



# MPS NEWS

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Editor: Heidi Bunes

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

*MPS News* Design & Layout  
Meagan Floyd

## President's Column

### The Year Ahead

Prior to my involvement with the Maryland Psychiatric Society, I was never very active in professional organizations. I simply paid my dues and attended the occasional event. I rarely gave much thought as to what the organization accomplished or how I could be part of it. My involvement with the MPS began with the encouragement of Jeff Janofsky. He told me about the work of the Legislative Committee and, with my interest in forensic psychiatry, I thought it might be a good fit. I joined the committee and the rest is history. I discovered that I had something to contribute to the organization. More importantly, however, I learned that through its various committees and the talents of our members, the MPS makes a significant impact in representing the interests of psychiatry and our patients throughout the state. I would like to take this time to speak about just a few of our important committees.

The MPS Legislative Committee has historically been very active within the organization. Each year, members of the committee review scores of bills affecting our patients and the practice of psychiatry. Jennifer Palmer, the chair of our committee, has done an outstanding job leading the committee. Our lobbyists, Lisa Harris Jones, Sean Malone and Philip Cronin, have done an excellent job in representing our positions to the Maryland legislature. In recent years, we have had a significant impact on legislation pertaining to scope of practice, firearm legislation, child abuse reporting, physician assisted suicide, medical marijuana, managed care, network adequacy and parity.

The Maryland Psychiatric Political Action Committee, chaired by Bruce Taylor, has also been very important to our organization. Through its hard work in raising money and contributing to the campaign funds of elected officials, we are able to have a voice in the Maryland legislature.

The MPS Program and CME committee, chaired by Jason Addison, has done a wonderful job in putting together educational programs that have been well attended, informative and pertinent to the practice of psychiatry. The recent program on women's mental health was a great success. Margo Lauterbach has done an exceptional job in her presentations regarding Maintenance of Certification. Without her help, I wouldn't have been able to have everything needed in time for recertification. Thank you, Margo!

The MPS Payor Relations Committee, chaired by Laura Gaffney, has looked at numerous important issues regarding psychiatry and managed care. Of note, Elias Shaya and Steve Daviss have put in a significant amount of work in the development of the new Uniform Treatment Plan form.

The MPS would not exist without its members, making the Membership Committee, chaired by Susan Lehmann, an essential part of the organization. Our organization is only as strong as our membership, and the committee's work in recruiting new members, as well as ensuring the continued membership of our current members, is critical.

Since joining the Executive Committee two years ago, my appreciation for the organization has only grown. I want to thank Scott Aaronson, Sally

(Continued on next page)

The next MPS Council meeting will be Tuesday, **June 9th** at 8PM in the MPS office.

Waddington and Merle McCann for their work on behalf of the organization. Over the past two years, the organization has been fortunate to have Scott and Sally as presidents of the organization. I have big shoes to fill.

The organization, of course, would not be where it is today without the exceptional work of the MPS staff. I realize this all the more since I have been on the Executive Committee. Heidi had exceptional patience with me as Treasurer, given my background (or lack thereof) in accounting. Meagan has worked tirelessly and efficiently in organizing the various activities of the organization. And Kery has done an excellent job in his work with the leadership, the legislative committee and other committees in accomplishing the needs of the MPS.

I look forward in the coming year to working with Sally Waddington, Merle McCann (our President Elect), Jennifer Palmer (our Secretary Treasurer) and you, our members. Through the efforts of its members and staff, the Maryland Psychiatric Society is an organization that we can be proud of. The MPS is only as strong as our membership – we need to communicate the importance of our organization as well as our need for the talents of all our members.

*Brian Zimnitzky, M.D.*

## Membership

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

Joseph T. Andrews, M.D.  
Paul M. Kim, M.D., Ph.D.

## Have You Paid Your 2014-2015 Membership Dues?

A list of members with unpaid MPS dues will be presented to Council to be dropped in June. Invoices will be mailed again in early May. If you are unsure whether your July 1, 2014 to June 30, 2015 MPS dues are paid, please call 410-625-0232 or email [mps@mdpsych.org](mailto:mps@mdpsych.org).

## Children's Mental Health Awareness Week May 3-9

Visit [www.childrensmentalhealthmatters.org](http://www.childrensmentalhealthmatters.org) for events.

## Maryland Coalition for Mental Health Awareness Art Event May 7, 1—5 PM

Artwork illustrates recovery from the eyes of consumers living with mental illness. The Building Bridges Award will go to [Frank Warren](#) of [PostSecret](#). [Click for more.](#)

## MPS Members Out & About

Mark Komrad, M.D. participated in the [April 2 WYPR Midday with Dan Rodricks show](#) on mental health issues related to the Germanwings crash and occupational psychiatric evaluations.

**Help us spotlight news of MPS members in the community by sending info to [mps@mdpsych.org](mailto:mps@mdpsych.org).**

## Medical Record Storage Company Contracts

If you are a psychiatrist who maintains paper records, at some point you will likely find that you no longer have sufficient space within your office to store all of your inactive patient files. Fortunately, in many locations, there are secure facilities dedicated to business record storage. As you consider your various options, carefully review the companies' proposed agreements and watch for the following:

**Access:** How easily can you access your records? Is the facility open 24/7? If you cannot go to your assigned space and retrieve records directly, what is the time frame in which records can be retrieved? Remember, if you are provided with a valid record request, you will only have so much time in which to respond so you must ensure that records can be obtained in a timely manner.

**Business Associate/Confidentiality Agreement:** If you are a covered entity under HIPAA, and the storage facility will have access to patient information, you must ensure that the facility is willing to enter into a Business Associate Agreement. Under this agreement, the storage facility agrees to maintain the confidentiality, security, and integrity of your patients' records. Also included are provisions requiring notification to you in the event of a breach involving your patients' information. If you are not a covered entity, you should still require that the facility agree to maintain the confidentiality of your information if such an obligation is not already laid out in your contract.

