

MPS NEWS

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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 MPS Committee Chairs meeting will be Tuesday, **October 14th** at 8PM in the MPS office.

President's Column

The ACA, Nine Months In

As I write this, it's been nine months since the full implementation of the Affordable Healthcare Act and it appears that the sky has yet to fall, although there is still time!

Certain parts, of course, were already in place. It has been a huge relief to know that my 22 year old daughter continues to be covered under our health insurance. I suspect that even people vehemently opposed to the ACA have little problem supporting the extension of coverage to young people at a very vulnerable time in their lives.

The remainder of the Act remains much more controversial, and I recognize that among our MPS membership, there is enormous diversity of opinion. As a private practitioner, I have not been as deep in the trenches as my colleagues in the public sector. Most of my patients are fortunate to have insurance through their employer, although we have noticed some significant changes for them, unfortunately with some large increases in their premiums and deductibles. It's hard to know how many of these raises would have occurred without the ACA, but certainly it's an easy scapegoat!

On the plus side, for those who now have insurance for the first time, it's nice to finally be able to order labs, and refer them to a primary care physician, where formerly I was uncomfortably playing that role out of necessity.

It didn't help the cause of proponents here in Maryland when the roll-out of the state health exchange was something of a fiasco. What had been promised as an

innovative and smooth process was in fact impossible to navigate successfully. A PR disaster for the administration became a nightmare for the thousands of people who never managed to sign up for much-needed insurance, and who now run the risk of being penalized for this failure. All of this has made for some interesting themes in therapy at times!

In June, the APA held a workshop in Chicago to discuss issues arising from the implementation of the ACA. Dr. Elias Shaya attended as the MPS delegate, and he reports that much of the emphasis was focused on behavioral health integration; a process already well underway in Maryland. The APA does regard health care reform as one of its top priorities, and accordingly has been forming workgroups to evaluate and develop a better understanding of the impact of the ACA on our members and patients. The focus includes understanding future physician payment systems, impact on medical schools' education and curricula, resource allocation and on developing educational programs about collaborative and integrated care.

In Maryland's public sector, re-alignment of Medicaid services stemming from the ACA, has resulted in the integration of mental health and substance abuse services into one new behavioral health organization. The idea is to reduce redundancy and to afford equal treatment for substance abuse patients who had been previously managed, along with other medical conditions under a managed care organization. The Administrative Services Organization (ASO) will manage behavioral health services in the public sector, and the ASO contract has been awarded to Value Options, who also administered the old mental health contract.

(Continued on next page)

There is hope also in the public sector that Medicaid will now begin payment for residential treatment centers with 16 or more beds, which were previously not eligible for reimbursement under Medicaid. A special demonstration program has been funded under the ACA, raising hopes that going forward funding may be available for these centers.

Perhaps one of the most significant sections of the legislation as far as psychiatrists are concerned is that the ACA enshrines mental health parity as a fundamental concept. This had been largely achieved some years previously in the parity act, which was in fact Edward Kennedy's last great piece of legislation, but without the ACA there were some gaps. Prior to its enactment, employer healthcare plans could exclude mental health benefits entirely, thus side-stepping parity completely. I remember being stunned to discover that certain major companies, who touted their progressive policies in employee health insurance, offered no psychiatric benefits (Whole Foods, I'm calling you out!). With the passage of the ACA, this is fortunately no longer permissible.

However I still see numerous parity violations, even from the limited perspective of a private practitioner. APS, the company managing the State of Maryland contract, pays the same fee to its network providers for CPT codes 99212 through 99214, although this is not the case for other medical providers who are not managed through the mental health carve-out. Suits have been successfully fought by other psychiatric societies regarding similar parity issues, and it would be wonderful if the MPS had the resources to also take legal action. Unfortunately, we are a relatively small society, without the deep pockets of California and New York. In addition, our Payer Relations Committee has been involved over the summer in other battles: generic medication pre-authorizations, and the ever-evolving Uniform Treatment Plan form (currently stalled, ironically due to concerns regarding possible parity violations!). If anybody feels moved to become involved further in the MPS, the Payer Relations Committee is certainly at the epicenter of interesting times!

As we head toward the end of its first year, the ACA remains in place, to relief and chagrin, depending upon one's political beliefs. Whatever your philosophical bent, however, few disagree that the old system was broken and required fixing. As the imperfect fix progresses, please know that the MPS is here to support any specific concerns. We particularly encourage members concerned about parity violations to contact us, and want our membership to be aware that we will continue to work with the APA and other medical organizations such as MedChi to guide you through these uncertain times.

*Sally Waddington, M.D.
with Elias Shaya, M.D.*

October 4 Memorial Service for Dr. Urbaitis

The family of past MPS President John Chapman Urbaitis, who died on August 14, has announced a service for him at 1:00 PM on Saturday, October 4 at the Second Presbyterian Church, 4200 St. Paul Street, Baltimore, MD 21218. Watch for an obituary in *The Maryland Psychiatrist*.

“Sunshine Act” Database to Launch September 30

CMS has scheduled the launch of the [Open Payments database](#) for September 30. The Affordable Care Act calls for the creation of the database, which tracks gifts from the pharmaceutical industry to healthcare providers. Initially, the database will include payments from August 2013 through December 2013.

