

# 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

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

## President's Column

### Network Inadequacy: Why it exists and how psychiatrists can help fix it

Recent studies have shown that patients needing mental health care spend countless hours and face significant delays and hassles when trying to find a psychiatrist who participates in their health plans' network. The primary culprit for this is that the provider directories are inaccurate, often listing psychiatrists who have moved, died, retired, resigned or are not taking new patients. With little to no enforcement of requirements (where they exist) that insurance companies keep these directories accurate and up to date, patients spend hours paging through them and making repeated and unsuccessful phone calls to find a psychiatrist a reasonable distance away who can see them in a reasonable amount of time. In fact, the problem is that the network represented is inadequate to meet the demand. Ultimately many give up seeking care all together, or pay out of pocket for their care. This shifts the burden from the insurance plan to the patient who must seek care on less favorable terms. And, the plan wins.

Insurance companies blame you – the psychiatrist—for inaccuracies in directories saying that psychiatrists fail to report when they are leaving the network or their schedules are full. This argument should not stand because plans have the ability to know which psychiatrists in their directories are filing claims in reasonable numbers and which are not. However, they don't check on that because it benefits them to have robust directories, even if the doctors listed in them are not taking patients. This is because it allows them to represent to reg-

ulators that their network is adequate to care for the patient population and thus to qualify for licensing in the state, and a robust number of psychiatrists in a directory draws consumers in need of psychiatric care and employers to that company to purchase a plan. The plan then never has to pay for the service because it turns out that those listed as "participating" in the plan, in fact are not participating at all or are seeing only a small number of plan patients. Inaccuracies in directories benefit the plans, hurt the patients, and ultimately hurt you. As long as plans can represent that the names in the directory are available to patients, they have no incentive to attract psychiatrists to their network or to provide the care that patients need.

You can help to change that; in fact it will not change without your help. The APA has explained to state attorney generals, the Department of Labor, state insurance commissioners, large employers and legislators its view that plans discourage psychiatrist participation in networks (and many violate the Mental Health Parity and Addiction Equity Act) by paying psychiatrists less than other medical doctors for the same CPT codes, including onerous terms in contracts for psychiatrists that are not included in other medical doctor's contracts, imposing unreasonable prior authorization requirements and telephone wait times on psychiatrists, and unnecessarily auditing the higher service CPT codes, even when used to treat patients with severe mental illness, and by employing practice guidelines that are not the accepted standard of clinical care. Each audience expresses interest and asks for proof.

We do not need pa-

*(Continued on next page)*

tient names or even your name or any other HIPAA protected information. However, we do need your insurance fee schedules (with plan, the city and state of practice), provider contracts, patient explanation of benefits from the plan for primary care and for psychiatry visits (include plan and city and state), copies of any clinical guidelines that do not meet the standard of care (with plan name, city and state), prior authorization requirements (include plan name and city and state), and any details you can share about wait times for telephone calls to the plan, unfair treatment denials, charging double co-payments or any other practices that discriminate against mental health patients. You can redact any confidential information from anything you submit.

We also need you to review the network provider directory and make sure your information is accurate. If you have left the network and are still listed, please let us know. All information should be sent to the APA via email to [hsf@psych.org](mailto:hsf@psych.org) or fax to 703-907-1087, or you can call the hotline with any questions 1-800-343-4671 or for more information. True parity will not become a reality unless we make it happen!

In the next couple of weeks, the MPS will send an email request to identify whether you are accurately listed as a participating provider in the Maryland Insurance Exchange Plans. Please respond as your participation is key for success.

*Brian Zimnitzky, M.D. with guest columnist  
Karen Sanders, Director, APA Delivery System Initiatives*

## 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.*

Leigh Meldrum, M.D.  
Albert Nguyen, D.O.  
Coleen M. Schrepfer, M.D.  
Christopher Scovell, D.O.

## September 17 Kolodner Memorial Lecture

MedChi, in collaboration with the family of Dr. Kolodner, the Kolmac Clinic and the MPS, will present the 2015 Louis J. Kolodner Memorial Lecture in MedChi's Osler Hall on September 17 from 5:30 to 8:00 PM. Howard Heit, M.D., will present "Opioids for Chronic Pain: Damned if You Do, Damned if You Don't." There is no charge to attend, but please register using this link: [Kolodner Lecture Registration](#). This program is approved for 1.5 CME credits. **Participation in this activity will satisfy the Maryland Board of Physicians' mandatory opioid prescribing CME requirement.**

## ICD-10 Rolls Out in a Month!!!

See [page 8](#) for Testing Resources

Starting October 1, all HIPAA-covered entities must use ICD-10 codes. Psychiatrists who have the *DSM-5* already have the tools they need to make the transition from ICD-9, as it provides both the diagnostic criteria and corresponding ICD-10 codes. Detailed information on how to use the *DSM-5* for ICD-10 coding is posted at [www.psychiatry.org/icd10transition](http://www.psychiatry.org/icd10transition). Those who have not yet purchased *DSM-5* can do so [here](#).

