

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 MPS
Committee Chairs
will meet at 8 PM
Tuesday, **October 13**
in the MPS office.

President's Column

Unprecedented Opportunity for Maryland to Lead on Parity

Maryland psychiatrists have an incredible opportunity -- right now -- to have a national impact on discriminatory health insurance practices. **But we may lose this opportunity unless at least 10 of you reading this column take the actions needed.**

As noted in last month's President's Column, "*The APA has explained to state attorneys general, 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...*".

Well, people listened.

The opportunity: The U.S. Department of Labor and the Maryland Attorney General, Brian Frosh, are both interested in pursuing investigation of insurance carriers who are violating the federal Parity law by paying lower rates to psychiatrists than they pay to other physicians for the same CPT codes. The most common codes used by both psychiatrists and other physicians are New Office Visits (99201-99205), Established Office Visits (99211-99215), Inpatient Admissions (99221-99223), Inpatient Follow-ups (99231-99233), and Discharges (99238-99239). If a carrier has patterns of discrimination where they routinely pay less for these codes when psychiatric services are delivered, then action may be taken against the violators.

The mailing: In September, the APA sent several hundred letters to Maryland psy-

chiatrists listed within carriers' provider directories, asking them to send APA information about their reimbursement and ask patients to provide EOBs for both their psychiatric and their medical services. So far... one response. [Contact [Kery Hummel](#) for another copy if you misplaced yours.]

The request: If just ten of you do this, we should have enough to help kick this investigation into high gear. Please take 15 minutes to find a document (or create one) that indicates who the payer is and what they paid you or your patient for your services. Black out the patient identifiers and fax it to the number below. Also, ask a few patients if they will fax copies of both their psych and their medical EOBs (explanation of benefits) to the number below (black out identifiers, if possible; they will be removed by APA if needed). This will allow APA to compare E&M codes paid for psych services with those paid for medical services.

The fax number: 703-907-1089 (this goes directly to APA General Counsel Colleen Coyle's office).

Note: Colleen confirmed that sending this payment information to APA is okay. The purpose of this collection is for evidence of improper or unlawful evidence, not to compare rates for anticompetitive reasons.

If you'd like to submit information on your or your patients' behalf, but have questions... contact either [Kery Hummel](#) or [Steve Daviss](#).

*Steve Daviss, M.D., Guest Columnist
and Brian Zimnitzky, M.D.*

2015 MPS Member Survey Results

Members have spoken and the annual survey has officially closed. The [complete results](#) are posted on the MPS website. A total of 214 members participated (10 less than last year), giving input on CME needs and other specifics for future programs, suggestions for the redesigned MPS website, and more. Almost half of respondents use electronic health records in their practice (see page 21). A wide range of different systems is being used, with Epic being mentioned most frequently. Only 13% of participants work in telepsychiatry. Well over half of respondents accept insurance, and among those members Medicare, BCBS, Medicaid and other private insurance are widely accepted. Almost all participants indicated overall satisfaction with the MPS. *MPS News* and influencing how psychiatry is practiced in Maryland are what those who responded value most about being a member. Congratulations to Drs. Monica Chawla, Louise Postman and Kathryn Watt who were randomly chosen to receive a \$100 credit toward MPS dues or events!

The MPS is always interested in member input. Please contact [Kery Hummel](#) any time during the year with suggestions, complaints and questions.

Resource Encourages Veterans to Seek Help

The U.S. Department of Veterans Affairs is holding discussions about ***Make the Connection*** — a free resource for mental health professionals to help Veterans and their families overcome mental health challenges. A team will visit the Baltimore area **October 5, 6, and 9** to explore ways this tool can meet the needs of psychiatrists who work with Veterans and their families. Although negative perceptions about help-seeking and mental health challenges sometimes prevent those who are struggling from getting support, peer encouragement can help people pursue recovery. ***Make the Connection*** features videos of hundreds of Veterans telling their stories of recovery. Learn more [here](#). To indicate your preferred meeting time, [click here](#). Kelly Hamilton-Bracy will follow up to finalize the meeting location. Please contact her with any questions at 202-559-4424 or khamiltonbracy@reingold.com.

Senior Psychiatrists

Formed in 2013, Senior Psychiatrists, Inc. is a 501(c)3 educational organization that grew out of the APA Lifers group. Nada Stotland, M.D. is the current president of the organization, which has a [website](#), publishes an online newsletter, and takes an active role in the APA annual meeting. Members of the APA who hold Life status are eligible to [join](#).