Licensure to be Streamlined Under New Interstate Compact

Physicians who wish to practice in multiple states could soon see a speedier process with fewer administrative and financial burdens for state medical licensure, as a result of an interstate compact released September 5 by the Federation of State Medical Boards. The new [model legislation](#) is designed to make the licensure process more efficient for physicians while ensuring high standards of patient safety. The compact also is anticipated to help increase access to care for patients in rural and other underserved populations via the responsible practice of telemedicine.

The compact is based on several key principles, including:

- The practice of medicine is defined as taking place where the patient receives care, requiring the physician to be licensed in that state and under the jurisdiction of that state's medical board. This tenant aligns with the [principles for telemedicine](#) that were developed by the AMA Council on Medical Service and adopted at the 2014 AMA Annual Meeting.
- Regulatory authority will remain with the participating state medical boards, rather than being delegated to an entity that would administer the compact.
- Participation in the compact is voluntary for both physicians and state boards of medicine.

Among states that adopt it, the compact would act as an independent law and as a contract among the states to help ensure ongoing cooperation and adaptation.

States can begin considering this legislation for adoption beginning in 2015.

From a [September 8 AMA Wire post](#)

September 9 Council Highlights

Executive Committee Report

In Dr. Waddington's absence, Dr. Zimnitzky reported that ValueOptions has been selected as Maryland's Public Behavioral Health System Administrative Services Organization. The committee chairs meeting will be held October 14. The MPS continues to monitor and submit information regarding proposals by the DHMH Outpatient Services Programs Workgroup.

Executive Director's Report

Mr. Hummel said that staff are currently preparing the annual MPS membership directory, which will be printed and mailed in October. The Area 3 meeting was held September 6. The Nominations and Elections Committee will meet in late September or early October.

Secretary/Treasurer's Report

Dr. McCann provided the end of year budget reports and the IRS 990 Form. Norman Feldman, CPA, PA reviews the MPS financial statements and produces the year-end report. In FY14, the MPS invested \$80K seeking a better return than CDs. At year end, these investments were valued at \$82K, which includes unrealized gains. Total assets are down \$9K and current assets are down \$15K however, net book value of property and equipment is up \$6K. The MPS has "reserves" as cash and investments that equal 78% of its annual expenses compared to only 73% last year. Overall revenue has been down for the past three years: \$13K in FY14; \$16K in FY13 and \$15K in FY12. A new computer network was purchased in FY14 for \$16K. Although there was a loss of \$6K for FY14, that is \$33K better than the projected budget loss. MPS was \$23K under budget with FY14 expenses. Council voted unanimously to approve the end of year report. Dr. McCann directed Council to review the IRS Form 990, which had been emailed to all Council members. He asked for any corrections or additions to the form. Hearing none, Council voted to approve the Form 990 for submission to the IRS.

Membership Committee Report

Dr. Lehmann presented the committee's recommendation that one member be approved for dues relief and 4 members be dropped for non-payment of dues. Council approved the request for dues relief and agreed to drop all 4 members if they had not paid by the end of September.

A subcommittee of the APA Membership Committee developed some new dues policies for the APA. The proposals include dropping an APA member if they have not paid dues within 3 months. This would be followed by 3 months of reinstatement with no penalty if payment is received. After that the member would have to reapply to be reinstated. The concept of dues amnesty would be eliminated and former members would not be required to pay back dues before returning to membership. Dues would be collected in advance for new members. Council discussed the impact

these policies would have on the MPS if adopted by APA. Because of our different fiscal years, MPS could potentially move to the new March 31 APA drop date and have one large drop list to tackle. This may mean the loss of some members and, regarding amnesty and not paying back dues, the MPS would lose revenue. Staff will forward comments to APA by the end of September.

Old Business

Dr. Shaya discussed the development of the Uniform Treatment Plan (UTP) for outpatient services. The UTP developed under Maryland statute had to be changed to conform to DSM5. The insurance industry took this opportunity to seek additional information on patients. Providers were concerned how this additional information would be utilized. Both providers and insurers were represented in weekly meetings. As a compromise, a longer form has been created and is scheduled for submission to the Maryland Insurance Administration for approval. The MPS inquired with the APA and the Maryland Parity Project regarding whether this form meets parity standards. A copy of the revised form can be obtained by [emailing Kery Hummel](mailto:kery.hummel@marylandparityproject.org).

New Business

Dr. Aaronson announced that the MPS Spring Symposium to be held Saturday, April 25, 2015 will address women's mental health issues. Speakers are currently being secured. The event will be at Sheppard Pratt Conference Center.

At the end of the meeting Paul Nestadt, M.D., Co-chair of the Resident Fellow Members (RFM) Committee, requested to address the Council. He proposed that RFM of the MPS be allowed a vote on the Council. Discussion ranged from an Action Paper to achieve the objective, a change in the MPS bylaws, checking with other District Branches for their policies to asking APA. Council would like Dr. Nestadt, the Executive Committee and Mr. Hummel to work on the process that would allow RFMs a vote on the MPS Council. The recommendation is to be brought to Council in November.

