



# MPS NEWS

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Editor: Heidi Bunes

October 2013

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

*MPS News* Design & Layout  
Meagan Floyd

MPS Committee Chairs will meet on October 8th at 8:00PM in the MPS Office. The next MPS Council meeting will be November 12th.

## President's Column

### The Affordable Care Act Comes to Maryland

On October 1, 2013, individuals and families in Maryland will be able to shop for medical insurance coverage through a newly opened marketplace, run by the state and called the Maryland Health Connection (MHC). [The small employer marketplace will open January 1—see p. 2] As of now, six companies are offering policies at four levels of coverage (Aetna recently dropped out of the marketplace reporting they could not offer coverage within the financial parameters). The levels of coverage correspond to the percent of expected total health care costs the plan will cover (bronze at 60%, silver at 70%, gold at 80% and platinum at 90%). The insured is expected to pick up the rest of the expense. Premiums will be based on age and tobacco use. The range of cost for a silver level plan for an individual subscriber appears quite large from just over \$100 per month to close to as much as \$500 per month depending on age and insurer.

Coverage under these plans will begin on January 1, 2014 and open enrollment will end on March 31, 2014.

There are numerous mandated benefits, which include in and outpatient mental health and substance abuse treatment and prescription benefits, all presumably within parity of medical illness. As well, these plans cannot drop you if you get sick, have no lifetime or yearly dollar limits on essential services, and most importantly cannot refuse to cover a pre-existing illness.

A large portion of the people who buy their insurance through the MHC will be eligible for tax credits if the yearly income for a family of four is less than \$94,200. I strongly recommend taking a look at the [guidebook put together by Senator Ben Cardin's office](#).

As a health care provider and resident of Maryland for the past 12 years, I am proud of the efforts our state has made to be a leader in the implementation of the Affordable Care Act (I really dislike the label of Obamacare). It is too easy to be overly self-absorbed, cynical or nihilistic about the development of nationalized health insurance. It is an embarrassment that as a world leader, the United States lags behind all other developed countries in providing at least a minimum of health care support for all its citizens. Too many of the arguments against the development of a national policy rest on a conviction that we are not responsible for the welfare our fellow men and women. In the past several years I have been almost unable to bear watching politicians and pundits change their posture on important societal issues only because they learn that one of their children is gay or that their husband has Alzheimer's disease. We need to be a society in which our values concern the welfare of all our constituents and are not primarily colored by what is best for me or my family.

So while I heartily applaud the efforts of our state to provide access to care for all residents, I am at a loss to figure out exactly how this is supposed to happen. The good news is that inpatient and day hospital mental health and substance abuse facilities will have fewer patients who are

(Continued on next page)

uninsured and unable to pay for their care. The crunch will come in the world of outpatient treatment. As it currently stands, when patients try to find a mental health professional taking insurance, it can be a many week process. Insurance companies provide long lists of providers who supposedly take their insurance but mostly consist of physicians and therapists who are not accepting new clients, do not have outpatient practices, or are otherwise unavailable. The difficulty is ratcheted up a few notches when looking for a Medicaid provider. Our discharge coordinators at Sheppard Pratt have an ongoing challenge to find providers for our patients leaving the hospital. Often we wind up scheduling "bridge visits" over a few weeks after a patient discharges until they can be hooked up with a community based clinician. What is going to happen when a few hundred thousand newly minted insurance card carrying citizens line up to access mental health services? I do not see that the existing care structures will be able to accommodate them. I am hoping to see enterprising organizations develop new or enlarged programs to respond to this "opportunity." The MPS will be monitoring this situation over the next few years. I hope we find a way to make it work.

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.*

Ky Dorsey, M.D.  
Joanna K. Pearson, M.D.  
Vittoria DeLucia, M.D.

**Transfer Into Maryland**  
Deloran L. Wilson, M.D.

### **Advanced To General Member**

Denis G. Antoine, III, M.D.  
Todd M. Augustus, M.D.  
Jodi Krumrine Bond, M.D.  
Monica Chawla, M.D.  
Carmen Fulton, M.D., MPH  
Steven E. Hutchens, M.D.  
Nana Okuzawa, M.D.  
Pamela Ramos, M.D.  
Carla Reese, M.D.  
Briana M. Riemer, M.D.  
LorriAnn Tran, M.D.  
Carolina Vidal, M.D., M.P.H.  
Christopher M. Wilk, M.D.