## MPS Members Out & About

**Jesse Hellman, M.D.** gave his second Bernard Shaw paper, "Shaw's Romantic Triangles and His Rejection of Romance," at the July [International Shaw Society symposium](#).

**Dr. Gordon Livingston's** commentary, "[Why do we thank veterans?](#)" was posted in the *Baltimore Sun* on August 10.

**Matt Rudorfer, M.D.** had a letter to the editor, "[Why Nixon had this drug in his medicine cabinet](#)," in the August 8 *Washington Post* that comments on reports that the former president was taking medication from his banker.

**Phil Dvoskin, M.D.** will [exhibit photos](#) September 12 - 25.

On September 24, **Harold Eist, M.D.** will receive the University of Alberta Alumni Association's Distinguished Alumni Award for his contributions to psychiatry, mental health education and patient advocacy.

**Barbara Young, M.D.** is publishing [The Persona of Ingmar Bergman: Conquering Demons through Film](#), and will host a signing party on October 25 from 1 to 6. The book is available on [Amazon](#). For info, call 410-426-3583 or [email](#).

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

## 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:

**Thomas Krajewski, M.D.**  
**Lee Crandall Park, M.D.**  
**George Rever, M.D.**  
**Daniel Safer, M.D.**  
**Daniel Storch, M.D.**

## Maryland News

### Allmond Case Update

The MPS Council voted in June to submit an amicus brief for the Allmond v. DHMH case to be heard by the Maryland Court of Appeals (Maryland's highest court). This case involves a defendant, Gary Allmond, who was found not competent to stand trial and criminally committed to Clifton T. Perkins Hospital Center, Maryland's maximum security mental hospital. Allmond refused antipsychotic meds to treat his disorder. Per Maryland's newly revised statute for involuntary medications on psychiatric inpatients, Allmond met the criteria for involuntary administration of psychiatric medication. An appeal was made to an ALJ, who found in favor of the administration of the meds. An appeal was then submitted to the Harford County Circuit Court which upheld the ALJ decision. Next was the Court of Special Appeals however, the Court of Appeals decided to hear the case.

The amicus brief is due September 22. Mr. Andrew Baida, past Solicitor General for Maryland, has been retained to write this brief, which will educate the court on the clinical need for involuntary psychiatric medication for Maryland inpatients. Maryland institutions that have inpatient psychiatric units have been asked to financially support the development of the brief. Currently, the American Psychiatric Association, Sheppard Pratt Health System, University of Maryland, MedStar Health System, and Johns Hopkins have agreed to help with funding. The MPS is also seeking support from the Maryland Hospital Association and the Washington Psychiatric Society. Drs. Annette Hanson and Jeffrey Janofsky are co-chairs of the MPS task force on this new initiative.

*Kery Hummel, Executive Director*

### Important Information for September 2015 License Renewals

Physicians whose licenses renew this month (last names beginning with "M" to "Z") must have proof of completion of **one credit of CME related to opioid prescribing** (pain management, substance abuse, etc.) The Maryland Board of Physicians [requires](#) that one credit be earned by all physicians, regardless of specialty, workplace setting, or location in or out of state. The credit must be earned in the current renewal cycle, and prior CME taken during this renewal period will fulfill the mandate. Many courses are offered both in person [[see p. 2](#), for example] and online; the board also maintains a list of [approved CME resources](#).

Physicians applying for license renewal must earn at least 50 Category I CME credits within the preceding two year period. Submission of the renewal application serves as certification that you have met this requirement. You are not required to send documentation unless selected for audit. If you receive a pop-up notice while you are renewing your license, you must send your CME documentation to the Board within 15 days.

**"Late Renewals" have been discontinued. There will be no extensions of the renewal deadline**, this year so be sure to renew on time. Physicians who fail to renew by September 30, 2015 are not authorized to practice medicine. After a physician's license expires on September 30, the full reinstatement application will be required.

[Click here](#) to renew online. The online system will not be available after September 30, 2015. Failure to renew by September 30, 2015 will result in the termination of your license to practice in Maryland. [2015 License Renewal Information for Physicians](#) includes more details and instructions.

### Check Your CDS License Renewal

Some members have reported that they did not receive the usual timely notice to renew their Maryland Controlled Dangerous Substance (CDS) drug licenses. There is no online renewal option. The renewal form must be downloaded and sent by regular mail. To find out when your CDS registration expires, [click here](#) and enter your last name. You can also call 410-764-2890. Contact [mddc@maryland.gov](mailto:mddc@maryland.gov) to follow up on your CDS application.