**Non-Payment Provisions:** Pay close attention to provisions in the agreement that outline the facility's remedies in the event of your non-payment of storage fees. Some contracts provide that the facility retains the right to destroy the contents or even to sell the contents. Although it may seem unlikely that this would ever occur, consider the consequences in the event that something happened to you or a change in your office staffing caused payment to be overlooked.

By [Professional Risk Management Services, Inc. \(PRMS\)](#)  
Manager of The Psychiatrists' Program  
Medical Professional Liability Insurance for Psychiatrists

## April 14 Council Highlights

### Executive Committee Report

- At the monthly meeting of the MPS and the Mental Health Administration (now part of Behavioral Health Administration), we learned that Dr. Brian Hepburn will be retiring as of June. He will become Executive Director of the National Association of State Mental Health Program Directors.
- The issue of coverage of 30 day inpatient substance abuse treatment was discussed at the MHA/MPS meeting. Although Federal Medicaid regulations prevent covering this inpatient treatment, Maryland had been covering some of it. The monies are no longer available and CMS would need to change their rules to allow payment.
- The MPS election results are in and both MPS bylaws amendments were approved: Resident-Fellow Members will now have a voting seat on the MPS Council, and the drop date for non-payment of MPS dues will be the April Council meeting. MPS members are billed for dues in June and have 90 days to pay, after which time a late fee is assessed with each billing. If dues are not paid by March 31, the member will be dropped by Council vote at the April meeting.
- In accordance with MPS Audit Committee Policy, requests for proposal have been sent to accountants who work with non-profit organizations. The Executive Committee decided to request an annual review, as in the past, rather than an audit or compilation. It will review the proposals and make a selection by the end of April.

### Executive Director's Report

- Mr. Hummel and Dr. McCann will attend the APA Annual Meeting in Toronto May 16-20, including the orientation for new District Branch Presidents-Elect and the membership meeting on Tuesday. Monday is an all-day meeting for District Branch Executive Directors.
- Besides the upcoming MPS meetings, current staff efforts are focused on the website and work with Executive Committee on the annual member survey and the FY16 budget.

### Secretary-Treasurer's Report

Dr. McCann discussed the 3<sup>rd</sup> quarter financial statements. The MPS has sufficient cash on hand to meet its current liabilities and fund the capital expenditures for the website and database development. Year to date, total revenue is \$2K higher than budget and total expenses are \$31K less than budget. Dues revenues are \$6K higher than projected; however, there is a significant dues drop list that may cause that number to decrease. Ads in *MPS News* are \$6K more than budget to date. Although meeting income is \$7K less than budget, meeting expenses are \$15K less because there was no fall CME meeting. The MPS has not yet incurred legal fees or hosting fees, and although salaries are higher, health insurance is lower than budget. After investing \$39K in the new website and database, there has been a negative cash flow of \$14K since July 1, 2014. Council voted unanimously to approve the report. Dr. McCann distributed copies of the

brokerage account statement as of March 31, which reflects an \$82K balance in the investment fund and an estimated growth of \$2K annually.

### Nominations and Elections Committee Report

Dr. Lehmann announced the 2015 MPS election results. [\[Please see page 4\]](#)

### Legislative Committee Report

In Dr. Palmer's absence due to illness, Mr. Hummel reported on the bills considered by the Legislative and Forensic committees during the 2015 General Assembly Session. [A final legislative report is on [page 5.](#)]

### Program and CME Committee Report

Dr. Addison reported on the MPS Women's Mental Health Symposium being held April 18 at the Sheppard Pratt Conference Center. Over 100 people have registered, and a large majority are psychiatrists. A fall CME program was discussed that would cover substance abuse, dual diagnosis, and treatment. It would be planned with the newly integrated Behavioral Health Administration. More details will be forthcoming.

### Membership Committee Report

Dr. Lehmann presented the committee's recommendation that a member be granted dues relief. Council voted to approve the request. The MPS drop list was circulated to Council for review. Urgent dues notices have been mailed to delinquent members. Council was asked to contact their colleagues and encourage them to pay MPS dues. The APA dues drop list will be distributed later in April.

### Farewell to Outgoing Members

Dr. Aaronson thanked outgoing Council members Drs. Eric L. Anderson, Andrew F. Angelino, Harry A. Brandt, and Susan B. Wait for their years of service to the MPS.

## Insurance Carrier Deceptive Practice Investigation

MedChi has received reports that some health insurers are in the practice of pre-certifying/approving a procedure or device but then, after the procedure is performed, declaring it to be experimental, and denying payment to the physician. If this has happened to you, please contact Steve Johnson at [sjohnson@medchi.org](mailto:sjohnson@medchi.org) with the following information:

- Procedure involved
- Carrier involved
- Circumstances of approval/certification
- Specific denial language
- Any subsequent interaction with the carrier regarding the procedure or denial

From [March 30 MedChi News](#)

## 2015 MPS Election Results

The following members will serve in the positions noted during the 2015-2016 year. These results from the 118 ballots cast in March were approved at the April Council meeting.

President-Elect  
Merle McCann, M.D.

Secretary-Treasurer  
Jennifer Palmer, M.D.

### Councilors

Virginia Ashley, M.D.                      Margo Lauterbach, M.D.  
Mark Ehrenreich, M.D.                      Marsden McGuire, M.D.  
Anne Hanson, M.D.

Early Career Psychiatrist Councilor  
Jessica Merkel-Keller, M.D.

APA Assembly Representative  
Robert Roca, M.D., M.P.H.

Nominations and Elections Committee  
Scott Aaronson, M.D.  
Joanna Brandt, M.D.