## Health Reform Update: SHOP Rates Approved

On September 17, the Maryland Health Benefit Exchange [announced](#) that health insurance policies and premiums for plans that will be sold through the Small Business Health Options Program (SHOP) for small employers have been approved by the [Maryland Insurance Administration](#). SHOP, for small businesses with 1 to 50 employers will begin enrollment on Maryland Health Connection on January 1, 2014, for coverage on or after March 1, 2014. (Enrollment for individual policies begins this month.) The following 13 carriers filed to sell health benefit plans in the small group market through Maryland Health Connection:

- Aetna Health Inc.
- Aetna Life Insurance Co.
- CareFirst BlueChoice Inc.
- CareFirst of Maryland Inc.
- Coventry Health and Life Co.
- Coventry Health Care of Delaware Inc.
- Evergreen Health Cooperative
- Group Hospitalization and Medical Services Inc.
- Kaiser Foundation Health Plan of the Mid-Atlantic
- MAMSI Life and Health Insurance Co.
- Optimum Choice Inc.
- UnitedHealthcare Insurance Co.
- UnitedHealthcare of the Mid-Atlantic Inc.

Small employers purchasing health insurance plans through Maryland Health Connection may be eligible for federal tax credits that will lower premium costs.

The Maryland Health Benefit Exchange will now begin a certification process to approve the qualified health plans offered by carriers that have expressed their intent to sell plans through Maryland Health Connection to ensure that the plans meet the standards established by the Affordable Care Act. [MarylandHealthConnection.gov](http://MarylandHealthConnection.gov) will provide employers and consumers with essential information to help them choose the plans that best suit their needs.

## Health Insurance Marketplace

CMS has posted fact sheets online regarding the Health Insurance Marketplaces that will open on October 1, one specifically for clinicians and another for patients:

- [10 Things Providers Need to Know](#)
- [10 Things to Tell Your Patients](#)

## September 10 Council Highlights

### Executive Committee Report

Dr. Aaronson told the Council that the new computer network was installed in the MPS office in August. He reported that the MPS, in coordination with the four other District Branches of Area 3 (Delaware, New Jersey, Pennsylvania and Washington DC), submitted a grant application to the APA seeking funding for MOC training. Grants will be announced in January 2014. He briefly discussed the DHMH efforts for behavioral health/primary care integration where the MPS has member representation on the sub-work groups. The integration report is to be submitted to the legislature prior to the 2014 General Assembly. He announced that the APA will schedule an Affordable Care Act training for two members of each District Branch (DB) so that the DBs will be able to offer educational programs to members. The Executive Committee will begin the process of implementing the new Investment Policy at their next meeting. The MPS will invest reserve funds for a higher return as CDs and savings accounts are receiving minimal interest. Dr. Aaronson announced that Nancy Wahls, M.D. will serve as Editor of *The Maryland Psychiatrist* and that former editor Bruce Hershfield, M.D. will be a support for her.

### Executive Director's Report

Staff is completing production of the 2013-2014 membership directory, which should be received by members in October. Staff attended the September 7 Area 3 meeting to present the APA grant on MOC. Depending on the level of funding from the APA, the DBs will seek additional resources from Area 3.

### Secretary-Treasurer's Report

Dr. Zimnitzky presented the MPS year-end financial statements prepared by Norman Feldman, CPA, PA. Total MPS assets are down \$10K since last year and current assets are down \$3K; however, net assets (worth) increased \$8K. Restricted assets of \$6K are comprised of APA grant monies. Total MPS revenue for FY13 is \$345K, down \$16K from last year. Peer review income is down \$17K after the contract expired. Dues income decreased \$4K and advertising income is down \$3K; however, meeting income is up \$14K. FY13 saw the MPS proactively reduce expenses. A \$14K savings was realized from sending *MPS News* and *The Maryland Psychiatrist* electronically. Total expenses of \$321K are \$25K less than last year's. The bottom line reflects an \$8K surplus, of which \$5K remains restricted, so this would become a \$3K surplus. Dr. Zimnitzky also discussed an in-house comparison of FY13 results to budget, noting that over budget income from CME meetings, *MPS News* ads and the membership directory contributed to the surplus for the year. Council voted unanimously to approve the year-end report.