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.

Sara R. Andrews, M.D.
Ellen Breen, M.D.
Darryl M. Coleman, M.D.
Gregory Janinski, M.D.
Nadimire Jules-Dole, M.D.
Shanda J. Smith, M.D.
Rachel Steere, D.O.
Daniel Todd, D.O.

Maryland News

New Definition of Dangerousness Proposed for Maryland

Among other things, Senate Bill 882/House Bill 1267 of 2014 required the [Outpatient Services Programs Stakeholder Workgroup](#) to evaluate the dangerousness standard for involuntary admissions and emergency evaluations of individuals with mental disorders, including how the standard should be clarified in statute or regulations, and initiatives to promote the appropriate and consistent application of the standard.

Background

Following its review of the dangerousness standard, the [Continuity of Care Advisory Panel](#) found that, in practice, there was variation in how the dangerousness standard is interpreted across the healthcare system. This has led to inconsistent application of the dangerousness standard in various settings, including emergency evaluations. To promote consistency statewide the Panel ultimately [recommended](#) that DHMH promulgate regulations defining dangerousness, and develop and implement a training program regarding the dangerousness standard. Of note, the Panel concluded that a gravely disabled standard was not needed to address inconsistencies in involuntary admission practices.

Current Law

Under current law, the dangerousness standard is only one of six criteria used when determining whether an individual may be admitted involuntarily. A health care facility or VA hospital may not involuntarily admit an individual unless (1) the individual presents a danger to the life or safety of the individual or of others; (2) the individual has a mental disorder (3) the individual needs inpatient care or treatment; (4) the individual is unable or unwilling to be admitted voluntarily; (5) there is no available, less restrictive form of intervention that is consistent with the welfare and the safety of the individual; and (6) if the individual is 65 years old or older and is to be admitted to a State facility, the individual has been evaluated by a geriatric evaluation team, and no less restrictive form of care or treatment was determined by the team to be appropriate. As a matter of federal constitutional law, an individual may not be confined to a hospital involuntarily unless the State proves by clear and convincing evidence, that the individual is a danger to the life or safety of the individual or others.

Proposed Definition of Dangerousness

DHMH has proposed the following definition of dangerousness to promulgate in regulations:

"Danger to the life or safety of the individual or of others" means, in consideration of the individual's current condition and, if available, personal and medical history, that:

(1) There is a substantial risk that the individual will cause harm to the person or others if admission is not ordered; or

(2) The individual so lacks the ability to care for himself or herself that there is a substantial risk of death or serious bodily injury if admission is not ordered."

The MPS has identified a concern regarding this definition. In a nutshell, there is objection to the modifier "substantial" being used as people will interpret the term in varying ways.

Training

The Outpatient Services Programs Stakeholder Workgroup was also required to develop initiatives to promote the appropriate and consistent application of the dangerousness standard. Once a new standard is adopted, training methodologies will include case-based training with pre and post training tests. Modules will be designed for specific audiences:

- first responders,
- emergency department clinicians,
- inpatient psychiatric staff, including hospital presenters,
- Administrative Law Judges, and
- public defenders.

Implementation of these new training modules will require assistance from stakeholders. To ensure that the modules have the widest possible distribution, they will be adapted as webinars suitable for distance learning.

*Excerpted from OSP Workgroup's
Dangerousness Final Proposal*

CRISP Health Information Exchange

[CRISP](#) is Maryland's state designated health information exchange (HIE) serving Maryland and the District of Columbia. CRISP is a not-for-profit organization charged with electronically connecting healthcare providers across the region. CRISP offers [services to office-based practices](#), as well as hospitals and long term care facilities. There are currently four services available at no charge:

[Encounter Notification System](#) - enables physicians to receive real-time alerts when a patient is hospitalized.

[Online Portal](#) - allows providers to securely look up patient information through the Internet.

[Direct Messaging](#) - supports secure and encrypted e-mail service between physicians, nurse practitioners, physician assistants, and other healthcare providers.

[Prescription Drug Monitoring Program](#) - monitors the prescribing and dispensing of CDS.

Maryland News

Draft Proposed Behavioral Health Regulations

The DHMH [Behavioral Health Integration \(BHI\) Work Group](#) has posted proposed behavioral health regulations for COMAR 10.21.11 that would replace COMAR 10.47 and 10.21. These proposed regulations are the culmination of a three-year process aimed at creating integrated regulations governing community providers of behavioral health services, which includes both mental health and substance-related disorders.

The BHI Work Group states, "The proposed regulations move the system toward a reliance on accreditation to support evidence-based practice implementation. Through this process, providers will respond to one set of standards consistent across the treatment system. Accreditation standards reflect best practices and constantly evolve to reflect the field's best thinking about how we provide services. Accreditation fulfills a significant requirement to be licensed as a mental health or substance-related disorder program in Maryland. As is currently the case, the request to be licensed, as well as the core functions of oversight, monitoring, and investigation of treatment services, will remain the responsibility of the Office of Health Care Quality."

Please note that the proposal exempts licensed health professionals from further licensure.