Beginning next year, the renewal cycle will be extended from two years to three, consistent with the timeframe for DEA licensure, as a result of [HB72](#) enacted in the 2015 session.

### Corporatization of Medicine in Maryland

The [July issue of Maryland Medicine](#) looks at the good, the bad, and the ugly of the corporatization of medicine in Maryland:

- Steve Johnson discusses the ethical problems relating to corporate practice of medicine;
- Drs. Buckley, Beams, Levine, Runz, and Stitely provide personal perspectives on practice choices they've made;
- Dave Rothenberg presents employment options for physicians; Dr. Tyler Cymet poses the question, "Can Politicians Make Us Healthier?"

From [August 24 MedChi News](#)

## Maryland News

### Maryland PDMP Now Providing Out-of-State Data Access

The [Maryland Prescription Drug Monitoring Program](#) (PDMP) announced that access to out-of-state PDMP data began on August 3. PDMP data from other states is available to registered Maryland PDMP clinical users through Chesapeake Regional Information System for our Patients (CRISP), the health information exchange serving Maryland and the District of Columbia. A new clinical user interface tab within the CRISP Clinical Query Portal, called 'Interstate PDMP', has been developed in response to user feedback aimed at enabling providers to more easily view and analyze this data for clinical decision making (instructions are available at [this site](#)). Users have the ability to view the data in a sortable table and print the information as a PDF.

Out-of-state data access will begin with Virginia, expanding to other neighboring states and states of interest. Maryland connects to other state PDMPs through PMP InterConnect (PMPi), an interstate data sharing hub hosted by the National Association of Boards of Pharmacy (NABP) in conjunction with its IT partner, Appriss. PMPi allows each state to configure connections with other individual states at the user role level, ensuring compliance with home state statutes, regulations, and policies. Also, coming in the near future will be the ability to view and print the Maryland PDMP information within the same 'Interstate PDMP' tab's view and format as the out-of-state PDMP data.

Authorized by state law in 2011, Maryland's PDMP was created to support healthcare providers and their patients in the safe and effective use of prescription drugs. Nearly every state in the country now has a PDMP. Maryland's program is administered by the Department of Health and Mental Hygiene (DHMH), Behavioral Health Administration. The PDMP law requires pharmacies and healthcare practitioners that dispense Schedule II-V controlled dangerous substances (CDS) to electronically report prescription information to the PDMP. The PDMP securely stores the data and makes it available to healthcare providers to support patient care. Maryland providers currently able to view Maryland PDMP data, including CDS prescribers (e.g. physicians, dentists, nurse practitioners, physician assistants and podiatrists), pharmacists, and their licensed health care professional delegates (e.g. nurses, pharmacy techs, social workers, etc), do not need to make any changes to their currently active CRISP account in order to view out-of-state PDMP data. Providers not yet registered with CRISP to access PDMP data may complete the process on the [CRISP website](#).

More information about the Maryland PDMP can be found on the [Program's webpage](#), or by contacting [dhmh.pdmp@maryland.gov](mailto:dhmh.pdmp@maryland.gov), or 410-402-8686. For more information on how Maryland is battling our region's substance abuse epidemic, visit the DHMH [Overdose Prevention page](#).

From [August 10 MedChi News](#)

### Free One-Hour CME on Prescription Monitoring

The [Maryland Prescription Drug Monitoring Program](#) (PDMP) can help you identify patients at risk for opioid misuse. Participate in a free CME webinar from noon to 1 PM on **September 2** that will present a PDMP primer for physicians. In Baltimore City alone, 1,113 people have died in the past five years by overdose. In response, Maryland set up the PDMP to help physicians assess their patient's prescription history, help identify "doctor shopping" or when patients may need additional counseling or referral for treatment of persistent pain or a substance use disorder.

The [Providers' Clinical Support System for Opioid Therapies](#), a collaborative of national health care organizations that includes the APA and the AMA, is offering the webinar to provide an overview of PDMPs, their strengths and limitations, and guidelines on how to best use the information provided by PDMPs in clinical practice. [Register now](#). If you can't participate live, this webinar is scheduled to be [archived online](#) by the end of September.