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.

Amy Fehrmann, M.D.

Transfers Into Maryland

Ekaterina A. Stepanova, M.D.

Lauren M. Osborne, M.D.

The deadline for paying dues is March 31, effective for 2016 APA/MPS dues.

Following the APA's decision to change its dues policies, the MPS Council voted to move the MPS drop date in line with the new APA date, and MPS members voted to ratify the change. FY16 MPS dues notices were sent June 10. Members who do not either pay dues in full or schedule a payment plan before the deadline will be dropped as of March 31.

The MPS sent a second invoice to members who still owed dues in September. Reminders will continue each month with late fees added. If you still owe MPS dues, please remit your payment as soon as possible. Please [contact the MPS](#) with questions, or to discuss dues relief options or payment arrangements.

The MPS greatly appreciates your continued support!

Fees for copies of Medical Records

Maryland law ([Health General Sec. 4-304](#)) allows physicians to charge patients (or the patient's "personal representative") a fee for copying medical records. The charges may be adjusted annually for inflation. The following fees were [revised](#) on December 18, 2013.

- A fee for copying not to exceed **.76 cents for each page**, and
- The actual cost of postage and handling.
- Preparation fee of \$22.88**, if the records are sent to another provider. HIPAA regulations do not allow a charge for a preparation fee for records provided directly to the patient.
- A physician may not refuse to provide the records because of unpaid fees for medical services.

September 15 Council Highlights

Executive Committee Report

Dr. Zimnitzky discussed the Allmond v. DHMH amicus brief that Council voted to develop at the June meeting. Mr. Andrew Baida has completed the brief, which is currently being reviewed by the organizations that have committed funding, i.e. American Psychiatric Association, Johns Hopkins, University of Maryland, Sheppard Pratt, Maryland Hospital Association and MedStar Health. The Washington Psychiatric Society is determining the level of support they will provide. The brief will be submitted to the Maryland Court of Appeals on October 21, 2015. If the Court rules in favor of DHMH, involuntary medications will be available to dispense to those patients considered dangerous.

Dr. Zimnitzky provided an update on the new MPS website and database. Due to a change at G1440, new personnel will be working on the MPS project and plan to complete it by the end of this year. The new group has indicated there will be minimal additional cost but they want to host our website for two years at a minimum.

At the Executive Committee meeting today, APA staff outlined the new Group Discount for Dues program that will be piloted for 2 years and then reviewed by the APA Board of Trustees. In other membership organizations, programs similar to this have succeeded in increasing membership. EC will continue to discuss any implementation of these dues discounts with staff.

Executive Director's Report

Mr. Hummel noted that the annual MPS Membership Directory will be mailed to members in October. The three Assembly Representatives, Drs. Daviss, Hanson, and Roca, will attend the Area 3 meeting September 20 with him.

Secretary-Treasurer's Report

Dr. Palmer asked Council to review the Form 990 and 990T for submission to the IRS. She asked if anyone had any comments or changes for the form. There being no changes, Council voted unanimously to approve submitting the forms to the IRS.

Next she introduced the June 30, 2015 annual financial statements reviewed by Norman Feldman, CPA, PA:

- Total MPS assets are up \$24K from last year to \$328K, with net book value of property and equipment up \$26K reflecting payments for the new website and database. Our investment reserve fund is valued at \$84K, but part of that is unrealized gains. Net assets of \$274K are about the same as last year, except that there are no longer temporarily restricted funds since all grants were expended by the end of the fiscal year. Regarding MPS reserves, the cash and investments available are \$243K, which equals 73% of MPS annual expenses.

- The Statement of Activities compared with last year shows dues are up \$6K, advertising is up \$11K and grant income is up \$3K. Meeting income is down \$8K; however, overall revenue of \$327K is up \$11K. This reverses a trend over the two previous years with overall declines of \$13K and \$16K respectively. Total expenses of \$327K are \$6K more than last year with employee-related expenses up \$4K, grant/meeting expenses down \$9K, depreciation up \$3K, miscellaneous up \$2K, and income taxes up \$1K. FY15 ended essentially at break even after a \$6K loss last year.

- Regarding cash flows, MPS operations resulted in a \$9K decrease in cash, and \$39K was spent in FY15 for the website and database.