Dr. Zimnitzky presented the Form 990 required by the IRS for non-profit organizations. Council reviewed the return and determined that minor typographical errors needed correction. With those corrections, Council voted unanimously to approve the 990 forms and send them to the IRS. He stated that as the Executive Committee began to implement the MPS Investment Policy approved by Council in March, 2013, review indicated that a paragraph regarding target allocations was duplicative. The Executive Committee recommended that this paragraph be deleted. Council voted unanimously to approve the deletion.

### Membership Committee Report

Dr. Lehmann reported that all efforts had been exhausted regarding a member who owes two years of dues. The committee's recommendation to drop this member for non-payment of dues was accepted by Council.

### Program & CME Committee Report

The MPS organized and held 8 DSM-5 trainings in July and August. Two additional trainings will be held in September. These trainings included both public and private presentations- some hospitals/organizations privately contracted with the MPS to provide these trainings to their staff. To date, it is estimated that these trainings have produced a profit over \$6000, including a \$2500 grant from the APA. Drs. Shaya and Angelino have presented these trainings to a total of 750-1000 people.

## Mental Illness Awareness Week October 6-12, 2013

In 1990, the U.S. Congress established the first full week of October as Mental Illness Awareness Week (MIAW) in recognition of NAMI's efforts to raise mental illness awareness. Since then, mental health advocates across the country have joined with others in their communities to sponsor activities, large or small, for public education about mental illness.

MIAW coincides with the National Day of Prayer for Mental Illness Recovery and Understanding (Oct. 8) and [National Depression Screening Day](#) (Oct. 10.)

## 2013 MPS Member Survey Results

Thank you to members who completed the annual MPS survey online or returned the survey enclosed with the FY14 dues mailing. As of September 24, a total of 204 members participated! This improves significantly on the 188 responses we received last year and the 138 responses in 2011. Three respondents were chosen at random to receive a \$100 credit toward MPS dues or events. The lucky members are Doctors Neil Blumberg, Eduardo Espiridion, and John Urbaitis.

Member input through the survey is essential, and is shared with MPS leadership and committees so it can inform decision-making during the year. For example, we learned that 45% of responders are likely to attend a Maintenance of Certification workshop, so the MPS will increase its efforts in that area. Ideas for content, including a member directory and Find-A-Psychiatrist, will be considered as we discuss possible changes to the MPS website. More important information was received from members than we can include in this issue. Click [here](#) to view the full survey results online.

## Myths & Misconceptions: Treating College Students

*Risk Management Tip Provided by  
Professional Risk Management Services, Inc.*

**Q:** I am in private practice and a number of my patients are college-aged and leave the area – occasionally the state or the country – to attend school. Most of my patients return home over the summer. If these patients need treatment during the academic year, can I continue to treat them while they are away at school? What are the risks?

**A:** While communication technologies and the ease of modern travel make it easier than it used to be to continue treating college students who are away, you should keep in mind the unique characteristics of this patient population and the professional liability risks associated with treating students who attend geographically distant schools. Important: [Click here to read the rest of this thorough, thoughtful response to the question.](#)



## Telepsychiatry

Excerpted from *Risks Associated with Specific Internet Activities*

### Risks

Treating patients remotely involves at least two risk hurdles – legal and clinical. The first hurdle involves determining if an additional medical license is required for treating an out-of-state patient. There can be serious consequences (including insurance coverage issues) if you are found to be practicing medicine without a license. Courts are ruling that medical services are rendered where the patient is physically located, so you will need to check with the patient's state medical board, as well as your own medical board, to determine what is required for you to legally treat the out of state patient.

Once the first hurdle is cleared, there is still the second hurdle to consider – your ability to deliver good clinical care and meet the standard of care at a distance. For example, do you know how to have the patient hospitalized if he/she is in crisis? Utilizing telemedicine does not alter the standard of care to which you will be held – it is the same standard that would apply if the patient was seen in your office or facility.

### Risk Management Advice

1. Determine licensure requirements from your state medical board as well as the medical board for the state where the patient is located (if different from your state and if you are not licensed in the patient's state)
2. Ensure compliance with all relevant states' laws and guidelines related to telemedicine.
3. Engage in thoughtful patient selection.
4. Obtain informed consent.
5. Verify the patient's location.
6. Have a plan to respond to technology failures.
7. Have a plan to respond to clinical emergencies.
8. Understand that technology is a tool that can partially restore the lost abilities to evaluate and treat patients at a distance, but that by itself technology cannot completely restore all abilities.