From [August 26 AMA Wire post](#)

### Tools for Dealing with the Opioid Crisis

The media is full of stories about the growing opioid abuse crisis in America. This year, Maryland mandated that all physicians take one CME credit on opioid prescribing prior to re-licensure. MedChi urges physicians who are seeing patients, particularly higher risk patients, to take advantage of the Physician Drug Monitoring Program (PDMP), which allows physicians to check patients to find out what other prescriptions a patient is taking, and who they have seen. We have heard interesting stories of members avoiding bad drug interactions, and also discovering drug seekers. One member from western Maryland said "when we signed up for the PDMP we started checking every patient, our office discovered a patient who has seen multiple practitioners including several dentists. I would have never guessed she had a problem without the technology." If you want to sign up for the PDMP program or learn more, email Leslie Parker at [lparker@medchi.org](mailto:lparker@medchi.org). In addition, MedChi holds CME courses that will fulfill the mandate. The AMA is helping physicians by offering educational opportunities to better understand optimal care for each patient, as well as [five tools for physicians](#).

From [August 10 MedChi News](#)

# Maryland News

## Medicaid Prescriber Update

Under the Affordable Care Act, CMS now requires State Medicaid agencies to enroll providers who prescribe to Medicaid participants. The result of this change is that Medicaid recipients will have their prescriptions **denied** at the pharmacy if their prescribing provider is not an enrolled Medicaid provider. These requirements are listed in the Code of Federal Regulations, Title 42 Public Health, Part 455.

The MPS requested a meeting with Medicaid to further discuss the impact of this change and to address some member concerns about participating in Medicaid. In addition to the [FAQ sheet](#), which includes information on how to enroll with Medicaid, DHMH is addressing points raised in a discussion held on 8/25/2015:

### **Do I have to accept all patient referrals from Medicaid?**

Medicaid providers are under no obligation to accept referrals or deliver services to Medicaid patients. However, if you do not see patients in over a year, you may be contacted to see if you wish to continue.

### **What if Medicaid patients' needs are too complex?**

It is important to note that with the expansion of Medicaid under ACA, many new Medicaid patients have the same needs as your other patients. However, if you believe you are not the right fit to provide the help a patient requires, you can refer to another service that may be able to offer it. Resources include the [Maryland Association of Core Service Agencies](#) and [Local Addiction Authorities](#). You can also contact or refer patients directly to ValueOptions at 1-800-888-1965.

### **How do I know a patient's Medicaid status?**

Medicaid enrollment statuses can be checked on the [Eligibility Verification System](#), or as a benefit of working with ValueOptions (VO), when you enter the patient information for authorization from VO, the eligibility status is provided at that time. For individual practitioners, authorizations are generally approved for a year at a time and OMHCs are authorized for six months. If you have questions or concerns regarding authorization or the registration process, the VO call center and clinical care staff can assist you. Additionally, participating providers have access to VO reports that indicate if/when a patient has gained eligibility and when a patient is about two months away from losing eligibility. It is important to note that patient eligibility can change month-to-month, so be sure to check prior to rendering services.

### **I want to avoid cumbersome provider audits.**

Medicaid is obligated by the Federal Government to participate in provider audits. Our ASO (Administrative Service Organization), ValueOptions, is obligated to review claims

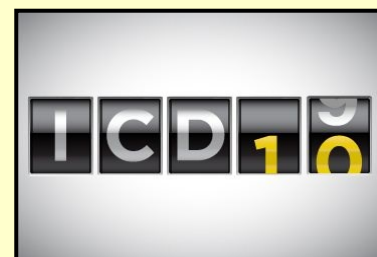
and records on behalf of Medicaid for outlying billing practices, upcoding, in addition to a requirement to randomly select providers for record audits. These audits are always announced and are conducted to ensure that services that are claimed for are properly documented. DHMH, through the ASO, offers providers opportunities to work toward improving their treatment documentation. Most audits focus on programs, groups, and facility types of providers. Individual practitioners are usually only audited when there is a reported reason or an apparent billing practice issue. Providers have the opportunity to respond to the findings. Retraction of payment may occur for services that are not documented, but the goal is to work with providers on understanding their documentation obligations.

We know it may be intimidating enrolling in the Medicaid system, but the Department and VO have created as much of a user friendly process as possible. We look forward to your participation with Medicaid, and please feel free to email questions to [dhmf.bhenrollment@maryland.gov](mailto:dhmf.bhenrollment@maryland.gov).

*Rebecca Frechard, LCPC, Division Chief  
Policy & Compliance / Behavioral Health Division  
Medicaid Office of Health Services*

## Starting October 1, all HIPAA-covered entities must use ICD-10 codes!

The *DSM-5* includes the tools you need to make the transition from ICD-9, as it provides both the diagnostic criteria and corresponding ICD-10 codes. See pages [2](#) and [8](#) for more information or visit the [MPS website!](#)



## Confidentiality and Privilege in Maryland

When may a psychiatrist disclose confidential patient information? Our medical code of ethics is set forth by the American Medical Association and is specifically annotated by the American Psychiatric Association in [The Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry](#). Section 4 states:

**“A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.”**

According to the APA Annotations for Section 4 (not reproduced in its entirety):

- Psychiatric records, including even the identification of a person as a patient, must be protected with extreme care. Confidentiality is essential to psychiatric treatment. This is based in part on the special nature of psychiatric therapy as well as on the traditional ethical relationship between physician and patient.