Below is a list of [regulations under Subtitles 21 and 47](#) that the Behavioral Health Administration anticipates repealing, with the exception of some existing regulation language for Opioid Maintenance Therapy, DWI Education, and 0.5 Early Intervention.

Subtitle 21 - Mental Hygiene Regulations

10.21.04	10.21.19	10.21.26
10.21.16	10.21.20	10.21.27
10.21.17	10.21.21	10.21.28
10.21.18	10.21.22	10.21.29

Subtitle 47 - Alcohol and Drug Abuse Administration

10.47.01	10.47.04
10.47.02	10.47.05
10.47.03	10.47.06

The proposed regulations are posted in the form of a [Table of Contents](#) and the [full draft](#). They were discussed at the BHI stakeholder meeting on September 5 and were posted for informal comment on September 8. **Input is invited through October 3.** Please email comments to dhmh.bhiworkgroup@maryland.gov and **include the section and page number for each comment.** The MPS and others have noted that these changes must be accompanied by adequate funding; however, please note that funding and provider payments are outside the purview of these regulations. Additional information and updates are posted on the [BHI Work Group Webpage](#).

2014 MPS Member Survey Results

Thank you to members who responded to the MPS survey, whether online or on paper. As of September 26, a total of 224 members participated! This improves significantly on the 204 responses we received last year and the 188 responses in 2012. The three respondents chosen at random to receive a \$100 credit toward MPS dues or events are Doctors David Cowie, Carmen Lopez and Brian Siegel.

Member input through the survey is essential, and is shared with MPS leadership and committees so it can inform decision-making throughout the year. For example, we learned that over half of responders would like an update on new laws, almost as many as want information on prescribing.

Click [here](#) to view the full survey results online.

DHMH Office of Preparedness & Response Survey

The Office of Preparedness & Response is responsible for public health and medical emergency preparedness planning and response in Maryland. One of its vital functions is the recruitment and training of volunteers to assist with response and recovery activities during public health emergencies and disasters. The Office is conducting a survey to better understand how people view and engage with their community and why they may volunteer their time and services. The survey results will be used to improve the ability to provide support during times of public health emergency. Click [here](#) for more details or to participate.

October 14 Ethics Forum

The next MedChi Ethics Forum topic will be *The Ethical Dilemmas of the Employed Physician*. There will be a panel discussion, followed by a question and answer session. A light dinner will be served at 6:30 and the forum will run from 7:00 to 8:30. For more information, contact Joyce Duffy-Bilanow at jduffy-bilanow@medchi.org.

CME on Depression and Anxiety

A free CME sponsored by St Agnes Hospital and the Maryland Medicaid Pharmacy Program will be held at St. Agnes on Saturday October 25. Click [here](#) for more details or to register.

APA Information

Medicaid “Bump” Expiring in December

The Affordable Care Act matched Medicaid payments for certain E&M services to Medicare rates for 2013 and 2014 – hence providing a Medicaid payment “bump.” Unfortunately, CMS determined eligibility to include only subspecialists accredited by the American Board of Internal Medicine, which excluded psychiatry and other specialties that play a pivotal role in providing E&M services to Medicaid patients.

The Medicaid “bump” policy expires in December and the political prospects for extending and amending the policy will remain largely unknown until after the mid-term elections. The APA will advocate that parity between Medicaid and Medicare payments for E&M services should be extended for at least two years, and that the payment policy should be modified to ensure that patients with psychiatric needs are covered fairly. This is especially important for women and children, who constitute a majority of Medicaid beneficiaries.

As part of APA’s grassroots advocacy initiative – ENGAGE 2014, APA will make extension of the Medicaid “bump,” with inclusion of psychiatry as an eligible specialty, a core policy priority. Advocacy will gear up immediately after the mid-term elections. In the meantime, APA Engage 2014 emails will include advocacy resources and opportunities to get involved. Resources will be also be available on the Engage 2014 website: <http://www.psychiatry.org/engage2014>.

*Paul Summergrad, M.D., APA President
Saul Levin, M.D., M.P.A., APA CEO & Medical Director*

APA Invites Component Appointment Recommendations

APA President-elect Renée Binder, M.D., invites voting members of APA to indicate their interest in serving on [APA components](#). Members who are willing to share their expertise and make a significant time commitment to serve APA, the field of psychiatry, and patients through component service are asked to submit their names or nominate a colleague for consideration. Dr. Binder is looking for APA members who represent the varied demographics of the membership and patient populations and who bring the expertise necessary to implement component work. If you are interested, or know of other individuals willing to serve, please send the name of the component(s) and a one-page PDF of the nominee’s background, experience, and qualifications to appointments@psych.org.

Spurlock Congressional Fellowship

The Jeanne Spurlock Congressional Fellowship is an opportunity for residents, fellows and early career psychiatrists to represent the profession of psychiatry on Capitol Hill and work with federal policy makers to shape public policy. This is a VERY exciting opportunity to see the inner workings of a Congressional office, how legislation is developed, and the impact of community activism.

