

MPS NEWS

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Editor: Heidi Bunes

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Deadline for submitting articles to *MPS News* is the 15th of the month preceding publication. Please email to heidi@mdpsych.org.

MPS News Design & Layout
Meagan Floyd

The next MPS Council meeting will be 8PM Tuesday, **September 15** in the MPS office.

President's Column

Changes Coming to Medicaid

Throughout the United States, Medicaid patients have often had difficulty in accessing mental health care. Currently, many psychiatrists, who are not contracted with Medicaid, privately treat Medicaid patients. In these circumstances, the patients have agreed to pay privately for treatment. Psychiatrists prescribe medications for these patients, and Medicaid covers the cost for the prescriptions. This situation is about to change.

Over the past month, psychiatrists in Maryland received letters stating that if a provider is not contracted with Medicaid, then Medicaid will not cover any medications that he/she prescribes for Medicaid patients.

On July 15, Mia Smith (APA Director of DB/SA Relations & Strategic Development) sent a written statement outlining the changes. Historically, any physician billing for Medicaid services was required to be enrolled in the state Medicaid program in order to bill for Medicaid services. This allowed non-participating physicians to treat and prescribe for Medicaid patients, as long as they did not bill Medicaid for services. Recently, however, the Centers for Medicare & Medicaid Services (CMS) issued new guidelines. The Affordable Care Act (ACA) requires that all prescribing physicians must be enrolled in the state Medicaid program in order for their prescriptions to be paid for. The purpose of this change is to ensure that orders, referrals and prescriptions for Medicaid patients come from licensed physicians who have not been excluded from Medicare and Medicaid.

Many psychiatrists privately treating Medicaid patients do not want to enroll as Medicaid providers. Colleagues have pointed out that many states have a "Prescriber Only" category for Medicaid. Maryland has a "Prescriber Only" category as well, in which a physician is enrolled and able to prescribe for Medicaid patients but does not bill Medicaid for services. However, although the physician does not bill Medicaid for services, the physician is prohibited from billing the patient either. Essentially, the physician can only provide these services pro bono.

The executive committee has been in ongoing discussions with representatives from the Behavioral Health Administration. All are aware of the potential for significant disruption in the care for these patients. We have been informed that the Maryland Medicaid program (as are all state Medicaid programs) is essentially obligated to follow these new federal guidelines. The APA (both Health Care Systems and Finance, and Government Relations) is involved, as this issue affects all states.

Obviously, the coming changes are going to be detrimental to the treatment of many patients. There has been an ongoing shortage of psychiatrists treating Medicaid patients in the state of Maryland. It can be very difficult for these patients to be able to find providers in order to obtain needed treatment. For some patients who have been able to pay for services privately, this door is now being closed.

These changes to Medicaid will be enforced by the end of the calendar year. As noted above, the executive committee of the Maryland Psychiatric So-

(Continued on next page)

ciety is in ongoing discussions regarding this issue with representatives from the Behavioral Health Administration. We have discussed barriers to having more psychiatrists choose to enroll in Medicaid. Additionally, we are talking with them about any flexibility in these changes as well as guidance in how to advise psychiatrists in transitioning their patients to Medicaid providers.

I wish that we had better news. Over the coming months, we will keep you informed of any new information and guidance in how to help our patients through this transition.

Brian Zimnitzky, M.D.

[More info on [page 9](#).]

Feedback Regarding TRICARE

The APA is soliciting input, observations, and any other information on psychiatrist participation in the TRICARE military health insurance program to help inform APA's response to a federal solicitation for feedback. Specifically:

- What concerns do you have regarding accepting TRICARE beneficiaries?
- Has the Department of Defense or any TRICARE Regional Officers reached out to you to facilitate participation? If so, please provide any details.
- What challenges do you face in obtaining information about TRICARE options?

Your feedback will help inform APA understanding of these important issues and promote better advocacy on behalf of members. Please submit your response to both Kery Hummel at khummel@mdpsych.org and Matt Sturm at msturm@psych.org by **close of business Wednesday, August 12**.

Area 3 Website

APA Area 3, which includes the MPS, has a website with information available to all members (Home, News, Protect NJ Patients, Contact Your Area 3 Council), as well as content that is only accessible to Area 3 Council. Visitors can also access related websites by clicking on the logos in the footer at the bottom of each page. Click [here](#) to check it out.

Advertise your Practice, Location Change, or Specialty

Place an ad in the 2015-2016 MPS membership directory for a special rate of \$90! Contact [Kery Hummel](#) at 410-625-0232.

MPS Members Out & About

Robin Weiss, M.D. wrote "[How Therapists Mourn](#)," which was published July 4 in the *New York Times* Opinion Pages Couch series.

Help us spotlight news of MPS members in the community by sending info to meps@mdpsych.org.

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.

Keith Gallagher, M.D.
 Milena Goldshmidt, M.D.
 Cindy Yu-Uen Huang, M.D.
 Benjamin Israel, M.D.
 Christina Ni, M.D.
 Andrea Wang, M.D.
 Jeffrey Zabinski, M.D., MSSA

Transfers

Snehal Shah, M.D. (GM from NJ)

THANK YOU!