- A psychiatrist may release confidential information only with the authorization of the patient or under proper legal compulsion. The continuing duty of the psychiatrist to protect the patient includes fully apprising him/her of the connotations of waiving the privilege of privacy. This may become an issue when the patient is being investigated by a government agency, is applying for a position, or is involved in legal action.

Under Maryland law, psychiatrists are legally compelled to release confidential information if they become aware of child abuse or neglect. The relevant statute in the Maryland Annotated Code can be found in Family Law § 5-704. [This statute can be found [here](#), but must be located by entering the name and number.]

Psychiatrists also have a legal duty, which may involve revealing confidential patient information, if they become aware of a “patient’s intention to inflict imminent physical injury upon a specified victim or group of victims.” The duty “is deemed to have been discharged if the mental health care provider or administrator makes reasonable and timely efforts to:

- (1) Seek civil commitment of the patient;
  - (2) Formulate a diagnostic impression and establish and undertake a documented treatment plan calculated to eliminate the possibility that the patient will carry out the threat;
- OR**
- (3) Inform the appropriate law enforcement agency and, if feasible, the specified victim or victims of the nature of the threat, the identity of the patient making the threat and the identity of the specified victim or victims.”

The statute specifies there will be “no cause of action or disciplinary action” against a mental health provider for releasing confidential information in this situation. The relevant statute in the Maryland Annotated Code can be found in Courts and Judicial Proceedings § 5-609. [This statute can be found [here](#), but must be located by entering the name and number.]

While confidentiality refers to the **psychiatrist’s obligation** to keep patient information private, privilege is the **patient’s right** to bar the release of their health information in legal situations. The patient may exercise this right to prevent a psychiatrist, called as a witness in a legal proceeding, from releasing medical records or testifying about health information. Privilege is addressed in the Annotated Code of Maryland, Courts and Judicial Proceedings §9-109. [This statute can be found [here](#), but must be located by entering the name and number.] This statute is entitled “Communications between patient and psychiatrist or psychologist,” and was revised in 2014. The statute states:

**“Unless otherwise provided, in all judicial, legislative, or administrative proceedings, a patient or the patient’s authorized representative has a privilege to refuse to disclose, and to prevent a witness from disclosing:**

**(1) Communications relating to diagnosis or treatment of the patient; or (2) Any information that by its nature would show the existence of a medical record of the diagnosis or treatment.”**

In Maryland, there are eight specific legal exclusions to patient privilege. The last two were added in 2014. These exceptions to privilege in the statute are listed below:

- (1) A disclosure is necessary for the purposes of placing the patient in a facility for mental illness;
- (2) A judge finds that the patient, after being informed there will be no privilege, makes communications in the course of an examination ordered by the court and the issue at trial involves his mental or emotional disorder;
- (3) In a civil or criminal proceeding: (i) The patient introduces his mental condition as an element of his claim or defense; or (ii) After the patient’s death, his mental condition is introduced by any party claiming or defending through or as a beneficiary of the patient;
- (4) The patient, an authorized representative of the patient, or the personal representative of the patient makes a claim against the psychiatrist or licensed psychologist for malpractice;
- (5) Related to civil or criminal proceedings under defective delinquency proceedings;
- (6) The patient expressly consents to waive the privilege, or in the case of death or disability, his personal or authorized representative waives the privilege for purpose of making claim or bringing suit

(Continued on next page)

on a policy of insurance on life, health, or physical condition;  
 (7) In a criminal proceeding against a patient or former patient alleging that the patient or former patient has harassed or threatened or committed another criminal act against the psychiatrist or licensed psychologist, the disclosure is necessary to prove the charge; or  
 (8) In a peace order proceeding under Title 3, Subtitle 15 of this article in which the psychiatrist or licensed psychologist is a petitioner and a patient or former patient is a respondent, the disclosure is necessary to obtain relief.

Navigating the details of confidentiality and privilege in psychiatric practice can be confusing. Specific situations may give rise to questions about information disclosure that do not appear to be addressed by the law. Consulting your malpractice carrier or an attorney who specializes in mental health law can be helpful.