For more information about The Psychiatrists' Program, please call 1-800-245-3333, ext. 389, or email [stagnato@prms.com](mailto:stagnato@prms.com).

*Professional Risk Management Services, Inc.*  
[www.psychprogram.com](http://www.psychprogram.com)



## APA Information

### APA Accepting 2014 Distinguished Service Award Nominations

Nominations for the APA Distinguished Service Award should be submitted to [ctobita@psych.org](mailto:ctobita@psych.org) by October 31<sup>st</sup>. This award was established in 1964 by the Board of Trustees to honor an APA Distinguished Fellow, Fellow, General Member, nonmember, or organization who has contributed exceptional meritorious service to the field of psychiatry. Nominations should include the full name and contact information for the nominee as well as a 150 word statement and CV describing the nominee's contributions to psychiatry.

#### 2013 Distinguished Service Award Recipients

Ronald M. Burd, M.D.  
David J. Kupfer, M.D.  
The John A. Hartford Foundation

#### 2012 Distinguished Service Award Recipients

- Kay Redfield Jamison, Ph.D.
- Jeremy A. Lazarus, M.D.
- W. Walter Menninger, M.D.
- National Education Alliance for Borderline Personality

#### 2011 Distinguished Service Award Recipients

- Robert Freedman, M.D.
- Richard K. Harding, M.D.
- National Institute of Mental Health

### Get Free Access to Surescripts-Certified E-Prescribing & Patient

[Psychiatry Resources Online](#) (PsychPRO) is an innovative, time saving tool that APA members can use at the point-of-care from their iPad, mobile phone, or laptop computer. PsychPRO is a non-commercial, neutral marketplace focused on resources for patient care. To access this benefit, members must log in with their APA user name and password. Resources include:

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

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

### APA Member "Sunshine" Webinar

The APA's September 12th educational webinar on the Physician Payment Sunshine Act was recorded so those who were unable to participate can access it. [Click Here to View Webinar](#). [You will need your APA password.]

The OPEN PAYMENTS/Sunshine Act rules are complex and not always intuitive. When attending a CME event always remember to ask whether it's accredited or non-accredited. Remember that anything received from a manufacturer at a non-accredited/non-certified CME event must be reported. When attending general conferences and contemplating whether to accept a manufacturer's meal or souvenirs, always determine if the event seems to be large-scale, if you're readily identifiable that day or within four months from the day the manufacturer puts on the event, and whether the value of the souvenirs the manufacturer is distributing exceeds \$10. Having a name badge scanned at a conference should be a big red flag that a manufacturer is likely reporting what you're receiving. Remember that the duty to report falls on the manufacturer. In the end, doing the reporting and deciding what's reported is the manufacturer's responsibility.

As of January 2014, physicians will be able to register at a CMS portal to have access to their mentions in manufacturers' reports. The APA urges members to register with CMS in January to get notification of when their name appears in manufacturers' reports so they can timely dispute the mention if it is erroneous.

Members with questions about the Sunshine Act should contact Deputy Director of Regulatory Affairs, Julie A. Clements, J.D., M.P.P., at [jclements@psych.org](mailto:jclements@psych.org) or 703-907-7842. The APA Sunshine Act page is [www.psychiatry.org/sunshineact](http://www.psychiatry.org/sunshineact).

### Overview of OPEN PAYMENTS for Physicians and Teaching Hospitals

CMS has published [MLN Matters article SE1330](#), which provides a comprehensive overview of the OPEN PAYMENTS program. It includes the types of payments that are reported as well as the specific data reported under the Physician Payment Sunshine Act. A list of physician tools and resources is provided at the end of the article.

## 2013 Session Follow Up

### Natalie M. LaPrade Medical Marijuana Commission

In response to [House Bill 1101](#), passed in 2013, Governor O'Malley has appointed a commission of eleven members to examine issues related to implementing a medical marijuana program in Maryland. The Commission has the authority to permit academic research centers to design and implement programs that make marijuana available for medical purposes to defined groups of patients. The Commission must take a number of actions before the medical marijuana program can be fully implemented, including reviewing proposals from academic research centers to participate in the program. Click [here](#) for more details, including the members of the commission.