The next Spurlock Fellowship beginning in 2015 will be better aligned with the academic year. **The Spurlock Congressional fellow would begin his or her work on Capitol Hill on August 31st, 2015 and complete the fellowship after 10 months at the end of June, 2016. The deadline for applying is now December 19th, 2014** with the selection and announcement of the fellow by the end of January 2015. Details, including information on past Congressional fellows and their experiences on the Hill, are in this [PDF brochure](#). The APA has resources for members who are potentially interested in applying, including [a brief video](#) of Elyn Johnson, M.D, the 2014 Spurlock Congressional fellow describing the fellowship and her experience on Capitol Hill. Members who want to discuss the fellowship or have questions can now connect with Dr. Johnson and other former Congressional fellows and APA staff in a Google Group. To get invited to the group, email Marilyn King, APA Division of Diversity and Health Equity at mking@psych.org.

The fellowship is open to all psychiatry residents, fellows, and early career psychiatrists. Applicants must be APA members and U.S. citizens or permanent residents. Applications in the form of a letter, three letters of recommendation, and a CV should be sent to Marilyn King (mking@psych.org), or mailed to 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209, or faxed to 703-907-7852.

Research Opportunities for Young Investigators

Applications are now being accepted for several research training awards and fellowships for residents, post-residency research fellows, and junior faculty. Please see the [APA website](#) for more details.

New Members-Only Resource

The APA has posted a new resource to its website titled *Building a Career in Psychiatry*. Its purpose is to help medical students, residents, fellows and early career physicians successfully navigate transition points. Please go to <http://www.psychiatry.org/residents> to access this resource. The material will be regularly updated and has a copyright.

Medicare News

Medicare EHR Incentives: October 3 is Last Day for 1st-year EPs to Begin 2014 Reporting

The window for incentive payments for the Medicare Electronic Health Record (EHR) Incentive Program's 2014 reporting period for first-year Medicare eligible professionals (EPs) closes October 3. Medicare EPs must attest to demonstrating meaningful use *every year* to receive an incentive and avoid a payment adjustment. Here are a few key points for EPs who have not yet started participating in the program:

Earning Incentives

- October 3 is the last day to start the 90-day reporting period in 2014 for the Medicare EHR Incentive Program.
- If you start participation by October 3, you will have the opportunity to receive an incentive for 2014, and if you continue to achieve meaningful use, can earn incentive payments for 2015 and 2016 participation.
- If you wait and start participation in 2015, you will not be eligible to receive incentive payments, but can avoid payment adjustments.

Avoiding Adjustments

- You will not avoid the [payment adjustment in 2015](#), as you will not be able to attest to 90 days of data by October 1, 2014.
- If you applied for a 2015 hardship exception by July 1, 2014, you may avoid the payment adjustment.
- If you attest to 2014 data by February 28, 2015, you will avoid the 2016 payment adjustment.

For more information, visit the [EHR](#) website.

New EHR Regulations

HHS has [announced](#) a [final rule](#) regarding EHRs that it says will make the certification process for health information technology more flexible, making it easier for providers to meet meaningful use objectives since there will be more choices for health IT developers and their customers. More providers will be able to participate and meet important objectives like drug interaction and drug allergy checks, providing clinical summaries to patients, electronic prescribing, reporting on key public health data, and reporting on quality measures. Additional information is available about [Electronic Health Records Incentive Programs](#) and [certified EHR technology \(CEHRT\)](#).

New Novitas Mailing Address

Some MPS members have called because their correspondence and/or claim forms mailed to the Novitas Solutions Camp Hill address have been returned. These must be re-submitted to the appropriate Novitas Solutions Mechanicsburg address. A list of current [Novitas mailing addresses](#) is available on the Contact Us page of its website.

Improving EHR Usability

A panel of experts has called for EHR overhaul, outlining the eight top challenges and solutions for improving EHR usability for physicians and their patients. A [new framework](#) for EHR usability—developed by the AMA and an external advisory committee of practicing physicians and health IT experts, researchers and executives—focuses on leveraging the potential of EHRs to enhance patient care, improve productivity and reduce administrative costs. The AMA intends to use this framework to work with physicians, vendors, policymakers, health care systems and researchers to drive EHR improvements.

From [September 16 AMA Wire post](#)

Did You Get Your 2013 Medicare Quality Feedback Report?

Last month, CMS released the 2013 Physician Quality Reporting System (PQRS) feedback reports, as well as separate 2015 PQRS payment adjustment feedback reports. Physicians who did not successfully participate in PQRS in 2013 will receive a negative 1.5 percent payment adjustment on their Medicare Part B fee-for-service claims next year. Incentive payments are expected to be disbursed next month.

Physicians and their authorized representatives can download the reports using an up-to-date "Individuals Authorized Access to the CMS Computer Services" (IACS) account. Physicians who haven't registered for such an account or have an outdated one can [register online](#). In addition, physicians can access [CMS' user manual](#) for the 2013 feedback reports.

Physicians who will be affected by the 2015 PQRS payment adjustments should receive a letter of notification from CMS later this year.

From [September 3 AMA Wire post](#)

Medicare News & Updates

CMS Web-Based Training

CMS has released the following online courses. Click [here](#) and scroll down to click on Web-Based Training and then click on the training you need.