*Joanna Brandt, M.D., Chair  
MPS Ethics Committee*

## Beat Burnout

A [June 5 AMA Wire post](#) says that burnout is a common problem among physicians, but it's not irreversible. According to Lotte Dyrbye, M.D., studies have shown that individuals with burnout and depression remain independently associated with liability lawsuits, higher rates of suicidal ideation, depersonalization, medical errors and sub-par patient care. She suggests that physicians learn the [key drivers for burnout](#) and then consider how to address the issue in practice. One set of solutions revolves around individual coping strategies to improve self-care and build resiliency. These solutions must be paired with establishing an environment of wellness to produce long-term results.

The AMA has launched an initiative to help combat physician burnout and improve patient care. [AMA STEPS Forward](#) is comprised of interactive, online strategies for confronting common challenges in busy medical practices and devoting more time to caring for patients. Listen to an [interview](#) with AMA President Steven Stack M.D. on improving physician satisfaction to avoid professional "burnout." The AMA's [Professional Satisfaction and Practice Sustainability](#) initiative aims to help physicians and their practices thrive so they can continue to put patients first. Learn more about factors that lead to burnout as well as steps to combat it at this [August 7 AMA Wire post](#).

## Advertise your Practice!

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

## Risk Management Reminders for Online Marketing—Part One

### Responding to Negative Online Reviews

Unfortunately, in today's digital world, online reviews are a fact of professional life. Fortunately, the vast majority of physician reviews are positive. But, as a psychiatrist, you have very few options when faced with a negative review. Potential risk areas include:

**Patient confidentiality:** Even though your patient has put it on the internet for the entire world to see, you still must maintain patient confidentiality. By addressing a review, you would be inappropriately confirming the reviewer is a patient.

**Contracting with patients to not post negative reviews:** One organization has suggested that its members do a contract with patients under which patients promise to not say anything negative about the physician. In exchange, the physician will give the patient confidentiality rights under HIPAA. The federal agency responsible for enforcing HIPAA learned of this contract and stepped in and clarified that patients cannot be required to agree to a gag order in exchange for confidentiality, to which they are entitled to without any such contract.

**Astroturfing:** A creative physician realized that he could bury the negative reviews by having his staff pretend to be patients and post positive reviews. The state Attorney General learned of this and fined the practice \$300,000.

### The risk management advice is:

You can contact the website to request removal of a false review. While most review sites do not remove reviews when requested, some will consider doing so.

If you know the identity of the poster, you could consider contacting the patient to discuss the issues raised and request that they remove the post.

*Donna Vanderpool, MBA, JD  
Vice President, Risk Management*

Professional Risk Management Services, Inc. (PRMS)  
The Psychiatrists' Program Professional Liability Insurance  
1-800-245-3333; [TheProgram@prms.com](mailto:TheProgram@prms.com) or  
[www.psychprogram.com](http://www.psychprogram.com)

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## ICD-10 Testing

Physicians have just a month left to transition to the ICD-10 code set, and should be well into preparations now as the October 1 deadline draws close. A critical step in the process should be testing to make sure you can create and submit claims using ICD-10 codes. Testing as early as possible allows you time to resolve any claims issues, whether documentation or submission. It's one of the best ways to avoid potential cash flow issues.

• **Perform content-based testing** to assess your practice's documentation and ability to code in ICD-10. In this type of testing, your practice uses documentation to code a clinical scenario in the new code set.

• **Conduct internal testing** to evaluate your practice's ability to create and use ICD-10 codes throughout the patient work flow in place of when you currently use ICD-9 codes. This type of testing requires your practice to have system upgrades installed and helps you follow the flow of a patient through a visit to identify the points where codes are used, as well as any gaps in your ICD-10 upgrades.

• **Do external testing** to test your practice's ability to send and receive transactions that use ICD-10 codes with your external trading partners, including your billing service, clearinghouse and payers. Check with these groups about their testing plans. There are two important parts of external testing:

◆ In **acknowledgement testing**, physicians and other submitters, such as clearinghouses, submit claims with ICD-10 codes and ICD-10 companion qualifiers. While claims are not adjudicated, submitters receive an acknowledgement that their claim was accepted or rejected. Physicians can perform acknowledgement testing with their Medicare Administrative Contractors and the Common Electronic Data Interchange contractor any time until October 1.

◆ During **end-to-end testing**, physicians submit claims containing valid ICD-10 codes. Health insurers process the claims through system edits to return an electronic remittance advice. While registration has closed for Medicare end-to-end testing, some health insurers continue to offer opportunities. Check for testing opportunities with the [Cooperative Exchange](#), an association of clearinghouses.