### Step Therapy Legislation

During the 2013 General Assembly a [bill](#) was introduced addressing Step Therapy. The purpose was to limit the duration of a step-therapy, or fail-first protocol, imposed by certain insurers or other health organizations. The legislature asked the Maryland Health Care Commission and the Maryland Insurance Administration to study this issue and make a report to the General Assembly before the 2014 Session. Because Step Therapy is an important issue in prescribing psychotropic medications in psychiatry, the MPS is participating with MedChi to provide input on the proposed legislation that will be introduced in the 2014 General Assembly.

### Practice Management Help

APA's Practice Management HelpLine provides practical assistance to APA members on a variety of day-to-day issues that arise in managing a practice. These include CPT coding changes, reimbursement problems, relationships with managed care companies, documentation of services provided, Medicare, Medicaid, establishing a private practice, and closing a practice, among others. The [September 11 \*Psychiatric News\*](#) includes recent questions received by HelpLine staff and how they answered them.

APA members can submit their questions to the HelpLine by phone at (800) 343-4671 or by e-mail at [hsf@psych.org](mailto:hsf@psych.org). Questions will be answered in future issues of *Psychiatric News*.

### Update Your HIPAA Policies

The US Department of Health and Human Services updated the HIPAA privacy and security rules **effective September 23, 2013**. The 563-page HIPAA [omnibus rule](#), issued in January, revises and extends safeguards for protected health information and expands individual rights of patients. The updated law also tightens requirements on physicians when patient information is breached. As a result, physician practices could face more legal scrutiny and higher fines in the event of an information breach.

The changes to the federal privacy and security rules for health information will require all covered physicians to update their HIPAA policies. Use [this AMA toolkit](#) to learn how to make the necessary changes to your Business Associate Agreements, Notice of Privacy Practices, and encryption standards to stay in compliance. The toolkit includes the following useful resources:

- A [physician primer](#) summarizes the revised rules to help physicians review and update their existing HIPAA policies and procedures.
- A template [business associate agreement](#) and a [notice of privacy practices](#) can be adapted for implementation in the practice.
- A [HIPAA security resource](#) explains how to encrypt patient data.

From September 16 *MedChi News*

### Private Practice Remains Strong

A new AMA [Policy Research Perspective](#) shows that private practice medicine remains strong despite an increase in hospital employment. The analysis is based on the AMA's first nationally representative study of physician practice arrangements in five years. Data show that while there has been an increase in hospital employment, more than half of physicians (53.2 percent) were self-employed in 2012, and 60 percent worked in practices wholly owned by physicians. The survey found that 29 percent of physicians worked either directly for a hospital (5.6 percent) or for a practice that was partially owned by a hospital (23.4 percent). Other findings include:

- Physicians who were practice owners in 2012 decreased 8 percent from 2007/2008.
- Eighteen percent of physicians were in solo practice, down 6 percent over 5 years.
- Single specialty practice was the most common practice type in 2012, accounting for 45.5 percent of physicians.

## Medicare News & Updates

### Register by October 15 to Boost Your 2015 Medicare Payments!

Avoid the 1.5% negative payment adjustment under the Physician Quality Reporting System (PQRS) for Medicare Part B services being implemented in calendar year 2015. This payment adjustment will apply to individual eligible professionals (EPs) who do not submit data on PQRS quality measures to CMS in 2013. EPs can submit data through the traditional PQRS methods (claims, registry and EHR) to avoid the 2015 payment adjustment and potentially earn a 2013 incentive payment of 0.5%. **Alternatively, to avoid the 1.5% negative payment adjustment only, EPs can request that CMS calculate their quality data from administrative claims. EPs must register for the CMS-calculated administrative claims option by October 15, 2013.**

To register for the CMS-calculated administrative claims option, EPs should refer to the [Quick Reference Guide for Individual EPs](#). They can also review instructions prepared by the APA. The APA website also has [background information on PQRS](#). Per the APA, “non-participating providers are still Medicare providers and would be able to participate in the PQRS. Psychiatrists who have opted out have nothing to do with Medicare, so the PQRS would be irrelevant for them.”