Even though they qualify for reduced dues, some life members elect to pay full MPS dues. We extend a special thank you to the following "lifers" who paid additional dues:

George Rever, M.D.
Daniel Safer, M.D.
Daniel Storch, M.D.

Join The MPS Listserv!

Join the on-line MPS listserv so you can quickly and easily share information with other MPS psychiatrists. An email message sent to the listserv goes to all the members who have joined. To join, click [here](#). You will need to wait for membership approval and will be notified by email. If you have trouble negotiating this, please call the MPS office at 410-625-0232.

Get Ready for ICD-10

The nation switches from ICD-9 to ICD-10 coding for medical diagnoses and inpatient procedures on October 1. The Medicare claims processing systems will not have the capability to accept ICD-9 codes for dates of services after September 30, 2015, nor will they be able to accept claims for both ICD-9 and ICD-10 codes. [CMS and AMA](#) are working to assist practices with the change. CMS has [posted FAQs](#) regarding recent changes that will allow more flexibility in the claims auditing and quality reporting process as the medical community gains experience, e.g. claims will not be denied solely for the wrong ICD-10 code if it's at least a valid code from the correct family. July 6 FAQ clarifications are [posted here](#). A [countdown video](#) and a [Quick Start Guide](#) are also available.

The International Classification of Diseases codes that America uses for diagnosis and billing have not been updated in more than 35 years and contain outdated, obsolete terms. The use of ICD-10 should advance public health research and emergency response through detection of disease outbreaks and adverse drug events, as well as support innovative payment models that drive quality of care.

CMS plans for ICD-10 implementation include:

- Setting up an ICD-10 communications and coordination center, using best practices of other large technology implementations to identify and resolve issues arising from the ICD-10 transition.
- Sending a [letter to all Medicare fee-for-service providers](#) encouraging ICD-10 readiness and notifying them of these flexibilities.
- Completing the final window of Medicare end-to-end testing for providers this July (see column at right).
- Offering ongoing Medicare acknowledgement testing for providers through September 30 (see column at right)..
- Providing additional in-person training through the "[Road to 10](#)" for small physician practices.
- Hosting an MLN Connects National [Provider Call on August 27](#).

Also, at the request of the AMA, CMS will name a CMS ICD-10 Ombudsman to triage and answer questions about the submission of claims. The ICD-10 Ombudsman will be located at CMS's ICD-10 Coordination Center.

The APA has developed a question and answer guide on how to use the DSM-5 when transitioning to ICD-10, as well as a 5-minute video that clarifies how the ICD-10 codes are included in the DSM-5. The guide and video can be found [here](#). [\[Click here\]](#) to view information for psychiatrists on the MPS site.]

ICD-10 Testing

Verify that you can use your ICD-10-ready systems to:

- Generate a claim
- Perform eligibility and benefits verification
- Schedule an office visit
- Schedule an outpatient procedure
- Prepare to submit quality data
- Update a patient's history and problems
- Code a patient encounter

Test your systems with partners like vendors, clearinghouses, billing services, and health plans; focus on those partners that you work with most often (Medicare providers can conduct [acknowledgement testing](#) with their Medicare Administrative Contractors (MACs) until October 1.)

Explore alternate ways to submit claims if you think your systems will not be ready for ICD-10 by October 1:

- For Medicare providers, options include:
 - ◆ Free billing software available from every [MAC website](#)
 - ◆ Part B claims submission by online provider portal (in about ½ of MAC jurisdictions)
 - ◆ Paper claims for providers who meet [Administrative Simplification Compliance Act Waiver](#) requirements
 - ◆ *Each of these options requires you to code in ICD-10*
- Ask other health plans you work with about the options they offer.

Tips

- Your clearinghouses and billing services can conduct Medicare acknowledgement testing on your behalf
- Many major health plans report that they have portals or other options in place for providers who cannot submit ICD-10 claims electronically
- If you think you might need to use an alternate claims submission method for Medicare, get started now
 - ◆ Allow time for you and your staff to complete free training on billing software or portals before October 1
 - ◆ You must register for each MAC portal that you use
- If you are eligible to submit [paper claims for Medicare](#) and wish to do so, order [CMS 1500 forms from the Government Publishing Office or your office](#) supply store. (Photocopies cannot be used because they cannot be scanned correctly.)

APA Training for ICD-10

Beginning October 1, all HIPAA-covered entities must use ICD-10 codes. The APA is educating members on this change through a question and answer guide on how to use the DSM-5 when transitioning to ICD-10, as well as a 5-minute video that clarifies how the ICD-10 codes are included in the DSM-5. The guide and video can be found [here](#).

Maryland News

Maryland Policy Updates

Maryland Medicare Waiver

The Maryland Medicare Waiver continues to be a top priority. In Maryland, the HSCRC has shifted all but one hospital to the new global payment model and has begun to work to involve community practitioners of all types. The HSCRC has been able to report great success in the first year toward achieving the goals of the waiver. Click [here](#) to learn more.

Medical Marijuana Moving Forward

The Maryland Medical Marijuana Commission has announced a new timeline and released regulations for comments. After years of debate, we are getting closer to permits being issued in Maryland for the growth and delivery of medical marijuana. Click [here](#) for information on the regulations or the timeline. If you are considering in becoming a recommender of medical marijuana let MedChi know so we can determine what level of interest in this new policy exists among our members.