To get the most out of testing:

- Review testing requirements to understand the scope and format of the testing available
- Focus on your highest-risk scenarios, such as claims processing and the diagnoses you see most often
- Prioritize testing with health insurers, concentrating on the ones that account for the majority of your claims
- Avoid common billing errors, such as an invalid National Provider Identifier, invalid Health Care Procedure Coding System codes, or invalid postal ZIP codes

When testing with vendors, clearinghouses, billing services and health insurers, make sure you:

- Verify that you can submit, receive and process data with ICD-10 codes
- Understand how ICD-10 updates affect the transactions you submit
- Identify and address specific issues before October 1

**If you don't have an ICD-10-ready system yet**, you still can conduct testing. CMS recommends looking at the ICD-10 codes for the top 10 conditions you see. Consider the volume of conditions and those that account for most of your revenue. Look at recent medical records for patients with these conditions and practice coding them in ICD-10. Do the records include the documentation needed to select the correct ICD-10 code? It might be beneficial to use any cases of insufficient documentation to create a checklist that you can consult in the future.

From [August 19 AMA Wire post](#)

## Appeals Court Decision Could Help Enforcement of Parity

The U.S. Court of Appeals for the Second Circuit ruled in August that a lawsuit brought by the New York State Psychiatric Association (NYSPA) against UnitedHealth Group and subsidiaries, including United Behavioral Health, for violation of the federal parity law can go forward. The ruling also establishes at least two points that may be important in future claims against insurers.

First, it recognized that NYSPA could represent its members and their patients in pressing a claim under the 2008 Mental Health Parity and Addiction Equity Act (MHPAEA) through "associational standing." (Both APA and the AMA filed amicus briefs on behalf of NYSPA emphasizing that associations have traditionally been permitted to represent their members' interest in litigation that is consistent with the mission of the association and that physicians are permitted to represent the interest of their patients.) Second, it recognized that United could be sued even when it acted not as the insurer but as the administrator of a self-insured plan. This means that the carriers are at risk under MHPAEA whenever they exercise discretion in the administration of benefits and employees do not have to sue their employer to recover benefits.

This ruling gives hope for improved parity enforcement.

From [August 20 Psychiatric News Alert](#)



## APA News & Information

### APA Find a Psychiatrist Update

As of August 6, the APA Find a Psychiatrist database included 780 psychiatrists who opted in since the launch in early April. The APA decided this number is enough to make it available to the public. 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).

Now available on the redesigned APA website, [find-psychiatry.org](http://find-psychiatry.org) is a useful tool for patients to find docs. Participating APA members can update their availability, contact info, and insurance acceptance at [apps.psychiatry.org](http://apps.psychiatry.org). The site can be updated in real-time, so psychiatrists can turn it on to get more referrals and later turn it off as needed. It also allows participants to indicate what types of patients are accepted and what, if any, insurance. It can be searched by state, and can be narrowed by city or zip, using a radius setting to go wider. It has a map view and a list view of the results. Searches can also be done by insurance, including private, Medicaid, Medicare; by gender; by populations served; and by disorders treated. It shows email, phone and doc's website, if there is one.

Click [here](#) to view the functionality of this 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's ICD-10 Transition Resource

**On October 1, all HIPAA-covered entities must transition from using ICD-9 codes to using ICD-10 codes.** 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](#).

### New Psychopharm Newsletter

In July, *Psychiatric News* launched a newsletter called *PsychoPharm*, which is being distributed twice a month and contains both news and in-depth feature articles on psychopharmacology. An online version of the newsletter can be accessed [HERE](#).

### New APA Website

The APA has been working on its new website. The soft launch of the site occurred on August 20 and the formal launch will be September 8. Visit <http://www.psychiatry.org/>.

### Diversity Mental Health Month

July marked the second annual commemoration of APA Diversity Mental Health Month, when the APA spotlights mental health disparities and needs within diverse communities, as well as the importance of cultural competence in the delivery of quality mental health care. The APA Division of Diversity and Health Equity prepared a [Toolkit](#) of helpful resources meant to inspire people to explore other resources, which are available at the same link. For more info, contact Alison Bondurant at 703-907-8639 or [abondurant@psych.org](mailto:abondurant@psych.org).

### New Mental Health Resources for Faith Leaders

The APA encourages members to share two new resources to help faith leaders better understand mental illness and treatment so that they in turn can help their congregants. The 20-page "[MENTAL HEALTH: A GUIDE FOR FAITH LEADERS](#)" and its two-page, quick reference companion are the culmination of months of work by the Mental Health and Faith Partnership, made up of psychiatrists and faith leaders representing diverse traditions.

### HIPAA Resource

The CMS [HIPAA Basics for Providers: Privacy, Security, and Breach Notification Rules](#) Fact Sheet provides information on HIPAA basics, such as privacy, security, breach notification rules, covered entities, business associates, as well as the disposal of private health information.