### AMA Grassroots Campaign for Medicare Payment Reform

The AMA has launched a new website, [FixMedicare-Now.org](#), designed to enable physicians and patients to urge Congress to repeal Medicare's flawed Sustainable Growth Rate (SGR) formula and promote high-quality and patient-centered integrated systems of care. The site includes videos, informational graphics and other resources that illustrate the need for Medicare reform. It will enlist Americans to join the campaign via social media channels and a variety of online marketing efforts, and will serve as an advocacy platform that integrates grassroots alerts and calls to action for activists to email, call, and use social media to spur lawmakers to act.

The APA has worked with the AMA and other physician organizations to advance [principles for transitioning Medicare](#) that call for a spectrum of reimbursement models that allow physicians the flexibility to choose options that will help lower costs and improve the quality of care for patients. Both the House Ways and Means and Senate Finance Committees are expected to release reform-centered legislation in the coming weeks.

From September 9 *APA RushNotes*

### Updated Guide Available

The “[Medicare Enrollment and Claim Submission Guidelines](#)” Booklet was revised in August. This booklet provides information on applying for enrollment and submitting claims to Medicare. It includes enrolling in the Medicare Program; Opting Out and private contracts with Medicare beneficiaries; Medicare claims; deductibles, coinsurance, and copayments; Beneficiary Notices of Noncoverage; and billing requirements. Resources for more information are found at the end of the booklet.

### APA Comments on Proposed 2014 Medicare Physician Fee Schedule

On September 5, the APA submitted comments on CMS's Proposed 2014 Medicare Physician Fee Schedule. The APA commended CMS for its efforts to find ways to compensate physicians for performing non-face-to-face management of care for patients suffering from multiple complex chronic conditions, and requested that an existing set of CPT codes be used rather than a proposed a set of G-codes. The APA supported enhancements CMS has made to its quality reporting programs that better align measures and reduce the burden on physicians, and shared its concern that payment penalties will challenge physicians' capacity to treat Medicare patients. The APA approved of CMS's decision to broaden the definition of "rural" so more areas, including some tracts in major metropolitan areas, can qualify for use of Medicare's telehealth codes. Finally, the APA shared its RUC recommendations. To read the comments, please [click here](#).

### Same Day Billing for Mental Health Services and Primary Care Services

CMS has published a fact sheet on [Same Day Billing for Mental Health Services and Primary Care Services](#), which includes same day billing guidelines and information about the National Correct Coding Initiative



## Medicare News & Updates

### CMS-1500 Claim Form Updated Medicare to Accept Revised Form Starting January 2014

The recently revised CMS-1500 Claim Form includes changes that more adequately support the use of the ICD-10 diagnosis code set. The revised CMS-1500 form ([version 02/12](#)) will replace [version 08/05](#). The revised form allows providers to indicate whether they are using ICD-9 or ICD-10 diagnosis codes, which is important as the October 1, 2014 transition approaches. ICD-9 codes must be used for services provided before October 1, 2014, while ICD-10 codes should be used for services provided on or after October 1, 2014. The revised form also allows for additional diagnosis codes, expanding from 4 possible codes to 12.

Only providers who qualify for [exemptions from electronic submission](#) may submit the CMS-1500 Claim Form to Medicare. CMS encourages providers who use service vendors to check with their service vendors to determine when they will switch to the new form. Medicare will begin accepting the revised form on January 6, 2014. **Starting April 1, 2014, Medicare will accept only the revised version of the form.**

Visit the [CMS ICD-10 website](#) for the latest news and resources to help you prepare for the October 1, 2014 deadline. CMS has developed an online [ICD-10 implementation guide](#) that 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. The online guide also includes links to CMS ICD-10 resources and other tools to help with the transition.

## ICD-10 Coming October 2014

At this time next year, we will be at the October 1, 2014 deadline for all HIPAA-covered entities to implement the ICD-10 codes. Psychiatrists can become more familiar with the changes in store by reviewing the [ICD-10-CM Quick Reference](#). Compared with the ICD-9 in current use, ICD-10 incorporates greater clinical detail and specificity using 3-7 character codes vs. 3-5 currently. The reference covers other changes and new features, and includes resources for more information.