ICD-10 is Coming

MedChi signed onto an AMA letter that conveyed concern with the upcoming transition to the ICD-10 code set, pointing out that physicians are still working to incorporate expanded documentation requirements, implement workflow changes, and complete necessary testing and training. However, we recommend that you start thinking about your plan. [See related info on [page 3](#).]

From [June 29 MedChi News](#)

Fight for Insurance Reform

MedChi has been working with the Maryland Health Care Commission (MHCC) on reforming insurance practices such as prior authorization and step therapy. We appreciate the MHCC's commitment to ensuring that payors and Pharmacy Benefit Managers (PBMs) continue to satisfy the requirements of prior legislation. MedChi is working with the MHCC to ensure that payors and PBMs fully educate prescribers regarding the availability of the online prior authorization process. MedChi also asked the MHCC to facilitate additional discussions regarding the use of the electronic preauthorization system as it relates to pharmaceutical services. Prescribers continue to be challenged on this front, as evidenced by the usage disparity among pharmaceutical services and health care services. We also recommended discussions take place regarding the interface or lack of interface between EHR systems and the electronic authorization systems, and methods for improving the two.

MHCC's recently proposed regulations result from MedChi-supported legislation on step therapy and prior authorization reform. To learn more about those bills, click the following links: [Step Therapy](#) or [Prior Authorization](#). If you are having trouble with insurance company rules or procedures, let us know so we can work with you to rein in bad insurance practices.

From [August 3 MedChi News](#)

Maryland Gets F for Healthcare Price Transparency

A August 2015 [Report Card on State Price Transparency Laws](#) by the Catalyst for Payment Reform and the Health Care Incentives Improvement Institute gave Maryland a failing grade. The report did note some improvements that are underway, such as Maryland embarking on an effort to publish prices of health care services. The conclusion suggests that while legal barriers hindered initial efforts to promote price transparency, states can address these barriers through legislation and litigation. Legislation can prohibit clauses in provider-insurer contracts that would obscure health care prices, as well as ensure that trade secret protection is not used in ways that harm the public interest. Patient-focused price transparency legislation can help ensure real-time access to a good-faith estimate of the expected costs of the procedure based on health care needs, insurance plan and provider. It further concludes that state efforts to promote price transparency must also be accompanied by efforts to reduce the market leverage and anticompetitive behaviors that enable dominant providers and insurers to drive up health care costs

Albert A. Zachik, M.D. is Acting Executive Director of the Behavioral Health Administration

Dr. Al Zachik has been appointed Acting Executive Director of the DHMH Behavioral Health Administration after Dr. Hepburn's retirement. With over thirty years of state service, Dr. Zachik began his career as a staff psychiatrist at the Regional Institute of Children and Adolescents in 1983. He served as the Director of Child and Adolescent Services at the Mental Hygiene Administration for 20 years and, most recently, as the Deputy Director of Child and Adolescent Service for the Behavioral Health Administration. He is a member of the clinical faculty in psychiatry at the Johns Hopkins University, University of Maryland and the Georgetown University Schools of Medicine. Dr. Zachik has a special interest in developing a full system of behavioral health care in Maryland for children and adolescents.

Maryland News

Changes Proposed for Maryland's Health Information Exchanges

The Maryland Health Care Commission's [Health Information Exchange \(HIE\) Policy Board](#) is a broad group of [stakeholders](#) (hospitals, payers, practitioners, consumers) that meets to discuss and recommend changes to MHCC policies for HIEs that operate in the state. [CRISP](#) is the state-designated HIE, which makes available electronically the meds, labs, and various dictated notes from hospitals and participating groups of practitioners. Any physician can sign up to access CRISP, including access to the PDMP (prescription drug monitoring program) that lists all controlled substance prescriptions that are filled in Maryland .

The Policy Board, on which MPS member Steve Daviss participates, has proposed some changes to the Maryland regulations for HIEs. The changes, which will be published for public comment in August, include: expanding the time available to notify consumers about which organizations have contributed to or accessed their information; increasing transparency to the consumer; enhancing security by requiring encryption of data and two-factor authentication; increasing the intensity of auditing and monitoring of inappropriate access; and increasing the amount of time allowed before beginning an investigation of a possible breach. For more information, see the July 4 MPS listserv message from Steve, or contact him directly at steve@fusehealth.org.

IMD Exclusion Waiver

The [Institutions for Mental Disease \(IMD\) Exclusion Waiver](#) is an important issue for NAMI and NAMI Maryland. [This exclusion prevents states from receiving matching federal Medicaid funding for services provided by IMDs, i.e. facilities with more than sixteen beds that primarily treat mental health and substance use disorders. Maryland had an IMD exclusion waiver for several years beginning in 1997, but CMS began phasing those waivers out in 2006.] The ACA established a three-year Medicaid emergency psychiatric demonstration project that permitted non-government psychiatric hospitals to receive Medicaid payment for providing emergency services, to "Medicaid recipients aged 21 to 64 who expressed suicidal or homicidal thoughts or gestures, and who are determined to be dangerous to themselves or others." Maryland was selected as one of 11 states, along with the District of Columbia, to participate in the three-year demonstration project. The IMD exclusion waiver sunsets in December 2015. DHMH is applying for a new waiver with the stated goal of delivering higher quality and more cost effective psychiatric care than is currently offered in acute care general hospital emergency departments. (Click [HERE](#) to read the full article.)