MedChi Delegate  
Steven Daviss, M.D.  
Robert Roca, M.D., M.P.H. (alternate)

## Congratulations to MPS Paper of the Year Award Winners!

Last year the MPS Academic Psychiatry Committee developed an MPS "best paper" award recognizing outstanding papers authored by Maryland psychiatrists and published in 2013. The contest was held again this year with a selection subcommittee of representatives from Hopkins, Maryland, and Sheppard Pratt. Several submissions of excellent papers published or in press in 2014 were received after soliciting nominations from department chairs or their designees, as well as MPS members through this newsletter. Entries were considered for awards in two categories this year. Following are the winners who were selected in April and recognized at the MPS annual meeting:

**Resident/Fellow:** **Avi Gerstenblith, M.D.** for a paper entitled "[Lyme Disease: A Review of Its Epidemiology, Evaluation, and Treatment.](#)"

**Early Career:** **Margo Lauterbach, M.D.** for "[Treatment of Traumatic Brain Injury-Induced Dyskinesia With Tetra-benazine: A Case Report.](#)"

## Long Road to Achieving True Parity

On April 1st, NAMI released its new report, "[A Long Road Ahead: Achieving True Parity in Mental Health and Substance Use Care](#)," describing the experiences and challenges of people across the country who have health insurance and need mental health services. In 2008, the federal Mental Health Parity and Addictions Equity Act was passed to address discrimination against people living with mental illness or substance use disorders in health insurance. Unfortunately, despite passage of this landmark law as well as laws at the state level, people with these disorders still face barriers in getting the needed care. Based on a survey of 2,720 consumers and an analysis of 84 insurance plans in 15 states, the report findings include:

- More than one in five cannot find a psychiatrist or other mental health prescriber in the insurance network.
- Insurance company denials of authorization for mental health and substance abuse care are nearly twice the rate for other medical care.
- There are significant barriers to accessing psychiatric medications. For example, more than half of health plans covered less than 50% of anti-psychotic drugs, meaning that there was no coverage for most antipsychotic medications.
- When covered, high out-of-pocket costs for prescriptions may discourage people from participating in treatment.
- There is insufficient information about mental health coverage and participating providers to enable consumers to make informed decisions in choosing health plans.

The report's policy recommendations include strong enforcement of parity provisions, public disclosure of insurers' authorization criteria, accurate and regularly maintained list of participating providers, understandable information about insurance coverage, and reduced out of pocket costs for low income patients.

## [2015 NAMI Walks Maryland](#)

May 16, 2015  
Check-in: 9:00 am  
Start Time: 10:00 am  
West Shore Park - Baltimore Inner Harbor

The Orioles are offering discounted tickets for NAMI supporters for O's vs L.A. on May 16 at 7:05pm. \$5 per ticket will go towards the NAMIWalks goal. [Click Here for Tickets!](#)



# Maryland News

## 2015 MPS Legislative Session Review

The Maryland General Assembly ended at midnight on April 13. This year 2,248 bills and resolutions were considered by the General Assembly; the MPS reviewed 98 bills, taking positions on 12 of them and testifying on 6. For details on the bills below, use the following link to the Home Page for the Maryland General Assembly <http://mgaleg.maryland.gov/webmga/frm1st.aspx?tab=home>. In the space beside Find Legislation By Number, type in either HB and the bill number or SB and the bill number. Click the arrow to go to all of the information related to that particular bill.

Starting off with HB3, the Prescription Drug Monitoring Program would have required physicians to query the PDMP (e CRISP) program before prescribing or dispensing any medications. It received an unfavorable report by Health and Government Operations.

Although the MPS opposed SB195, it passed. This bill allows nurse practitioners to assent to voluntary and involuntary admissions of a minor for treatment of a mental disorder. SB162/HB451 was to establish a task force to study regulation of Teletherapy. The MPS opposed these bills because there was already a task force for Telemedicine and there was concern that two different set of rules could be established. Both bills were withdrawn. Lynette's Law, SB617/HB908 as proposed, was to prohibit counselors and therapists from engaging in sexual activity within two years of treatment. The bill received an unfavorable report from both the House and the Senate. The Death with Dignity Act, SB607/HB1021 had multiple flaws from the perspective of psychiatry: lack of a psychiatric assessment, no mechanism to challenge a competency assessment, and lack of notification of the patient's family's regarding intent thereby possibly preventing a capacity assessment. The bill stalled in committee without a vote, and an interim workgroup may be convened to discuss aid with dying legislation.

Nurses Practitioners were able to secure significant changes to their authority to practice with SB723/HB999 that allows new NPs to have a mentoring relationship with a doctor or experienced NP for at least 18 months, and specifies that NPs who do not collaborate would be subject to discipline for their failure to do so. The mentoring relationship was proposed by MedChi, based on the assertion that the attestation requirement is not enforced.

The assignment of health insurance benefits, which was to sunset this year, was made permanent in SB92/HB230. SB90/HB293 addressed Mental Health Directives that allow individuals to document their preferences regarding future psychiatric treatment. Maryland law provided for the revocation of those instructions at any time. While the original bills allow for a 72 hour window for revocation, this was amended to

allow the individual, when making these Mental Health Directives, to waive the right to revoke during periods of incapacity.

SB157/HB662 passed and will increase access and remove barriers for 16 and 17 year olds to consent to treatment with any health care provider who is licensed and certified to diagnose and treat mental and emotional disorders. The Task Force to Study Maternal Mental Health, SB74 passed. The report will be presented to the General Assembly on or before December 31, 2015. The perennial child abuse and neglect-failure to report received an unfavorable report in the Senate and was withdrawn in the House. HB534 was supported by the MPS with testimony. This legislation would have specified a procedure that provides for coverage of the brand name prescription drugs prescribed for the treatment of a mental disease if the equivalent generic drug has been ineffective.

### Other legislation of interest:

SB834/HB990 was a comprehensive bill to address issues related to network adequacy and prescription coverage under Qualified Health Plans on the Exchange. Although it did not pass, the director of the exchange is convening a workgroup to study and make recommendations related to network adequacy.