The CMS Physician Quality Reporting System (PQRS) Program: What Medicare Eligible Professionals Need to Know in 2014 provides an overview of the requirements of the Medicare PQRS program, so that all eligible professionals can participate to earn the incentives that are available in 2014 for successfully participating in the program, as well as to avoid the payment adjustment in 2016 for not reporting this year. CME credits are available.

The CMS Value-Based Payment Modifier: What Medicare Eligible Professionals Need to Know in 2014 provides an overview of the value-based payment modifier, and how it relates to the Physician Quality Reporting System (PQRS) program, so that all Medicare physicians will understand how the value modifier can effect Medicare reimbursement starting in 2015. CME credits are available.

The Medicare and Medicaid EHR Incentive Programs: What Medicare and Medicaid Providers Need to Know in 2014 provides an overview of the requirements of the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, so that providers can participate to earn the incentives that are available in 2014 for successfully attesting the meaningful use objectives and clinical quality measures, as well as to avoid the payment adjustment in 2016 for not reporting this year. CME credits are available.

New and Revised CMS Fact Sheets

[Safeguard Your Identity and Privacy Using PECOS](#) Fact Sheet explains how to ensure Medicare enrollment records are up-to-date and secure using step-by-step instructions on how providers can protect their identity while using Internet-based Provider Enrollment, Chain and Ownership System (PECOS).

[Dual Eligible Beneficiaries Under the Medicare and Medicaid Programs](#) Fact Sheet (previously titled Medicaid Coverage of Medicare Beneficiaries (Dual Eligibles) at a Glance) provides information on dual eligible beneficiaries under the Medicare and Medicaid Programs, including: the Medicare and Medicaid Programs; deductibles, coinsurance, and copayments; dual eligible beneficiaries; assignment; and prohibited billing.

New Drug Take-Back Options

New [federal regulations](#) that take effect October 9 will expand take-back options for patients to safely dispose their unused prescription drugs and prevent misuse of these controlled substances. The DEA regulations now authorize retail pharmacies, hospitals and clinics with on-site pharmacies, and certain manufacturers and distributors to administer mail-back programs and maintain collection receptacles. Authorized hospitals, clinics and retail pharmacies also will be permitted to maintain collection receptacles at long-term care facilities. And law enforcement will be able to continue conducting take-back events, coordinating mail-back programs and maintaining collection receptacles.

From a [September 10, 2014 AMA Wire post](#)

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

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

LifeBridge Health, Department of Psychiatry, is seeking an adult psychiatrist for an exciting opportunity in our comprehensive system of care, with treatment settings at Sinai Hospital of Baltimore and Northwest Hospital in Randallstown. Inpatient Psychiatry: F/T opening to join group practice of 14 psychiatrists. Psychiatrist will deliver and manage treatment services provided to hospitalized psychiatric inpatients using a multidisciplinary team model. Psychiatrist will also provide general hospital and emergency room consultation/liaison services with support of midlevel psychiatric practitioners (advanced practice nurses and licensed social workers). Position offers highly competitive compensation and an exceptional benefits package. Email interest to: psychiatry@lifebridgehealth.org and for telephone inquiries call: (410) 601-5461.

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.

CLASSIFIEDS (CONTINUED)**EMPLOYMENT OPPORTUNITIES**

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

UNIVERSITY OF MARYLAND, BALTIMORE- General Adult Psychiatry - The University of Maryland School of Medicine, Department of Psychiatry Division of Community Psychiatry is seeking full-time adult psychiatrist. The position includes working in one or more ambulatory clinics, providing direct care, team supervision and some program planning. The position carries a faculty appointment at the University of Maryland School of Medicine and offers exciting opportunities for clinical care and teaching psychiatric residents, child fellows and medical students in a multidisciplinary team setting. Academic rank and salary are commensurate with experience. Send a letter of introduction and CV to: Jill A. RachBeisel, M.D., Associate Professor, Chief of Clinical Services and Division Director of Community Psychiatry jrachbei@psych.umaryland.edu The University of Maryland, Baltimore is an equal Opportunity/Affirmative Action Employer. Minorities, women, individuals with disabilities, and protected veterans are encouraged to apply.

Joshi & Merchant, M.D., P.A., provides outpatient psychiatry and mental health services for adults. Looking for a Board-Certified Psychiatrist to work FT. The practice has been established for over 32 yrs & is located in Columbia, MD. Please forward resume to Milan Joshi, M.D. by email (milanjoshi11@gmail.com) or call (410)-299-8147.

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

Psychiatrist wanted for behavioral health organization in Baltimore. Adult population served. Clinical responsibilities include evaluations and psychopharmacology management. Buprenorphine services offered by the clinic, but not a necessary requirement for hire. Full or Part-time employment. Send CV to: University Psychological Center, Inc. Attn: Clark J. Hudak, Jr., Ph.D. Requirements: Active individual Malpractice insurance (1-3 million) and Valid License, DEA, CDS.

FULL TIME OR PART TIME CHILD PSYCHIATRIST - The outpatient psychiatric clinic at Franklin Square Medical Center is expanding. We currently have 11 psychiatrists and 16 psychotherapists. We are looking for a part time child psychiatrist, or a full time child psychiatrist who is also comfortable seeing adults. Psychiatrists will have 75 minutes for evaluations and 25 minutes for medication management. We offer flexible hours, CME reimbursement, 6 weeks paid time off, 403B match, medical benefits, and paid malpractice ins. The atmosphere is collegial, and most of our staff has been here for years. Please fax CV to Stephen Pasko, Director at 443.777.2060 or call 443-777-7925 for details.