- Compared with the FY15 budget, grants were \$4K lower and meeting income was \$10K less. Meeting expenses were \$19K under budget and dues income was \$5K higher than budget. Expenses were \$32K under budget with no legal fees, no *MPS News* expenses and other offsets. The minimal loss is \$33K better than budget.

Council unanimously approved the report.

Membership Committee Report

In Dr. Lehmann's absence, Dr. Zimnitzky presented the schedule that staff will use for billing dues for FY16. This year, drops for nonpayment of MPS dues will coincide with APA dues drops, and will be voted on at the April Council meeting. Rather than 12 months to pay MPS dues, they must now be paid within 10 months of billing.

New Business

A fall program, *Addictions Update: From Screening to Treatment and Everything in Between*, will be held November 7 at the Sheppard Conference Center. It will provide 6 CME/CEU hours and is being done in collaborative with DHMH. One of the CME credits will meet the opioid prescribing CME requirement for Board of Physicians license renewals. [See [page 8](#) for details.] The spring program topic may address diversity and special populations.

Maryland Medical Marijuana Regulations in Effect

Regulations for the renamed [Natalie LaPrade Medical Cannabis Commission](#) took effect on September 14. [The [complete regulations](#) are in Subtitle 62.] The commission will soon release documentation for physicians to sign up to be marijuana recommenders. Please contact us if you are interested in this issue.

From [September 28 MedChi News](#)

Maryland News

Maryland Medicaid Pharmacy Program Updates Clozapine REMS

Clozapine, used in the treatment of refractory schizophrenia, has an updated safety program. The FDA released a new Risk Evaluation and Mitigation Strategy (REMS) program to simplify reporting standards for prescribers, pharmacies and patients.

Important: *Prescribers and pharmacies will need to be certified to participate* in the new Clozapine REMS program, which is scheduled to start **October 12**. For instructions on certification, [click here](#) and go to the bottom.

Beginning in December, you may not order or dispense clozapine unless the pharmacy is certified and the prescriber is certified, even if the patient is already receiving the medication.

All current patients receiving clozapine should be transitioned into the new program automatically. Pharmacies and prescribers should make sure their patients' information transferred correctly after October 12. The reporting requirements will be simplified, and the threshold for holding therapy will be changed to allow patients to continue on the medication if a clear benefit is seen. Also, patients who previously were ineligible for therapy due to benign ethnic neutropenia (BEN) will now be able to receive treatment.

Additionally, beginning in December 2015, outpatient pharmacies will be required to obtain a pre-dispense authorization code to process clozapine prescriptions. More information can be found [here](#).

This change does not affect the processing of Maryland Medicaid claims; it does affect the pharmacy's ability to order and dispense clozapine.

Maryland Board of Physicians Volunteer Corps

The [Maryland Professional Volunteer Corps](#) (MPVC) consists of health care and community professionals ready to assist with disaster and emergency recovery during a declared emergency situation. The MPVC is the state Medical Reserve Corps administered by DHMH. The MPVC program coordinates the skills of practicing and retired physicians, nurses, other medical and mental health professionals, and non-licensed citizens who are willing to respond to emergency situations and help address their community's public health needs (e.g., administer immunizations, conduct health screenings, promote health and nutrition education, volunteering in community health centers and local hospitals). Please click the link above for more details.

From [August 31 MedChi News](#)

New 2015 Laws Taking Effect in October

The MPS Legislative Committee took action on the following bills that were enacted during the 2015 General Assembly. All three become effective October 1, 2015. Please click on the links for details or contact [Kery Hummel](#).

[HB 367- Public Health - Maryland Behavioral Health Crisis Response System](#) - This bill altered the name of the Mental Health Crisis Response System (MHCRS) to be the Behavioral Health Crisis Response System (BHCRS) and expands the content and scope of authorized services. MPS considered this bill and submitted testimony in support because of the increase in services. (Public Act 416)

[SB 157- Consultation, Diagnosis, and Treatment of Mental and Emotional Disorders - Consent by Minors](#) - This bill established that a minor who is age 16 or older has the same capacity as an adult to consent to consultation, diagnosis, and treatment of a mental or emotional disorder by a "health care provider." The bill defines "health care provider" as an individual licensed under the Health Occupations Article and acting within the scope of the individual's license to diagnose and treat mental and emotional disorders (previously limited to physician or psychologist). MPS supported this bill as an appropriate expansion of access to mental health care. (Public Act 327)