SB586/HB1010 would have required insurance carriers to submit annual reports certifying and outlining how their plans comply with state and federal parity laws. The MPS supported this legislation and worked with APA, which sent a letter in support. However, continued opposition from insurance carriers and the Maryland Insurance Administration prevented the passage of these bills. The Senate Finance Committee Chairman requested that the Insurance Commissioner conduct market surveys to verify compliance.

HB1109 and SB174 provided further framework for the continued integration of services for individuals with mental health and substance use disorders. SB174 merges the Maryland Advisory Council on Mental Hygiene and the State Drug and Alcohol Abuse Council into a more inclusive Behavioral Health Advisory Council.

In HB72 (*The Budget Reconciliation and Financing Act of 2015*) language was added that **extends the timeframe for renewing CDS licensure from two to three years**, consistent with the timeframe for DEA licensure.

The final days of the 2015 Session had a budget division between the Democratically

(Continued on next page)

## Maryland News

controlled House and Senate and Governor Larry Hogan. Governor Hogan's budget was cut and the General Assembly wanted to have the deleted monies used for education, healthcare expenditures including an improvement to Medicaid reimbursement rate for doctors, and State employee COLA increases, as well as the restoration of some monies for community mental health provider rates, psychiatrist evaluation and management rate cuts, and expansion of substance disorder treatment for individuals with heroin addiction. The Governor, so far, has returned these monies that were cut to the State's general fund and may or may not appropriate them for the priorities of the General Assembly. The monies may remain unspent.

*Kery Hummel, Executive Director*

### Proposed New CDS Requirements Withdrawn

The February issue reported on proposed changes to Controlled Dangerous Substance (CDS) regulations that would have added education on substance use disorders and Prescription Drug Monitoring Program (PDMP) registration to the requirements for obtaining a CDS certificate. Last month, DHMH officially withdrew the proposal and published notice in the [April 17 Maryland Register](#). No additional requirements will be imposed at this time.

Responses to the proposal pointed out that the DHMH Division of Drug Control appears to already have its hands full with renewing CDS permits. The division reports that it is making progress toward implementing a web-based CDS application and renewal system, with an anticipated timeline of Fall 2015.

### Maryland Budget Update

The legislative session ended without Governor Hogan appropriating money that was restored by the General Assembly for specific priorities, including mental health and substance use disorder services. [See April article on [page \\_\\_\\_](#).] The governor could still allocate that funding in the coming months via a budget amendment, and some have urged him to do so (see [here](#) and [here](#)). It could also go toward General Fund spending or not be spent. The Maryland Behavioral Health Coalition continues to advocate for the additional behavioral health funding.

### New Maryland Electronic Preauthorization Requirements

Calling or sending a fax for preauthorization can be time consuming. Maryland law, established in 2012, aims to improve the process. Providers can now use State-regulated payor or pharmacy benefit manager (PBM) online systems to submit preauthorization requests electronically. **By July 1, 2015, providers will be required to utilize electronic preauthorization systems. Waivers for certain extenuating circumstances will be available.** [The MPS Payer Relations Committee will provide more information, hopefully in the June issue.] Visit the [Maryland Health Care Commission's website](#) for details about electronic preauthorization, including links to payors' and PBMs' online listings of health care services that require preauthorization, as well as links to their online preauthorization systems.

From [April 6 MedChi News](#)

### Continuity of Health Care Notice Finalized

The proposed regulations for required [insurance carrier](#) and [managed care organization](#) notices to new enrollees were made final on April 27. The notice explains that patients who are currently receiving treatment have special rights in Maryland. For example, if the prior insurer gave pre-approval for surgery or other services, the patient may not need a new approval from the new carrier for the same services. Also, those seeing a doctor who was an in-network provider with the old health plan, but who is not in-network the new plan, may continue for a limited period of time as though the provider were in-network. Limitations apply, and protections for patients receiving mental health and substance use treatment are omitted for managed care organizations. [Click here](#) for the complete regulation.

### Maryland Rx Card Reduces Medication Costs

The Maryland Rx Card can help patients who have high-deductible plans, or who do not have prescription coverage, or who take prescription drugs that aren't covered by their health insurance obtain savings of up to 75 percent off the retail price for brand and generic FDA-approved medications. Print the Maryland Rx Card for free at [www.MarylandRxCard.com](http://www.MarylandRxCard.com).

## Maryland News

### Hearing Set for 2017 Benchmark Health Plan

Insurance Commissioner Al Redmer, Jr. will hold a public hearing to help determine benefits that will be required for individual and small employer health insurance plans in Maryland in 2017. The hearing is scheduled for 10 a.m. on **May 4** at the Maryland Insurance Administration, 200 St. Paul Place, 24<sup>th</sup> floor hearing room, Baltimore. Oral testimony may be limited depending on the number testifying. Written testimony will also be accepted through **May 14** by email to [Nick.Cavey@maryland.gov](mailto:Nick.Cavey@maryland.gov). Call 410-468-2170 or email [Brenda.Wilson@maryland.gov](mailto:Brenda.Wilson@maryland.gov) with any questions.

### Heroin and Opioid Task Force Summits

Governor Larry Hogan has established a Heroin and Opioid Emergency Task Force that is holding hearings across the state to hear from consumers about ways to address the State's heroin overdose epidemic. Important responses include expanding drug treatment services and ensuring that consumers have access to the treatment services that are covered under their private insurance plans. The federal Parity Act prohibits insurance discrimination against individuals with mental health and substance use disorders, but families often cannot get the care that they need and are paying for.

The Maryland Parity Project's message is "Private insurance must do its part to address the opioid overdose epidemic, and the State must do a better job enforcing the Parity Act so that consumers can get the treatment services that they and their family need and are paying for." Three hearings have already been held and three more are planned: **May 18th – Hagerstown; June 10 – Salisbury; and June 30th Rockville**. Both written and oral testimony can be submitted. [Click here](#) for details.