*Presented by the Maryland Psychiatric Society in collaboration with  
The Department of Health and Mental Hygiene*

## Addictions Update: From Screening to Treatment & Everything In Between

### Topics Include:

- *Medical & Biological Basis of Addiction*
- *Screening for Substance Abuse*
- *Pharmacologic Interventions for Addictions*
- *Opioid Addiction in Youth: Approaches to the growing epidemic.*
- *The Epidemiology, a Conceptual Framework & a Pragmatic Approach to Treatment of the Co-occurring Disorders Patient*
- *Treatment & Recovery Challenges of Co-occurring Disorders*
- *Overdoses & Detox*

**Saturday November 7, 2015**  
**7 CME/CEU Hours!**

*Brochures and registration materials will be sent this month. Call the MPS at 410.625.0232 with any questions. **This activity will fulfill the new MBP opioid CME licensure requirement!***



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**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](mailto: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](mailto:Drmalik.baltimore@gmail.com) or call 410-823-6408 x13. Visit our website at [www.pamllc.us](http://www.pamllc.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](mailto:mtrish@hopehealthsystems.com)

**Oasis Mental Health** 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.

The Inpatient Psychiatry Units at MedStar Franklin Square Medical Center have expanded and are in need of the following psychiatrists: A PART TIME CHILD PSYCHIATRIST to work in an 11 bed adolescent unit; A FULL TIME ADULT PSYCHIATRIST to work in a 29 bed unit; and A FULL TIME PSYCHIATRIST to work on the consultation and liaison service. MedStar Franklin Square Medical Center is a community hospital located in Baltimore County. We offer flexible hours, 6 weeks paid time off, CME reimbursement, 403B match, medical benefits, paid malpractice insurance and a collegial atmosphere. Please email CV to Corneliu Sanda, M.D., Chair, at [Corneliu.sanda@medstar.net](mailto:Corneliu.sanda@medstar.net) or call 443-777-7144 for details.

### AVAILABLE OFFICE SPACE

Beautiful office with large windows for rent in Crofton, Maryland in lovely, modern elevator building with covered parking available. Office is on the third floor, with wonderful views, in a suite with a psychiatrist, a social worker, and a receptionist. Crofton location is convenient and central to Washington, D.C., Baltimore, Annapolis and the suburbs in between in a highly populated area. Cleaning, utilities included, shared waiting room is fully furnished, \$1200 per month. Please call Jill Joyce, MD at 410-721-5030.

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

### Final Notice! Return Your 2015 Member Survey!

The 2015 MPS member survey was sent with dues notices in June. Please be sure to complete and return it to the MPS before September 10th. The survey is also available online. Please click [HERE](#) to take the survey. Survey responses help the MPS better serve its members, so please complete your survey and let your voice be heard!

### 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.



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



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

## 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.

### Psychiatrists

Adventist HealthCare Behavioral Health & Wellness Services, one of the largest not-for-profit behavioral health providers in the National Capital Area, invites you to consider psychiatric opportunities at its Rockville, Takoma Park, Eastern Shore and Clarksburg locations.

We offer a competitive salary, comprehensive benefits, flexible schedules, and access to a network of highly-skilled, compassionate behavioral health professionals.

Current opportunities are available for the following positions:

#### Takoma Park, MD

- Adult Inpatient Psychiatrist
- Consult & Liaison Psychiatrist
- Adult PHP Psychiatrist
- Adult Psychiatrist with Addiction certification

#### Clarksburg, MD

- Outpatient Adult Psychiatrist with a focus of psychosomatic medicine to provide integrated services within a multidisciplinary health clinic
- Outpatient Child & Adolescent Psychiatrist

#### Rockville, MD

- Inpatient Adult Psychiatrist
- Child & Adolescent Inpatient Psychiatrist
- Outpatient Adult Psychiatrist
- Outpatient Child & Adolescent Psychiatrist
- Outpatient Child Psychiatrist & Pediatrician (Double Boarded)

#### Eastern Shore, MD

- Adult Inpatient Psychiatrist
- Adult Outpatient Psychiatrist
- Child & Adolescent Inpatient Psychiatrist
- Child & Adolescent Outpatient Psychiatrist
- Adult & Adolescent Psychiatrist with Addiction Certification

For more information, e-mail Janet Fountain: [jfountain@adventisthealthcare.com](mailto:jfountain@adventisthealthcare.com)

EOE/Pre-employment drug screening and mandatory flu vaccine. We are a tobacco-free campus.



**“We pride ourselves on our dedication to our patients.”**



## 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](http://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](mailto:elizabeth.tomar@maryland.gov)  
EOE



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

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In California, d/b/a Transatlantic Professional Risk Management and Insurance Services.