[SB 195- Mental Health - Voluntary and Involuntary Admissions - Assent and Certification by Psychiatric Nurse Practitioners](#) - Although the MPS opposed SB195, it passed. This bill allows for physicians and nurse practitioners to assent to voluntary and involuntary admissions of a minor for treatment of a mental disorder. We opposed, but were advised early on that this bill was going to pass. NPs already were authorized to do Emergency Petitions which may result in involuntary admission of the individual. We did not strongly lobby against given that Senator Eckhardt (sponsor) is a perennial ally for MPS and the bill had strong support. (Public Act 330)

CDS License Fee Cut

In September, Governor Hogan [announced](#) a package of 100 fee cuts. One that affects psychiatrists is the 3-year Maryland Controlled Dangerous Substance (CDS) license fee, which was [reduced](#) from \$180 to \$120.



Maryland News

September MedChi House of Delegates Meeting Highlights: Medicaid Prescriber Issue Raised

The MedChi House of Delegates (analogous to the APA Assembly) semi-annual meeting attendees included Steve Daviss (the elected MedChi Delegate representing MPS, and legislative liaison) and MPS members Kim Jones-Fearing, Scott Hagaman (past MedChi president), and Tom Allen (who just finished his terms as MedChi's delegate to the AMA House of Delegates, also past MedChi president). At the meeting, Brooke Buckley began her position as MedChi president, and Stephen Rockower was elected president-elect.

This report reviews a few of the resolutions more pertinent to psychiatrists. Resolution [25-15](#) (proposed by the MPS) challenges the new DHMH directive, which proposes to invalidate prescriptions written by psychiatrists for Medicaid-covered patients if those psychiatrists are out of the Medicaid network. Res. [15-15](#) will have MedChi seek legislation requiring Medicaid's E&M rates (currently 8% less) to at least match those of Medicare's. Res. [18-15](#) proposes to address prior authorization for prescriptions. While MedChi's advocacy was instrumental in achieving the current prior authorization law limiting "fail first" and step therapies, the current resolution proposes to address ongoing administrative inefficiencies and consider other novel solutions to the problems created by prior authorization processes. All three of these resolutions were adopted. Other resolutions addressing credit card payments, licensing fees, interstate licensure, physician quality ratings, hospital employment, and other topics can be found [here](#).

While about one-sixth of MPS members also belong to MedChi, we strongly urge the rest of our psychiatric colleagues to join. Your membership in both organizations strengthens the voice of psychiatrists in Maryland and is critical to achieving our legislative priorities. The cost is \$500, and AMA membership is not required. Finally, Dr. David Hexter, president of MedChi's Center for Healthy Maryland, announced a fundraising challenge to raise charitable donations to the Center: he and Dr. Allan Jensen will EACH match your contributions, so your \$100 donation results in \$300. See healthymaryland.org/donate.

*Steve Daviss, M.D.
Kim Jones-Fearing, M.D.*

APA – MPS Advocacy on Insurance Mergers

The MPS joined in an APA-organized advocacy effort by alerting the Maryland Attorney General and the Maryland Insurance Commissioner to [concerns](#) regarding proposed major insurance company mergers, Aetna-Humana and Anthem-Cigna. The APA also submitted comments to the Department of Justice and the Federal Trade Commission raising these concerns.

The AMA, the American Hospital Association, and the American Academy of Family Physicians share the concern that the proposed insurance industry consolidations will functionally leave the vast majority of health care administration in the United States to three major insurers, thereby eliminating consumer choice and encouraging insurers to raise prices and reduce quality of care in most markets. [Although Maryland will not be impacted to the degree of many states, there will be ripple effects across the country.] Individuals with mental illness, including substance use disorders, are uniquely affected by the impact these mergers will have on access to psychiatric care in insurance plan provider networks.

The letters request that the review of the proposed mergers focus on each company's history of restricting access to clinically appropriate psychiatric care, as well as their ability to more severely restrict access to care if such acquisitions are permitted. They assert that the actions of the insurance industry to date strongly suggest that combined insurance companies with substantial buying power will strengthen their control over the purchase of psychiatric services. Moreover, the merging of companies that have a demonstrated history of discrimination against individuals with mental illnesses will only exacerbate access to mental health care services in the state and around the country. The letters conclude that a thorough investigation of existing practices will lead to the conclusion that the merged entities would be a threat not only to consumer choice and pricing, but also to consumer mental health and well-being.

MPS Members Out & About

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

Matt Rudorfer, M.D. was quoted in the September 3 [Politico story](#) on Kitty and Michael Dukakis's advocacy for ECT in the treatment of severe depression.