### Sheppard Adds New Adult Unit for ASD

Last month, Sheppard Pratt Health System opened its seven-bed Adult Neuropsychiatric Unit – the only one of its kind in Maryland – specific to serving individuals 18 and over with co-occurring intellectual and developmental disabilities and psychiatric disorders, including Autism Spectrum Disorders. The unit will be led by Robert Wisner-Carlson, M.D., who also leads the Developmental Neuropsychiatry Clinic.

### Medicaid Mental Health Parity Regulations Drafted

On April 6<sup>th</sup> CMS finally issued [draft regulations](#) pertaining to the federal mental health parity law and the Medicaid program. Advocates have been waiting for these regulations for several years. The regulations mostly mirror the [2013 Final Regulations](#) that apply to private health insurance plans, including the definitions and application of financial requirements, quantitative and non-quantitative treatment limitations. The regulations apply to CHIP recipients and all Medicaid recipients except those served ONLY in the fee for service system. There are other Maryland populations who are not covered. **Comments on the draft regulations are due on June 9**. Click the MPP link below for more details.

From [April 10 Maryland Parity Project post](#)

The APA notes that the proposal also requires states to make publically available their documentation for compliance with the parity rule. The [Washington Examiner reports](#) that the draft does not lift the longstanding federal ban on using federal Medicaid dollars for stays in private psychiatric hospitals and state mental hospitals. See more information in the CMS [Fact Sheet on the Proposed Rule](#).

### Optimizing Health Information Technology

Attend a free CME seminar presented by CRISP and MedChi on **May 6 from 6–8 PM** to find out how to implement an EHR system, access patients' hospital information and be alerted when your patients are admitted or discharged. [Click here](#) for details.

### Review Your Open Payment Records by May 20

The 45-day window will be open **until May 20** for physicians and teaching hospitals to review and dispute any incorrect data that pharmaceutical companies, biological makers, and device makers have reported about them to CMS as part of the [Open Payments program](#). The data will be [available to the public](#) beginning June 30. This second reporting cycle covers payments made in 2014. After the review period closes, physicians can still initiate disputes, but updated data will not be displayed until the next reporting cycle. CMS developed the Open Payments program to comply with the Physician Payment Sunshine Act (Sunshine Act), which is part of the Affordable Care Act. For information on how to register, [click here](#), or visit the [APA website](#).

## APA Information

### March APA Board of Trustees Meeting Highlights

●Acting on the recommendation of the Ad Hoc Work Group on Strategic Planning, adopted a [five-year strategic plan](#) that focuses on the integration of psychiatry into all care settings and on support for members in this transition, education, research, and diversity. It also renewed support for advocacy and communications. The plan was informed by the APA's recent member survey, which drew over 2,200 responses.

●Voted to accept the report of the Ad Hoc Work Group on Healthcare Reform chaired by Anita Everett, M.D. The work group examined issues and opportunities for psychiatry in the era of new healthcare delivery systems and recommended six areas for APA activity:

1. **Quality:** Prioritize psychiatric leadership in defining the quality measurement of psychiatric services in US healthcare.
2. **Financing:** Establish an advocacy and communications strategy to message the value of psychiatry to key audiences: legislators, regulators, employers as purchasers, and health plans.
3. **Integrated Care:** Design a plan to define and advocate for the payment models for integrated care that will support sustainability. Work with CMS around newly announced plans to offer bundled payments and other payment reform based on quality.
4. **Research:** Influence the national research agenda for behavioral health services and related sciences.
5. **Health Information Technology:** Stimulate advances in technology so that EMR and app developers create solutions that better support the unique clinical needs of psychiatrists.
6. **Workforce and Education:** Develop a national strategy that defines and highlights the relative role of psychiatrists in organized systems of care that include multiple behavioral health and allied professionals.

●Approved a comprehensive report by the Ad Hoc Work Group on Education and Training that renews the APA's commitment to an educational advocacy agenda that focuses on supporting GME funding and maintaining psychiatry's designation as a primary care specialty, and includes several recommendations:

1. APA must take a leadership role in advocating for changes in residency education to prepare psychiatrists of the future to meet the public health needs of Americans with psychiatric illness. This will be best accomplished by partnering effectively with the education organizations in the field.
2. The APA should vigorously advocate for maintaining and increasing funding for graduate medical educa-

tion, including funding for training in innovative care delivery systems.

3. General psychiatry training programs remain four years in length. This is more than warranted due to the need to learn the greater volume of clinical knowledge in the areas of neuroscience, ethnic/social diversity and systems of integrated health care that are required of a generalist psychiatrist.
4. The areas that must be covered during the four years of general psychiatry training include psychosomatic medicine, geriatric medicine, child and adolescent psychiatry, forensic psychiatry, and substance abuse/addiction. Increased clinical exposure to these areas will be required to adequately prepare generalist practitioners.
5. The increase in clinically applicable neuroscience knowledge has created a need for residency curricular development.

●Voted to support elimination of Part IV of the Maintenance of Certification requirement (MOC), and recommended to the ABPN that it advocate the elimination of Part IV of MOC to the ABMS. [See the April issue for more on this.]

●Approved funding to enhance state advocacy to address bills being proposed and to increase support for DB advocacy efforts.

●Approved changes that support an open and competitive APA election. The cumbersome paper signature submissions required for petitions will be replaced with electronic signature submissions using a trusted system ([www.ipetitions.com/start-petition](http://www.ipetitions.com/start-petition)). Senior elected leaders from the Board of Trustees, Assembly, (Speaker and Speaker-Elect) and members of the Nominating, Elections, and Tellers Committees will be limited from supporting or endorsing APA candidates during their term of office.

●Approved a new brand for the APA (to be unveiled at the May meeting in Toronto), which will help convey a consistent look and message and demonstrate clear value to members. The Benjamin Rush mark will continue to serve as the Seal of the APA for certain formal documents and events.