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

Inpatient Consultation Psychiatrist Opportunity-Baltimore, MD - St. Agnes Hospital is seeking a Psychiatrist for the inpatient consultation service. Position available immediately. 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. 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. EOE ,Not an H1-B or J-1 opportunity.

CLASSIFIEDS (CONT.)

EMPLOYMENT OPPORTUNITIES

PT Psychiatrist needed in Anne Arundel County -UM Baltimore Washington Medical Center has a part-time position available for a BE/BC Psychiatrist to assist with treating inpatients and performing in-house and ED consults. UMBWMC is located between Baltimore, Washington and Annapolis. To learn more about UMBWMC visit our website at www.mybwmc.org. Competitive Salary and Benefits. If interested please send your CV to Jill Albach at physicianopportunities@bwmc.umms.org.

AVAILABLE OFFICE SPACE

COLUMBIA- Large, sound-proof, furnished office w/ fire-place & wall of windows in wooded townhouse professional park. Waiting room & shared bathroom. Great location near rte. 29 & 32. Available 3 days per week. Julie Morrison, Psy.D. jm@drjuliemorrison.com.

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



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

- October 11: **Pittsburgh, PA**
- October 18: **Bethesda, MD**
- October 25: **Philadelphia, PA**

REGISTER ONLINE NOW!

**Only \$50 for APA/MPS Members
Includes 4.5 hours CME credit and meals!**



Sheppard Pratt
PHYSICIANS, P.A.
PART OF THE SHEPPARD PRATT HEALTH SYSTEM

**ADULT PSYCHIATRIST
TRAUMA DISORDERS**

Sheppard Pratt Health System, headquartered in Baltimore, Maryland, has an exciting and challenging opportunity currently available for an adult psychiatrist to join a multi-disciplinary treatment team in The Trauma Disorders Program, widely recognized as one of America's centers of excellence for trauma treatment. Experience and background working with patients with complex post traumatic conditions and clinical experience working in an inpatient setting is required. Qualified psychiatrists must be board eligible and possess a current license to practice in Maryland at the time of appointment. Board certification preferred.

Sheppard Pratt is an equal opportunity employer. Sheppard Pratt is seeking psychiatrists with an orientation to time effective treatment, sensitivity to managed care referrers and a focus on quality care in an academic setting. Please contact Kathleen Hilzendeger, Director of Professional Services, at 410-938-3460 or khilzendeger@sheppardpratt.org.



Sheppard Pratt

PHYSICIANS, P.A.

PART OF THE SHEPPARD PRATT HEALTH SYSTEM

ADULT ADDICTIONS PSYCHIATRIST Towson, Maryland

Sheppard Pratt is currently recruiting for an adult psychiatrist to provide inpatient services on the Co-Occurring Unit which is located on our main campus in Towson, Maryland about twenty minutes north of Baltimore's Inner Harbor. Based on psychiatrist preference, this position can be paired with an assignment in the Adult Partial Hospital or in 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 in addictions are highly preferred. Sheppard Pratt offers flexible, competitive compensation and benefit plans and is an equal-opportunity employer.

Please contact Kathleen Hilzendege, Director of Professional Services, at 410-938-3460 or khilzendege@sheppardpratt.org.



Sheppard Pratt

PHYSICIANS, P.A.

PART OF THE SHEPPARD PRATT HEALTH SYSTEM

CHILD PSYCHIATRIST SHEPPARD PRATT HEALTH SYSTEM RESIDENTIAL TREATMENT CENTER

TOWSON, MARYLAND

Sheppard Pratt is recruiting a Board Eligible or Board Certified Child Psychiatrist with experience in treating the severely mentally ill adolescent within a psychiatric residential treatment facility (PRTF) setting.

Responsibilities include participating on a multiple discipline team and providing the assessment and management of adolescents placed in intermediate to long term residential care and special education. The patient population includes individuals with multiple psychiatric disorders including severe mood dysregulation, PTSD, impulse control disorders, conduct and learning disorders, and mild developmental disorders. Additional responsibilities may include the supervision of psychiatry residents and/or fellows.

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

If you would like to explore these opportunity, please contact our Director for Professional Services, Kathleen Hilzendege at 410 938-3460, email khilzendege@sheppardpratt.org.



Kennedy Krieger Institute

CHILD AND ADOLESCENT PSYCHIATRIST

The Kennedy Krieger Institute is an internationally renowned institution dedicated to improving the lives of children and adolescents with developmental disabilities and disorders of the brain, spinal cord and musculoskeletal system, through patient care, special education, research, and training. We are currently seeking superb Child and Adolescent Psychiatrists for our interdisciplinary outpatient programs, with research opportunities and faculty appointment with the Johns Hopkins University School of Medicine Department of Psychiatry.