From [August 2015 NAMI Maryland E-News](#)

Maryland Medicaid Payments Increased July 1

The higher payments for Medicaid services was a major win for MedChi and for Maryland physicians. MedChi has been fighting for higher Medicaid payment for years, and got it up to 100% of Medicare effective January 1, 2013. Unfortunately, in the last weeks of Governor O'Malley's administration, he reduced Medicaid reimbursement for evaluation and management (E&M) codes from 100% of Medicare to 87% in order to balance the FY 2015 budget (July 1, 2014 to June 30, 2015). The reduction took effect on April 1.

Although there was a possibility that the 87% figure would be further reduced, due to an aggressive advocacy effort during the 2015 legislative session, the final budget raised the reimbursement for E&M codes to 92% of Medicare. A return to 100% of Medicare is desired going forward, but this increase is welcome. Governor Hogan made the increase official shortly after the session ended when he decided to fund the level recommended by the General Assembly. [See page 4 of the [June issue](#).]

Medicaid payments have now increased, and for the E&M services physicians provide, a floor is in place of 92% of Medicare. An MCO can pay more than the floor, but they CANNOT pay less. Please check your payments from the state and Medicaid Managed Care Organizations, and let MedChi know if you're not being paid according to Maryland law.

From [July 20 MedChi News](#)

Attention: Members Completing Psychiatric Training

The APA and MPS require Members-in-Training to advance to General Member status upon completion of residency training. A member-friendly procedure allows automatic advancement to General Member based on the training completion date originally provided in the member's application. Instead of submitting documentation (e.g., copy of license and training certificate), the member will simply be asked to verify that they meet the requirements for General Member status by signing a verification form/ email. After Members-in-Training advance, they become Early Career Psychiatrists (ECPs). Visit the [APA website](#) for ECP networking and career development information.

APA News & Information

July APA BOT Meeting Highlights

Following are important actions taken in the July meeting of the APA Board of Trustees. Since then, noteworthy developments include:

1. APA entered into a lease-purchase agreement to move its headquarters back into DC, in [The Wharf](#), a major new development on the SW waterfront. The Board inspected the property prior to making the decision. In my view, this will be a marvelous new home.
2. In an editorial about the record of psychologists' participation in "enhanced interrogation" and torture during the 2000s, the *New York Times* erred badly in one short section by confusing psychologists with psychiatrists. Within a couple of hours, the APA had the *Times* running a correction. At the time, the APA took a forceful—and very public—stand against any participation by psychiatrists in such practices, which violate everything for which physicians stand.

CEO Update

The APA Administration has begun to implement the Board's strategic initiative objectives into their core areas of responsibility and functionality, and is also developing member-focused work products that incorporate one or more of these priorities. These strategic initiative objectives include:

- Advancing the integration of psychiatry in the evolving health care delivery system through advocacy and education.
- Supporting research to advance treatment and the best possible clinical care, as well as to inform credible quality standards; advocating for increased research funding.
- Educating members, patients, families, the public, and other practitioners about mental disorders and evidence-based treatment options.
- Supporting and increasing diversity within the APA; serving the needs of evolving, diverse, underrepresented and underserved patient populations; and working to end disparities in mental health care.

Medical Registries

Greg Dalak, M.D. and representatives from the Consortium for Medical Specialty Societies (CMSS), American Academy of Ophthalmology (AAO), and the American Academy of Neurology (AAN) presented to the BOT on the development and use of their organization's medical registries. Dr. Dalak, chair of an ad-hoc component of the Council on Quality, was charged with: 1) establishing a working definition of a registry; 2) laying out the potential nature, scope and purposes of psychiatric registries and key questions that such

registries might answer; 3) advising on which types of psychiatric registries might be most suitable and appropriate for APA involvement; 4) identifying key stakeholders for such APA registries; 5) assessing the current environment of medical specialty society's involvements with registries; 6) determining the different mechanisms through which the APA might become involved in patient registries, 7) determining an initial process and timeline for developing a new registry, 8) addressing long-term sustainability, including budgetary considerations for various registry development scenarios and potential funding sources. The Board of Trustees requested that the Administration move forward with the development of a business plan for a psychiatry registry.

DSM-5 Steering Committee

In March 2014, the Board of Trustees approved a report from a Board Work Group on updating of individual diagnostic categories as new data become available to support such changes. The report established a DSM Steering Committee which made recommendations to the BOT on: 1) establishing criteria and format for submission of proposals; 2) the creation for six DSM review committees and 3) changes to the DSM-5 criteria with the understanding that such changes will be reflected in an errata section of the DSM website and incorporated into print versions of the DSM-5 when feasible.

The BOT approved the recommendations for the review criteria, establishing review committees, and specific changes to the DSM criteria presented.