●Approved revising the [Choosing Wisely List](#): Care of Patients with Dementia such that the language indicated that the use of antipsychotics in the elderly is not routinely the first choice to treat behavioral and psychological symptoms of dementia.

*Brian Crowley, M.D., DLFAPA  
Area 3 Trustee*



## APA Information

### APA Find a Psychiatrist Update

As of April 27, the APA Find a Psychiatrist database included 235 psychiatrists who opted in since the launch in early April. The initial goal is 1,000 before it is publicly offered. This is a new benefit for both members who are accepting new patients and individuals seeking mental health services. The searchable database includes **only** members who actively [opt-in](#) (link will take you to an easy to complete online form). Click [here](#) to preview the functionality of the new resource. For assistance, please contact Jon Fanning at [jfanning@psych.org](mailto:jfanning@psych.org) or APA Customer Service at 1-888-357-7924.

### APA Coordinates Advocacy on Psychologists

Opposing legislation introduced in previous Congresses (H.R. 794/S. 1064) to define psychologists as physicians under Medicare has been a top priority for the APA. Defining psychologists as physicians is clinically unnecessary and potentially dangerous for Medicare beneficiaries, who should expect nothing less than a physician in charge of their medical care at all times. This legislation has major, negative ramifications for states if passed. While it would not directly expand a psychologist's scope of practice to prescribe, it would send an implied message of acceptance to state officials across the country who are lobbied to extend prescribing privileges to psychologists. Therefore, the APA asked select District Branches to consider sending a letter to Members of Congress who have cosponsored the legislation in the past. For Maryland, this is Representative Chris Van Hollen. As Representative Van Hollen represents members from both districts, both the MPS and the WPS signed a joint letter

### New Guidance on Pharmacotherapy for Alcohol Use Disorders

The Substance Abuse and Mental Health Services Administration (SAMHSA) and National Institute on Alcohol Abuse and Alcoholism (NIAAA) have released new [guidance on the use of medications to assist in the treatment of alcohol disorders](#). Developed by a panel of experts in alcohol research, clinical care, medical education, and public policy, it was designed for use by primary care and specialty providers. The guide provides detailed information on the four medications approved by the FDA to treat alcohol use disorder, prevent relapse, or both: disulfiram, oral naltrexone, extended-release injectable naltrexone, and acamprosate. It includes recommendations for screening and assessing patients, selecting the appropriate medication, developing a treatment plan, and monitoring progress.

From April 22 [Psychiatric News Alert](#)

### ABPN Decertification for Restricted License

The MPS has recently become aware of an American Board of Psychiatry and Neurology (ABPN) practice that may not be widely known to members. The ABPN's rule that a physician with a restricted license is not eligible to become or remain certified is being enforced. Even a narrow restriction of the medical license disqualifies a physician from certification. ABMS and most other certifying boards have a similar rule, i.e. certification is automatically revoked if the physician's license becomes restricted.

Although ABPN's rule and its automatic decertification process is not new, it is now more likely to learn that physicians' licenses have been restricted as this information is easy to access, making it possible to know which diplomats are no longer eligible for certification. While there is no appeal from this decision, a physician can reapply for certification when the license is fully reinstated. Also, a diplomate is given 30 days from the notice of decertification to present any additional information he wishes that ABPN to consider.

The APA is working with ABPN staff and legal counsel to understand the process ABPN employs and the scope of infractions that it considers disqualifying because the ABPN's definition of "restricted license" is very broad and goes beyond the obvious restrictions on the ability to provide services. For these less obvious restrictions, the process of deciding whether the facts support decertification is not transparent.

The hope is that ABPN will publicly make its rule and process clear and transparent. This will allow physicians considering settlement with the disciplinary committees to understand the ramifications of such decisions with the ABPN. Meanwhile, if any member finds themselves being decertified when their license to practice medicine has not been restricted in the ordinary sense, the APA will assist the member through the ABPN process.

### Revised Federal Guidelines for Opioid Treatment Programs

SAMHSA has published revised [Federal Guidelines for Opioid Treatment Programs](#), which contain updated information on patient assessment and treatment planning, overdose prevention and relapse prevention, and patient-centered, integrated, and recovery-oriented care. Guidance is also provided on telemedicine and the role of various health professionals. For more info, contact Melinda Campopiano, M.D. at 240-276-2701 or [melinda.campopiano@samhsa.hhs.gov](mailto:melinda.campopiano@samhsa.hhs.gov).

# Medicare News

## Goodbye Medicare SGR!

In an important victory for Medicare and TRICARE patients, Congress *finally* passed a permanent repeal and replacement of the sustainable growth rate formula (SGR), which President Obama signed into law on April 16. In addition to addressing Medicare payment, the legislation outlines other provisions that should help physicians, including:

- Medicare's current quality reporting programs will be streamlined and simplified into one merit-based incentive payment system, referred to as "MIPS." This consolidation will reduce the aggregate level of financial penalties physicians otherwise could have faced.
- Protections are included so that medical liability cases cannot use Medicare quality program standards and measures as a standard or duty of care.
- Incentive payments will be available for physicians who participate in alternative payment models and meet certain thresholds.
- Technical support will be provided to help smaller practices participate in alternative payment models or the new fee-for-service incentive program.

While the bill supports physicians who choose to adopt new payment and delivery models, it also retains Medicare's fee-for-service model. Participation in new models is entirely voluntary.

The APA will continue to actively participate in the changes that the legislation will bring with regard to the practice of psychiatry and reimbursement of psychiatric services. [View APA's summary of the Medicare Access and CHIP Reauthorization Act of 2015 \(MACRA\)](#). Read more at [AMA Wire](#).

While it waited for Congress to act, CMS instituted a 10-business day processing hold for claims with dates of service April 1, 2015 and later. Novitas is implementing the rates in the legislation; however, a small number of claims were processed with the negative update amount before SGR was repealed. These will automatically be reprocessed at the rates that were effective before the 21 percent cut was scheduled to take effect. The fee schedule conversion factor will be increased by 0.5 percent on July 1, and by another 0.5 percent on January 1, 2016.