The position provides a mixture of clinical, teaching and research opportunities, dependent on the interests and skills of the faculty member. The Johns Hopkins University School of Medicine faculty rank will be commensurate with experience. There are excellent benefits, including college tuition remission for dependents (at any college) and tuition remission for faculty members, spouses and dependents for coursework performed at the Johns Hopkins University and the Peabody Music Institute.

Qualifications: BE/BC in Child and Adolescent Psychiatry

Contact: Robert L Findling, MD, MBA, Vice President Psychiatric Services and Research, The Kennedy Krieger Institute. Phone 410-955-2320. Email: rfindli1@jhmi.edu. Apply: <http://careers.kennedykrieger.org>

EOE, M/F/Disability/ProtectedVet



Sheppard Pratt
PHYSICIANS, P.A.

PART OF THE SHEPPARD PRATT HEALTH SYSTEM

CHILD PSYCHIATRIST OUTPATIENT SERVICES Behavioral Health Partners, Inc.

FREDERICK, MARYLAND

Unique opportunity has become available to join a team of psychiatrists and social workers providing services at our outpatient center in Frederick, Maryland. Behavioral Health Partners, Inc., a joint venture between Sheppard Pratt Health System and Frederick Memorial Hospital, provides a critical component to the continuum of care for patients of both parent organizations.

Sheppard Pratt is seeking either a part-time or full-time child psychiatrist with experience and expertise in outpatient psychiatry, focus on continuity of patient care and sensitivity to the needs of patients, families and referrers. Qualified candidates must be board eligible and possess a current license to practice in Maryland at the time of appointment. Board certification is strongly preferred. Sheppard Pratt offers a generous compensation package and comprehensive benefits and is an equal opportunity employer.


Please contact Fred Donovan, Director, at 301-663-8263 extension 228 or at fdonovan@sheppardpratt.org

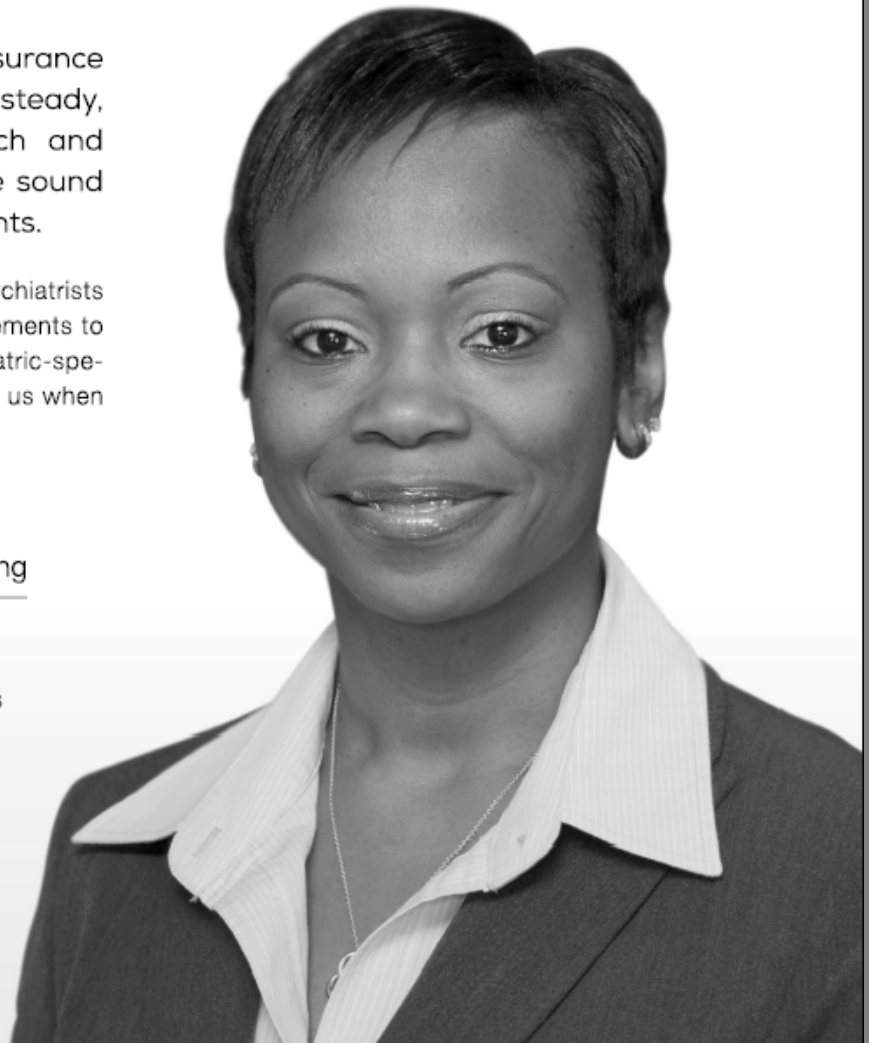
DEDICATED TO PSYCHIATRY

As the nation's preeminent insurance program for psychiatrists, our steady, prudent management approach and dedication to psychiatry provide sound and secure coverage for our clients.

We continuously assess the needs of psychiatrists and develop new products and enhancements to meet these needs. Our proactive psychiatric-specific focus means that you can count on us when you need us the most.

Victoria Chevalier
Assistant Vice President, Underwriting

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