Moving forward, the Steering Committee will consider the relevant aspects of the process of reviewing proposals for changes, including the standards to be applied for SC review; the procedures for obtaining input from the field and other interested parties; and how to handle non-empirically based requests for changes; and consider how best to roll-out the availability of the process to the field.

Rebranding Update

APA is in the middle of a three-month transition period: the brand is 60% implemented, now appearing on journals, letterhead, business cards, some facilities, and in use by most business units, like Publishing and the PAC. The brand has yet to be applied to the Foundation, although that process is well underway. Rebranding will be complete by August 17.

Legislative Updates

The APA has worked with Reps. Tim Murphy, PhD (R-PA) and Eddie Bernice Johnson (D-TX) to include several new provisions in their reintroduced "Helping Families in Mental Health Crisis Act," HR

(Continued on next page)

APA News & Information

(APA BOT Meeting Continued)

2646, that would substantially improve enforcement of the Mental Health Parity Act, that would address the psychiatric workforce shortage, and that discourage states from potentially shifting costs to the federal government as a result of new Medicaid financing for psychiatric hospitals. In addition, the revised Murphy-Johnson bill includes more flexible requirements for proposed AOT provisions, tightens its proposed standard on permissible HIPAA disclosures to families and caregivers of individuals with SMI, and removes certain SAMHSA cuts. [Click](#) to view a detailed summary. Senators Chris Murphy (D-CT) and Bill Cassidy, MD (R-LA) have partnered on similar legislation that was introduced August 4 in the U.S. Senate.

Fair Medicare Payment

The APA collaborated with the AMA and others to tackle implementation of the recently enacted Medicare Access and CHIP Reauthorization Act of (MACRA) that repealed the Medicare SGR formula and merged the current incentive and penalty programs under Medicare (e.g., HIT meaningful use, PQRS, and the value-based modifier) into one "Merit-Based Incentive Payment System" and also incentives physician participation in Alternative Payment Models. [Click](#) to view APA's summary of MACRA. [See [page 8](#) for the first proposed rule implementing the law.]

APEX Awards in April 2016

APA and the Foundation have worked to realize APA President Renee Binder's vision of an annual premier mental health event in DC. The event, entitled the American Psychiatric EXcellence (APEX) Awards, will take place on Monday, April 18, 2016, in conjunction with a summit on the criminalization of people with mental illness. Steven Sharfstein, M.D., will co-chair the APEX Awards Host Committee, and the Mayflower Hotel has been secured as the site for the 350-person event. Sufficient funds have been raised to cover the base costs.

American Psychiatric Association Foundation

APAF Executive Director Paul Burke provided an update regarding the *Stepping Up Initiative*, which the foundation supports to help advance counties' efforts to reduce the number of adults with mental illnesses and co-occurring substance use disorders currently living in jails.

*Brian Crowley, MD, DLFAPA
Area 3 Trustee*

New Edition of APA Practice Guidelines for Evaluation of Adults

The APA Board of Trustees approved new guidelines on psychiatric evaluation in December. Following a publication phase, they were officially published at the end of July. The guidelines address nine topics, in the context of an initial psychiatric evaluation: review of psychiatric symptoms, trauma history, and treatment history, substance use assessment, assessment of suicide risk, assessment for risk of aggressive behaviors, assessment of cultural factors, assessment of medical health, quantitative assessment, involvement of the patient in treatment decision making, and documentation of the psychiatric evaluation. Each guideline suggests topics to include during an initial psychiatric evaluation and provides guidance on enhancing patient care. An expert opinion survey and available evidence on psychiatric evaluation were considered in development. The guidelines are available online, as well as for sale in print. Visit <http://psychiatryonline.org/guidelines>.

Comment on Draft APA Guidelines on Using Atypicals in Dementia

The APA's Steering Committee on Practice Guidelines invites review and comment on the following draft guideline on the use of antipsychotics to treat agitation and psychosis in patients with dementia. The guideline includes clearly described recommendations, which are separately rated according to strength of supporting evidence and strength of recommendation. This will improve the utility of the recommendations to inform quality improvement activities and clinical care. The goal of soliciting comments is to identify and address any member concerns before this guideline is submitted to the November 2015 Assembly for approval. **The deadline for comments is September 19.** A link to the draft guidelines, as well as background information and instructions for sending comments is: <http://www.psychiatry.org/practice/clinical-practice-guidelines/review-draft-guidelines>. Please contact Seung-Hee Hong at guidelines@psych.org with any questions.

Become an APA Fellow— It's Now Easier to Apply!

Members who pursue fellow status perceive it as one of the first steps to enhancement of their professional credentials. Members who apply and are approved this year for fellow status will be invited to participate in the Convocation of Distinguished Fellows during APA's 2016 annual meeting in Atlanta. **The deadline is September 1.** Visit the [APA website](#) for more details and a link to the application.

Medicare News

CMS Proposed Update to Physician Fee Schedule

On July 8, CMS released the first proposed update to the physician payment schedule since the repeal of the Sustainable Growth Rate through the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The proposal includes a number of provisions focused on person-centered care, and continues the Administration's commitment to transform the Medicare program to a system based on quality and healthy outcomes.

In the proposed CY 2016 Physician Fee Schedule rule, CMS is also seeking comment from the public on implementation of certain provisions of the MACRA, including the new Merit-based Incentive payment system (MIPS). This is part of a broader effort to move the Medicare program to a health care system focused on the delivery of quality care and value.