## May 14 Marijuana CME

Marc Fishman, M.D. will present "*Marijuana: Impact and Treatment of Youth and Vulnerable Adults*," on Thursday, May 14, at 6:00 p.m.; dinner and presentation to follow. Dr. Fishman will give an overview of research and treatment of marijuana use disorders and share additional findings. Sponsored by Baltimore City Medical Society and Monumental City Medical Society. To register, click [HERE](#).

## CMS Releases Hospital Compare Star Ratings

On April 16, CMS introduced star ratings on [Hospital Compare](#), the agency's public information website, to make it easier for consumers to choose a hospital. The star ratings appear on the survey of patients' experiences tab of the hospital record. Ratings are based on data from the Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS), which has been in use since 2006. Ratings will be updated each quarter. The [Nursing Home Compare](#) site already uses star ratings and [Physician Compare](#) has started to include star ratings in certain situations for physician group practices. For more information, review the [Fact Sheet](#) or go to the [HCAHPS](#) website.

## Do You Prescribe Part D Drugs?

If you write prescriptions for Part D drugs and you are not enrolled in Medicare in an approved status or have a valid record of opting out, you need to submit an enrollment application or an opt out affidavit to Novitas **by June 1, 2015, or earlier**. Beginning December 1, CMS will begin enforcing this requirement for patients to get coverage for their prescriptions under Part D. If you are unsure of your status, check the [CMS list of providers who are enrolled in Medicare in an approved or opt out status](#). This first iteration of the enrollment file displays physician and eligible professional eligibility as of and after November 1, 2014, (i.e., currently enrolled, new approvals, or changes from opt-out to enrolled as of November 1, 2014).

Enrollment applications can be sent electronically. To opt out of Medicare, you must submit an opt-out affidavit to Novitas. Your opt-out information must be current (an affidavit must be completed every 2 years, including your National Provider Identifier (NPI)). [Click here](#) for background and instructions. [The APA has more on opting out of Medicare](#).

## Medicare Private Contracting Change

Physicians who opt-out of Medicare should be aware that CMS has changed its definition of emergency care services to encompass urgent care services, which are furnished within 12 hours to avoid the likely onset of an emergency medical condition. It has also specified that the enrollment appeals process should be used to appeal Medicare opt-out determinations, such as whether a physician or practitioner has failed to properly opt-out, failed to maintain opt-out, failed to timely renew opt-out, failed to privately contract, or failed to properly terminate opt-out. These changes are **effective July 13**. For details, [click here](#).

**CLASSIFIED**

**EMPLOYMENT OPPORTUNITIES**

The **Center for Eating Disorders** has the following available positions:

**Inpatient/Partial Hospitalization Attending Psychiatrist** will lead a multidisciplinary treatment team in the assessment and care of patients with eating disorders. This unique practice opportunity combines the excitement of an academic environment with training of fellows, post-doctorate psychologists, social work interns and University of Maryland residents. MD license required.

**Outpatient/IOP Attending**—Services to be provided will include Evaluations, Level of Care Assessments, and Pharmacological Management. Opportunity to provide Individual, Group and Family Therapy. One position includes leading a multidisciplinary treatment team for an Intensive Outpatient Program. MD license required.

**Eating Disorder Fellowship** In partnership with University of Maryland, the Center for Eating Disorders is offering one-year fellowships starting July 1, 2015 on an inpatient/partial hospitalization unit. Training goals include 1. Develop comprehensive understanding of diagnostic criteria, etiology and co morbidity of patients with eating disorders. 2. Develop ability to complete diagnostic assessments on patients with eating disorders. 3. Develop individualized treatment plans providing recommendations for psychopharmacologic, individual, group and family therapy as well as determination of level of care indicated. 4. Develop competency in management of a multidisciplinary treatment team on an Eating Disorder Inpatient/Partial Hospitalization Unit. Opportunity to sign on upon completion of fellowship. The positions are available to start July 1, 2015.

Please fax resume to 410-938-5250, or mail to: Steven Crawford, M.D., 6535 N Charles St, Suite 300, Baltimore MD 21204. You may also email your resume to [scrawford@sheppardpratt.org](mailto:scrawford@sheppardpratt.org).

The University of Maryland Medical System (UMMS) is looking to fill several psychiatry positions. The University of Maryland Medical Center (UMMC) is looking for a full time community psychiatrist, full time child and adolescent psychiatrist and a full time consulting liaison faculty; UMMC Midtown, UM Baltimore Washington Medical Center, Union Hospital, and UM Upper Chesapeake Health are all looking for experienced full time psychiatrists inpatient and outpatient. For more information visit our website [www.ummsphysician.jobs](http://www.ummsphysician.jobs) or contact Jill Albach at [jillalbach@umm.edu](mailto:jillalbach@umm.edu). UMMS is an Equal Opportunity Employer.

Part-Time Psychiatrist: Baltimore City—successful candidate will provide services to both adults and children. Full clinical and administrative support provided. Contact Aletta at The Robert Sylvia Group, Inc. - 443-388-9654 (office) or 443-416-5474 (cell).

**PSYCHIATRIST NEEDED**- Full or Part Time. Private practice in Towson without hassles. Full administrative support. No insurance contacts. 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)

Jewish Community Services (JCS), is a non-profit human services agency that provides programs and services to support meeting basic needs for economic sufficiency; living independently; achieving mental health and competence; and feeling supported by and connected to the Jewish community in ways that are meaningful. JCS is seeking a Part-Time Psychiatrist for our outpatient mental health center. Job Skills/Qualifications: Conduct psychiatric evaluations and medication management Experience: Psychiatrist, Psychiatric Resident or Fellow, Child and adolescent experience a plus Education: MD; Licensed in Maryland, DEA certification, liability insurance. Fax your resume and cover letter to 443-200-6108 or apply directly : <https://home.eease.adp.com/recruit/?id=10157231>.