Medicare News & Information

2016 PQRS Medicare Payment Reduction

On September 11, CMS began distributing letters regarding the 2016 payment cut to Physician Quality Reporting System (PQRS) individual eligible professionals (EPs), EPs providing services at a Critical Access Hospital (CAH) billing under method II, and group practices. The letter indicates that because 2014 PQRS quality measures were not satisfactorily reported, all of their 2016 Medicare Part B Physician Fee Schedule (MPFS) payments will be subject to a **2.0%** reduction. The letter sent to individual EPs includes a Tax Identification Number (TIN)/National Provider Identifier (NPI) combination. The reduction applies **only** to the individual EP associated with the TIN/NPI noted within the letter and **not** the clinic or facility. The letters sent to PQRS group practices includes a TIN only and **applies to all** EPs who have reassigned their billing rights to the TIN. Therefore, it is important to check the upper left hand corner of the letter to determine what TIN or TIN/NPI is affected. The PQRS payment reduction **separate** from any additional reduction that may be applied to physicians under the Medicare EHR Incentive Program, and the Physician Value-Based Payment Modifier program in 2016.

As indicated in the [2014 list](#), PQRS incentive payments and/or payment reductions apply to professional services that are paid under or based on the MPFS. Services payable under fee schedules or payment systems other than the MPFS are not included in PQRS.

There are no hardship exemptions for the PQRS payment adjustment. If you believe that the 2016 PQRS payment reduction is being applied in error, you can submit an informal review request. All informal review requests must be submitted **before November 9** via a web-based tool, the Quality Reporting [Communication Support Page](#). CMS will send a decision via email within 90 days. These decisions will be final and there will be no further review or appeal.

Click [here](#) for a 2014 PQRS overview with steps for completing the informal review process.

To determine whether the TIN will be subject to an upward, neutral, or downward adjustment under the **Value Modifier** in 2016, individual EPs and PQRS group practices, as identified by their TIN, can access the TIN's 2014 Quality and Resource Use Report (QRUR) on the [CMS Enterprise Portal](#). Reports are now available for every TIN nationwide. To access a QRUR, an Enterprise Identity Management (EIDM) account with the correct role is required. See the [How to Obtain a QRUR Page](#) for instructions on how to set up an EIDM account and access the QRURs. Information about the QRURs is available on the [2014 QRUR](#) website.

For more details regarding the 2016 PQRS payment adjustment, please see the [Payment Adjustment Information](#) page of the [PQRS website](#) and click on the payment adjustment toolkit. For information regarding other Medicare physician quality programs that apply payment adjustments, please see the [Value-Based Payment Modifier website](#) and/or the [EHR Incentive Program website](#).

See this [related Psychiatric News story](#) on vendor errors with PQRS data reporting.

Preview 2014 Quality Measures

CMS will post a sub-set of the 2014 PQRS measures on [Physician Compare](#) starting **October 5**, which begins a 30-day preview period that allows group practices and individual eligible professionals to review their measures before they are publicly reported. To learn more about which [measures will be publicly reported](#) (depression screening) and [how to preview your measures](#), visit the [Physician Compare Initiative page](#).

The APA website gives an overview of the PQRS along with an explanation of how to participate this year in order to avoid payment cuts in 2017. It also includes an example of claims-based reporting. Visit [this page](#) for PQRS details tailored to psychiatrists. For assistance, members can use the APA Helpline link on the same page [login required].

Part D Prescriber Enrollment Reminder

A May 2014 CMS regulation per the Affordable Care Act requires everyone who writes prescriptions for covered Part D drugs to be validly enrolled in, or opted out of the Medicare program. Beginning June 1, 2016 Medicare Part D may no longer cover drugs that are prescribed by those who are neither validly enrolled nor opted out of Medicare. **To allow time for processing, prescribers should submit enrollment applications, or opt out affidavits before January 1, 2016.** To improve processing, please attach a cover letter with your application/affidavit indicating the reason for submission is in conjunction with the Part D Prescriber initiative. The [Novitas Part D Prescriber Enrollment](#) page provides further details. The [CMS website for enrollments](#) includes a place to check your enrollment status.

APA initiative on Prior Authorization

APA General Counsel Colleen Coyle is trying to get sufficient information on at least a handful of cases so that she can present the evidence to the Attorney General's office, who is looking into allegations of improper behavior by payers around prior authorization and discriminatory billing practices. She needs the 6 pieces of information below.