The proposed rule includes updates to payment policies, proposals to implement statutory adjustments to physician payments based on misvalued codes, updates to the Physician Quality Reporting System, which measures the quality performance of physicians participating in Medicare, and updates to the Physician Value-Based Payment Modifier, which ties a portion of physician payments to performance on measures of quality and cost. CMS is also seeking comment on the potential expansion of the Comprehensive Primary Care Initiative, a CMS Innovation Center initiative designed to improve the coordination of care for Medicare beneficiaries.

The proposed rule also seeks comment on a proposal that supports patient- and family-centered care for seniors and other Medicare beneficiaries by enabling them to discuss advance care planning with their providers. The proposal follows the AMA recommendation to make advance care planning services a separately payable service under Medicare.

The release of the rule triggers a 60-day comment period, during which time CMS welcomes the input of stakeholders and the public. A final rule will be published this fall. For more information, click to view the [Proposed Rule](#) or the [Fact Sheet](#).

Part D Prescriber Enrollment – Effective Date June 1, 2016

As previously communicated, Final Rule CMS 4159-F requires physicians who prescribe Part D drugs to either enroll in or opt out of the Medicare program. Medicare Part D may no longer cover drugs that are prescribed by physicians or other eligible professionals who are neither validly enrolled, nor opted out of Medicare. The effective date for this requirement is June 1, 2016; however, **all prescribers should act before January 1, 2016** to allow time for processing and to ensure Part D enrollees get their prescriptions. For more information, visit CMS [Part D Prescriber Enrollment](#). Send questions directly to CMS at ProviderEnrollment@cms.hhs.gov or visit Novitas' [JL Enrollment Center](#) for CMS Forms, tutorials, and additional help.

One-third of Hospital Stays Involved Mental or Substance Use Disorder

Excluding maternal and neonatal conditions, nearly one in three adult hospital stays in 2012 involved at least one mental or substance-use disorder diagnosis, accounting for 8.6 million hospital stays that year. (From June 2015 AHRQ Healthcare Cost and Utilization Project Statistical Brief #191: [Hospitalizations Involving Mental and Substance Use Disorders Among Adults, 2012](#).)

Open Payments Posts 2014 Financial Data

On June 30, CMS published 2014 [Open Payments data](#) about transfers of value by drug and medical device makers to health care providers. The data includes information about 11.4 million financial transactions, attributed to over 600,000 physicians and more than 1,100 teaching hospitals, totaling \$6.49 billion. For all 2014 and 2013 data, CMS was able to validate that 98.8% of all records submitted contained accurate identifying information about the associated covered recipient. Records that could not be verified were rejected. CMS will update the Open Payments data at least annually to include updates to data disputes and other corrections. The financial data was submitted by applicable drug and device manufacturers and applicable Group Purchasing Organizations. Prior to publication of data, physicians and teaching hospitals are given the opportunity to review and dispute data submitted about them. The [CMS press release](#) includes more details.

Task Force to Address America's Opioid Crisis

The APA announced that it has joined the AMA and other medical organizations to address the growing opioid abuse epidemic. The [AMA Task Force to Reduce Opioid Abuse](#) is comprised of [27 physician organizations](#) that are committed to identifying the best practices to combat this public health crisis. The group identified [three initial steps physicians can take](#) now to help their patient populations:

•**Register and use state-based prescription drug monitoring programs.** Register for and consult these databases to identify patients at risk for opioid misuse and help patients with substance use disorders get appropriate treatment.

•**Discuss with patients available treatment options.** When caring for patients with pain, understand the best possible course for managing that pain with the tools available.

•**Take advantage of educational opportunities.** Visit the AMA's [Opioid Abuse Prevention Web pages](#) to access resources to enhance your education, and promote comprehensive, appropriate pain treatment while safeguarding against opioid overdose.

The task force's initial focus will be on efforts that urge physicians to register for and use state-based prescription drug monitoring programs (PDMPs) as part of the decision-making process when considering treatment options. When PDMPs are fully-funded, contain relevant clinical information and are available at the point of care, they have been shown to be an effective tool to help physicians identify patients who may be misusing opioids, and to implement treatment strategies including referral for those in need of further care.

The task force also seeks to significantly enhance physicians' education on safe, effective and evidence-based prescribing. The [Providers' Clinical Support System for Opioid Therapies](#) (PCSS-O), a collaborative of national health care organizations, develops free, evidence-based educational opioid use resources for physicians. Physicians can use the PCSS-O's [online modules](#) and [webinars](#) for information they can put to use in their daily practice. For example, increased use of prescription drug monitoring programs (PDMP) can help physicians identify patients at risk for opioid misuse. A [webinar](#) from noon to 1 p.m. **September 2** will give physicians the basics on PDMPs and how to maximize their benefit.

Do You Prescribe to Medicaid Participants?