## Tool for Projecting Medicare Payment Adjustments

Payment adjustments affect certain eligible professionals who do not satisfy mandatory criteria for one or more of the CMS eHealth programs. To determine whether you will incur a payment adjustment, use the interactive eHealth [Payment Adjustment Tool](#). It will show what payment adjustments to expect based on your past, current, and expected future participation in the following programs:

- Electronic Prescribing (eRx) Incentive Program
- Medicare Electronic Health Record (EHR) Incentive Program
- Physician Quality Reporting System (PQRS)

Additional resources are available for:

- [Medicare EHR Incentive Program Payment Adjustments: What Providers Need to Know](#)
- [Payment Adjustments & Hardship Exceptions Tipsheet for Eligible Professionals](#)
- [2015 PQRS Payment Adjustment Fact Sheet](#)
- [2014 eRx Payment Adjustment Fact Sheet](#)

Visit the [eHealth](#) website for the latest on CMS eHealth initiatives.

## The Ethical Responsibility of Physicians in Response to Violence or the Threat of Violence

Tuesday, October 15, 2013

5:30 PM Reception; 6:30 PM Lecture

MedChi's Osler Hall, 1211 Cathedral St, Balt., 21201

This activity qualifies for up to 1.75 CME credits and there is no charge to attend. MPS members are cordially invited to this second annual medical ethics lecture and forum sponsored by Dr. and Mrs. Thomas Allen.

Robert T.M. Phillips, M.D., Ph.D., Chair of MedChi's Committee on Ethics and Judicial Affairs, will lead a panel discussion, followed by a question and answer period. Panelists include:

Steven S. Sharfstein, M.D., M.P.A. – Mental Illness and Gun Violence

Delegate Dan K. Morhaim, M.D. – Reflections from the ER and the State Legislature

Professor W. Lawrence Fitch, M.D. – Legal Standards and Ramifications for Physicians

Registration is required. **RSVP by October 11** to [events@medchi.org](mailto:events@medchi.org) or call Meg Fielding at 1-800-492-1056, ext 3336.



## Professionalism and the Internet

An online CME course has been created to respond to the evidence of unprofessional online behavior among physicians. The complexity of the potential issues raised with internet use in psychiatry suggests that psychiatrists need explicit teaching about potential clinical, ethical and legal pitfalls of internet use. This online course helps participants avoid pitfalls as they navigate this new terrain of digital and social media. There are fifteen vignettes with an opportunity for decision making following each one. Additional reference materials are provided. In 2010, the American Association of Directors of Psychiatry Residency Training (AADPRT) President established a Taskforce on Professionalism and the Internet, charged with reviewing the literature and creating a curriculum to teach psychiatric trainees about online professionalism. This course evolved out of the AADPRT initiative. The cost to members is \$19 for up to 2 hours of *AMA PRA Category 1 Credit*<sup>™</sup>. Register at [www.APAeducation.org](http://www.APAeducation.org).

## Thank you to Pro Bono Psychiatrists!

The Pro Bono Counseling Project (PBCP) acknowledges the contribution that psychiatrists have made toward eliminating disparities in access to mental health care. On behalf of their patients, PBCP expresses gratitude to:

Thomas E. Allen, M.D.  
 Diane S. Daum, M.D.  
 Mahmood Jahromi, M.D.  
 Peter A. Kahn, M.D.  
 Dinah Miller, M.D.  
 Richard G. Silver, M.D.  
 Milena H. Smith, M.D.  
 Patricia M. Sullivan, M.D.

Through the years, 94 psychiatrists throughout Maryland have agreed to take PBCP referrals. PBCP requests that licensed and insured practitioners take one carefully screened referral per year. Please visit [www.probonocounseling.org](http://www.probonocounseling.org), call 410-825-1001, 301-805-8191, 1-877-323-5800 or e-mail [Ellen@probonocounseling.org](mailto:Ellen@probonocounseling.org) for more information.

SHEPPARD  
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 SYSTEM



## ADULT INPATIENT PSYCHIATRIST

SHEPPARD PRATT PHYSICIANS, PA  
 TOWSON, MARYLAND

Sheppard Pratt is currently recruiting for an adult inpatient psychiatrist. Based on psychiatrist preference, this position can be combined with partial hospital, traditional outpatient or urgent assessment evaluation services. Sheppard Pratt is seeking a psychiatrist with an orientation to time effective treatment, sensitivity to managed care referrers and a focus on quality care in an academic setting. Qualified candidates must be board eligible and possess a current license to practice in Maryland at the time of appointment. Board certification and advanced, specialty training are highly preferred. Sheppard Pratt offers flexible, competitive compensation and benefit plans and is an equal-opportunity employer.