Established outpatient mental health clinic in Baltimore, MD is currently seeking Board Certified/Eligible child/adolescent and/or adult psychiatrists to work in the Baltimore area. We are a CARF and Joint Commission accredited organization and provide mental health services through large outpatient clinics, offsite rehabilitation programs, mobile treatment, substance abuse treatment, growing school-based programs and to detained youth at the Baltimore City Juvenile Justice Center. Both full and part time positions are available. Flexible hours including after hours and weekends. Excellent hourly pay. Experienced support team includes therapists, nurses, educators and a clinical psychologist. Visa assistance (J or H) is available. We are an HPSA designated site. Contact Monica Trish at 410-265-8737 or [mtrish@hopehealthsystems.com](mailto:mtrish@hopehealthsystems.com)

Baltimore - Full-time/Part-time Psychiatrist/Medical Director - CMDS, Inc. has arranged to provide mental health services for substance abuse patients of Turning Point Clinic – the world's largest independent substance abuse clinic. This is an outstanding opportunity to make a real difference and to work in what will surely become one of the largest mental health clinics in the state. DEA license and MD license required. CMDS is a fast-paced environment offering outstanding compensation to the right candidate. Contact Andre Pelegrini by phone: 410-868-5638.

More ads on next page!

**CLASSIFIEDS****AVAILABLE OFFICE SPACE**

Staff Psychiatrist – Part Time - Outpatient Chronic Care Patient Centered Medical Home (PCMH) in Baltimore City (21201) offering high quality PCMH services to the Baltimore area, providing exceptional primary care and wrap-around services tailored to meet individual patient needs and help our patients move toward wellness. Must be an M.D. with a current license to practice in MD. Must have completed specialty training in Psychiatry and have a minimum of 3 years' experience providing psychiatry services. No Weekends & free parking! Please visit <http://www.absolutecarehealth.com/baltimore/Careers.aspx> to learn more about us and this rewarding position! Please apply online with CV.

**AVAILABLE OFFICE SPACE**

Office available on 7/1 in suite of 5 mental health professionals in Mt. Washington. Comes with parking space, shared waiting room, restroom, and storage area. \$525/month (includes utilities but not phone or internet). Call 410-852-8404 or [DinahMiller@yahoo.com](mailto:DinahMiller@yahoo.com).

ELLCOTT CITY -- Full time (unfurnished) and part time (attractively furnished) offices in established, multi-disciplinary mental health suite. Ample parking and handicapped access. Expansive, welcoming waiting rooms with pleasant music throughout. Private staff bathrooms, full size staff kitchen with refrigerator, microwave, dishwasher, Keurig coffees and teas. Staff workroom with mailboxes, photocopier, fax machine, secondary refrigerator and microwave. Wireless internet access available. Plenty of networking and cross-referral opportunities with colleagues who enjoy creating a relaxed and congenial professional atmosphere. Convenient to Routes 40, 29, 70 and 695. Contact Dr. Mike Boyle, 410-465-2500.



Sheppard Pratt  
PHYSICIANS, P.A.

PART OF THE SHEPPARD PRATT HEALTH SYSTEM

## **WEEKEND PSYCHIATRISTS**

### **Either Towson or Ellicott City, Maryland**

Sheppard Pratt is seeking psychiatrists to provide inpatient, weekend services on either our main campus in Towson or on our campus in Ellicott City, Maryland. This position can be configured as a part time or full time position, depending on the number of weekends the psychiatrist desires to work. Both adult and child psychiatrists are needed.

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. To inquire about these positions, please contact Kathleen Hilzendeger, Director of Professional Services, 410-938-3460 or [khilzendeger@sheppardpratt.org](mailto:khilzendeger@sheppardpratt.org).





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PHYSICIANS, P.A.

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## **INPATIENT PSYCHIATRISTS**

### **Both Adult and C&A Psychiatrists are Needed**

#### **Towson, Maryland**

Sheppard Pratt is currently recruiting for psychiatrists to provide inpatient services on several units on our main campus in Towson, Maryland about twenty minutes north of Baltimore's Inner Harbor. Based on psychiatrist preference, these positions can be paired with assignments in the 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 are highly preferred. Sheppard Pratt offers flexible, competitive compensation and benefit plans and is an equal-opportunity employer.

Please contact Kathleen Hilzendeger, Director of Professional Services, at 410-938-3460 or [khilzendeger@sheppardpratt.org](mailto:khilzendeger@sheppardpratt.org).



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## **MEDICAL DIRECTOR**

### **ADOLESCENT RESIDENTIAL TREATMENT CENTER**

#### **TOWSON, MARYLAND**

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

The Medical Director is the leader of the clinical team and responsible for the quality of care and the oversight of all clinical activities for the program. Qualified candidates must have leadership experience. 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, comprehensive benefits and is an equal opportunity employer. For more information, please contact our Director of Professional Services, Kathleen Hilzendeger, at 410 938-3460, email [khilzendeger@sheppardpratt.org](mailto:khilzendeger@sheppardpratt.org).

# DO YOU HAVE AN EXTRA \$47,000 TO DEFEND YOUR REPUTATION?

You are more than likely to have an administrative action brought against you than a lawsuit. And, this can cost you.

A psychiatrist just paid over **\$42,000** out of his own pocket defending a board action. This only covered defense counsel involvement and expert evaluation. He also lost **over \$5,000** in income for time spent assisting the defense team - all because his medical professional liability insurance did not cover him.

If you find yourself facing an investigation from a state licensing board, the federal government over HIPAA complaints or other governmental agency related to billing or any other administrative defense issue, **are you confident you are fully covered?**

## Remy Palumbo

Senior Account Manager

[TheProgram@prms.com](mailto:TheProgram@prms.com)

(800) 245-3333

[PsychProgram.com/InfoRequest](http://PsychProgram.com/InfoRequest)



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