A member forwarded a letter from the Maryland Medicaid Policy and Compliance Unit stating that the Centers for Medicare and Medicaid Services (CMS) now requires all prescribers to Medicaid participants to enroll with Maryland Medicaid in order to continue prescribing for these patients. Prescriptions written by providers who are not enrolled in Maryland Medicaid will deny at the pharmacy. If health care providers subscribing to Medicaid participants fail to enroll with Medicaid, these providers will affect patients' ability to obtain their medications. This applies even when the psychiatrist's fees are paid out of pocket.

Providers who prescribe to Medicaid participants can enroll as the provider type affiliated with their individual National Provider Identifier (NPI) (e.g., physician) or as a "prescribing only" provider. Regardless of provider type, the provider cannot bill the Medicaid participant for services or prescriptions covered by Medicaid. The provider must accept Medicaid's payment as payment in full for services covered by Medicaid. Generally, Medicaid pays slightly lower than Medicare.

To enroll, visit the [eMedicaid portal](#). As enrollment does not require you to provide services to additional Medicaid participants, it may make sense to enroll as a physician in case you decide to provide other services to your Medicaid patients in the future.

This new federal mandate may present a problem if a patient has an emergency or needs refills and the treating physician is away. Practices should keep this in mind, as the physician who covers the practice may need to be enrolled in Medicaid in order to prescribe to Medicaid patients.

APA Update on New Medicaid Requirements

The APA has clarified that this new ACA requirement applies to ordering and referring as well as prescribing for Medicaid patients. This new enrollment requirement does not mean providers must see Medicaid patients or be listed as a Medicaid provider for patient assignments or referrals. Rather, it is only to meet new ACA program integrity requirements applicable to physicians who order, prescribe or refer items or services for Medicaid beneficiaries. Physicians who are already enrolled in Medicaid as participating providers and who submit claims to Medicaid are not required to enroll separately. If a physician does not enroll in Medicaid, then other physicians, practitioners and facilities who actually render services to Medicaid beneficiaries based on that physician's order, prescription or referral will not be paid for such items and services. If you have any questions, please contact Maureen Bailey at 703-907-7399 or m Bailey@psych.org.

MPS Action

The MPS Executive Committee met in July with representatives from the Behavioral Health Administration to discuss problems and implications of this new policy. They are aware of this issue and will speak with state Medicaid representatives and provide us with feedback. There is no immediate solution to this situation, which affects all states. The MPS is contacting APA to discuss further efforts. [See also [p.1.](#)]



Sheppard Pratt
PHYSICIANS, P.A.

PART OF THE SHEPPARD PRATT HEALTH SYSTEM

CHILD AND ADOLESCENT PSYCHIATRIST THE JEFFERSON SCHOOL RESIDENTIAL TREATMENT CENTER

FREDERICK, MARYLAND

Sheppard Pratt is recruiting a part time, Board Eligible or Board Certified Child Psychiatrist with experience in treating adolescents with serious emotional disorders within a psychoeducational milieu 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 position requires working 28 hours per week and participating in the weekend on-call rotation one weekend in three with additional compensation. The patient population includes individuals with multiple psychiatric disorders and behavioral management needs.

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 is an equal opportunity employer.

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



Spring Grove Hospital Center

PSYCHIATRISTS

**Child/Adolescent, Forensic and Adult
(Full and Part Time)**

Spring Grove Hospital Center (SGHC) is a State of Maryland in-patient facility operating under the Behavioral Health Administration of the Department of Health and Mental Hygiene. SGHC is located in Catonsville, a suburb of Baltimore (recently ranked by *Money* magazine as one of the top American cities in which to live).

Our psychiatric patient population is an interesting forensic and civilly committed group housed in treatment units on our 200-acre campus.

Adjustable work schedules are negotiable. Continuing medical education (CME) is available on site. Off-hours coverage is provided primarily by medicine rather than psychiatry.

Interested candidates, please visit www.dbm.maryland.gov to apply for our (Physician Clinical Specialist or Physician Clinical Staff) vacancies.

Send CV to:

Elizabeth Tomar, MD, Clinical Director.

55 Wade Avenue

Catonsville, Maryland 21228

410-402-7596 * 410-402-7038 (fax)

elizabeth.tomar@maryland.gov

EOE

Spring Grove Hospital Center

PSYCHIATRISTS Forensic



Spring Grove Hospital Center (SGHC) is a State of Maryland in-patient facility. SGHC is located in Catonsville, a suburb of Baltimore (recently ranked by *Money* magazine as one of the top American cities in which to live).

Our psychiatric patient population is an interesting forensic and civilly committed group housed in treatment units on our 200-acre campus.

Our Department of Forensic Services provides forensic evaluation and court liaison services to all units and patients. We are looking for a Director as well as Psychiatric Evaluators.

Adjustable work schedules are negotiable. Continuing medical education (CME) is available on site. Off-hours coverage is provided primarily by medicine rather than psychiatry.

Interested candidates, please visit www.dbm.maryland.gov to apply for our (Physician Clinical Specialist or Physician Clinical Staff) vacancies.

Send CV to: Elizabeth Tomar, MD, Clinical Director.