### CONTACT:

If you are interested in advancing your professional life to the next level, we encourage you to explore this opportunity. Please contact Kathleen Hilzendege, Director, Professional Services, 410- 938-3460 or [khilzendege@sheppardpratt.org](mailto:khilzendege@sheppardpratt.org).

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## 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](mailto:khilzendeger@sheppardpratt.org).

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## CRISIS EVALUATION PSYCHIATRISTS

SHEPPARD PRATT PHYSICIANS, P.A.

**Crisis Walk in Clinic (CWIC)**

**Part Time Position**

Towson, Maryland

Sheppard Pratt is recruiting BE/BC psychiatrists to provide services for approximately 20 hours per week (over the course of three days/evenings per week) in our Crisis Walk-in Clinic (CWIC) adjacent to our Admissions Suite in our Towson Campus hospital, located approximately twenty minutes north of Baltimore's Inner Harbor.

The Crisis Walk-in Clinic psychiatrist will evaluate people in crisis and determine the appropriate disposition with the assistance of the dedicated Access Coordinator. Shifts are available during the normal work week during the day and evenings and on Saturdays during the afternoon.

Sheppard Pratt is seeking psychiatrists who are experienced in a fast paced, emergency-department type practice and who are familiar with criteria for admission to inpatient and partial hospital programs. Qualified candidates must possess a current license to practice in Maryland at the time of appointment. Sheppard Pratt 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](mailto:khilzendeger@sheppardpratt.org).

**CLASSIFIEDS****EMPLOYMENT OPPORTUNITIES**

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

LifeBridge Health, Department of Psychiatry, is seeking an adult psychiatrist for a part-time position in our ambulatory care setting at Sinai Hospital of Baltimore. Outpatient Psychiatry: 24-hr/week opening to join group practice of 4 psychiatrists; schedule is negotiable. No night, weekend or holiday call. Psychiatrist will deliver and manage treatment services provided to outpatients and partial hospitalization/intensive outpatient program patients. Services are delivered using a multidisciplinary team model working with masters prepared psychiatric clinicians. Position offers competitive compensation and is benefits eligible. Contact Samuel E. Adler, M.D., Psychiatrist-in-Chief, Sinai Hospital of Baltimore, Inc., 2401 W. Belvedere Avenue, Baltimore, MD 21215. Ph: (410) 601-5461. Fax: (410) 601-4458.

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

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

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](mailto:paramjit.agrawal@maryland.gov). EOE

Inpatient Consultation Psychiatrist Opportunity-Baltimore, MD - St. Agnes Hospital, part of Ascension Health, the largest not-for-profit healthcare system in the United States, is seeking a Psychiatrist for the inpatient consultation service. Position available July 1, 2014. Duties include consultations, teaching medicine residents and co-attending our 20 bed med-psych unit. Future possibility to expand into outpatient setting via collaborative care. Service coverage Monday - Friday with phone coverage of mental health providers providing weekend consultations 1 out of 3 weekends. Competitive salary, full benefits include 4 weeks paid vacation, 1 week CME, and CME stipend. Applicants must be currently certified or eligible by the American Board of Psychiatry and Neurology and eligible for Maryland licensure. Preference for candidates fellowship trained in Psychosomatic Medicine or with similar experience. Interested parties email a CV and letter of interest to Pinar Miski, MD, [pmiski@stagnes.org](mailto:pmiski@stagnes.org). EOE, Not an H1-B or J-1 opportunity.

**MPS Members Out & About**

Vani Rao, M.D. currently serves as President of the [IndoAmerican Psychiatric Association](http://IndoAmericanPsychiatricAssociation.org).

Mark Komrad, M.D. was a guest on Dan Rodrick's [Mid-day Show](http://MidDayShow.com) on 88.1 FM WYPR on September 26 speaking about the Navy Yard Shooting and Mental Health.

**Help us spotlight MPS members who are out and about in the community by sending info to [mpps@mdpsych.org](mailto:mpps@mdpsych.org).**

# 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.

**Rich Stagnato**  
Account Manager

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(800) 245-3333  
[www.PsychProgram.com](http://www.PsychProgram.com)  
[TheProgram@prms.com](mailto:TheProgram@prms.com)  
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