55 Wade Avenue
Catonsville, Maryland 21228
410-402-7596 * 410-402-7038 (fax)
elizabeth.tomar@maryland.gov

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 specializing in autism spectrum disorders for the Kennedy Krieger Institute's Center for Autism and Related Disorders' interdisciplinary outpatient program. Research opportunities are available and faculty appointment may be offered in the Johns Hopkins University School of Medicine Department of Psychiatry. Positions also are available in other departments within the Kennedy Krieger Institute for Child and Adolescent Psychiatrists. 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:

Rebecca Landa, Ph.D.
Director, Center for Autism and Related Disorders
The Kennedy Krieger Institute
landa@kennedykrieger.org
443-923-7632

Or

Robert L Findling, MD, MBA
Vice President Psychiatric Services and Research
rfindli1@jhmi.edu
The Kennedy Krieger Institute

Apply: <http://careers.kennedykrieger.org>

EOE, M/F/Disability/ProtectedVet

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

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

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

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

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

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

Annual Salary:

Matches experience.

Start Date: As soon as credentialing is completed.



Sheppard Pratt
PHYSICIANS, P.A.

PART OF THE SHEPPARD PRATT HEALTH SYSTEM

CRISIS EVALUATION PSYCHIATRIST
Towson, Maryland

Sheppard Pratt is recruiting a BE/BC psychiatrist to provide services in our Crisis Evaluation program. This area is comprised of the Crisis Walk-in Clinic, the Urgent Assessment program, telepsychiatry and a Transitional Aftercare program that provides short term bridge visits for discharged patients waiting to see an outpatient provider. This position is located on Sheppard Pratt's main campus which is located approximately twenty minutes north of Baltimore's Inner Harbor.

Sheppard Pratt is seeking a psychiatrist who is experienced in a fast paced emergency-department type practice and who is familiar with criteria for admission to inpatient and partial hospital programs. Qualified candidates must possess a current license to practice in Maryland at the time of appointment. Sheppard Pratt is an equal opportunity employer. To inquire about this position, please contact Kathleen Hilzendeger, Director, Professional Services, 410 938-3460 or khilzendeger@sheppardpratt.org.



Sheppard Pratt
PHYSICIANS, P.A.

PART OF THE SHEPPARD PRATT HEALTH SYSTEM

INPATIENT PSYCHIATRISTS 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. Focus areas for these positions include trauma, crisis stabilization and child and adolescent services. 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 in addictions 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.



Sheppard Pratt
PHYSICIANS, P.A.

PART OF THE SHEPPARD PRATT HEALTH SYSTEM

ADULT 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 adult psychiatrists 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.

If you are interested in joining a large group practice advancing your career to the next level, we encourage you to explore this unique opportunity. Please contact Fred Donovan, Director, 301-663-8263 ext. 228 or fdonovan@sheppardpratt.org.

CLASSIFIEDS**EMPLOYMENT OPPORTUNITIES**

Psych Associates of Maryland, LLC seeks Child and/or Adult psychiatrist to join its thriving practice in Towson. We offer a collaborative care model with both therapists and psychiatrists. Full administrative support daily. NEVER SPEAK TO INSURANCE COMPANY FOR PREAUTHS! Very flexible scheduling. Unlimited vacation time. Ability to be an Employee or Independent contractor. Potential partnership available. Email Drmalik.baltimore@gmail.com or call 410-823-6408 x13. Visit our website at www.pamilc.us

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

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, no on-call, & free parking! Please [click here](#) to learn more about us and this rewarding position! Please apply online with CV.

Oasis is expanding and hiring additional part-time or full-time psychiatrists (must be able to treat adult and child/adolescent) for our private outpatient mental health center in Annapolis. The center has hours open to treat patients days/evenings until 10:00 pm during the week. Saturday hours also available. We have an excellent staff and a great atmosphere in which to work. We treat children, adolescents, and adults that are referred by MDs, therapists and others in the community. No on call. Must excel at working with patients. Competitive salary and benefits. If interested please call Kathy Miller, MA LCPC at 410-268-8590. Fax is 410-263-8539.

Adult/General Psychiatrist in Baltimore, MD (Part-Time). PsychCare Psychological Services, LLC, seeks psychiatrist part-time to join its established practice in Baltimore. Full administrative support. Flexible hours including after hours and weekends. Excellent hourly pay. Contact Levi by Email Hiring@PsychCareMD.com or call 410 343 9756 x700. (www.PsychCareMD.com)

University of Maryland Department of Psychiatry, Consultation Liaison Faculty Position. The Department of Psychiatry at the University Of Maryland School Of Medicine is seeking a consultation liaison psychiatrist to join our Division of CL. The Division maintains an ACGME-accredited Psychosomatic Medicine Fellowship program and is an active training site for psychiatry residents and medical students. The primary responsibilities of the position include providing inpatient consultations, outpatient consultations, and supervising and teaching trainees. Fellowship training in Psychosomatic Medicine or comparable clinical experience as well as an interest in research is preferred. Interested candidates should submit a cover letter and a CV to Seth Himelhoch, M.D., Director, Division of CL Psychiatry, University of Maryland Medical Center, Box 349, 22 South Greene Street, Baltimore, MD 21201 or via email at shimelho@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.

AVAILABLE OFFICE SPACE

Office available in suite of mental health professionals in Mt. Washington. Comes with parking space, shared waiting room, restroom, and storage area. \$500/month. Call 410-852-8404 or 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.

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Jackie Palumbo
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