A number of members have shared extreme prior authorization situations that have occurred recently, and asked whether this is a new trend. Please [email Colleen](#) with the information below to get the ball rolling, or directly FAX the information to Maureen Bailey at APA at: (703) 907-1089. Currently, the APA does not have sufficient information, so your response will truly make a difference!

The APA needs specific information to understand who to complain to and to strategize how best to deal with these issues. When you send documentation, please include:

1. **Name of patient's insurance company**
2. **Source of the insurance for the patient (Medicare, exchange plan, employer plan and if so, name of employer if you know it)**
3. **Name of the pharmacy benefit company**
4. **Drug requiring pre certification**
5. **Time spent trying to get the prior authorization**
6. **Any impact on the patient while waiting.**

If you prefer, you can also submit your experience with prior authorizations for prescriptions to the [MPS Prior Authorization Data Collection Instrument](#) created by Steve Daviss, M.D.

Website for Complaints about EHR

In response to Politico's [investigation](#) of "gag clauses" in electronic health records vendor contracts that hamper error reporting by healthcare providers, the Office of the National Coordinator for Health Information Technology launched a new site for complaints about EHRs and other health IT products. The site is intended to help ONC better triage, track, route and respond to health IT concerns and challenges.

From [September 14 MedCity News](#)

ICD-10

ICD-10 Coding Starts Now!

Remember: if the date of service was **before** October 1, submit the claim with an **ICD-9** code—even if you submit it on or after the ICD-10 compliance date. CMS has [guidance](#) for providers dealing with claims spanning October 1.

Check out this [info graphic](#) for essential billing Q&A. Remember, the DSM-5 includes ICD-10 codes that correspond to ICD-9 coding. For more details, visit the [APA's ICD-10 site](#).

If you have difficulties submitting ICD-10 claims due to being unable to complete the necessary systems changes or having issues with your billing software, vendor, or clearinghouse, the following alternatives are available (click [here](#) for more info):

- Free billing software;
- Provider internet portals;
- Direct Data Entry (DDE); and
- Paper claims.

ICD-10 Flexibilities Update

In response to questions from the health care community, CMS published "[Clarifying Questions and Answers Related to the July 6, 2015 CMS/AMA Joint Announcement and Guidance Regarding ICD-10 Flexibilities](#)," which answers the most commonly asked questions. On September 22, CMS reissued these questions and answers with revisions to questions 1 and 9, as well as 9 new questions and answers.

The APA recently developed a video on how to switch to ICD-10. To access the 5 minute video, "How to Make the Switch," [click here](#).

ICD-10 Coding Resources

Consult the [DSM-5 or the small reference book](#), or the AAPC's table of Top 50 [behavioral health codes](#) to find the ICD-10 codes that must be used by all HIPAA-covered entities to submit claims for services provided on or after October 1.



*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

Saturday November 7, 2015
The Conference Center at Sheppard Pratt

Agenda

8:00AM-8:30AM—**Breakfast & Registration**

8:30AM-9:30

Medical & Biological Basis of Addiction
Yngvild K. Olsen, M.D.

9:30-10:30

*Screening of Substance Abuse Disorders:
Current Strategies and Challenges*
Enrique Olivares, M.D.

10:30-10:45—Break

10:45-11:45

Pharmacologic Interventions for Addictions
Eric Strain, M.D.

11:45-12:30PM

*Opioid Addiction in Youth:
Approaches to the growing epidemic.*
Marc Fishman, M.D.

12:30-1:15—Lunch

1:15-2:15

*The Epidemiology, a Conceptual Framework & a
Pragmatic Approach to Treatment of
the Co-occurring Disorders Patient*
Sunil Khushalani, M.D.

2:15-3:15

*Treatment & Recovery Challenges of
Co-occurring Disorders*
George Kolodner, M.D.

3:15-3:30—Break

3:30-4:30

Overdoses & Detox
Christopher Welsh, M.D.

Registration is **\$150.00 for MPS Members** and **\$200.00 for Non-members**.

Registration fee includes breakfast, lunch, breaks, **electronic** program material and
6.75 CME/CEU credits.

This activity will fulfill the new MBP opioid CME licensure requirement!

If making your reservations after October 25th please call 410.625.0232 for availability.

Fees are non-refundable.

Please send check or money order payable to MPS to:

1101 Saint Paul Street, Suite 305 - Baltimore, MD 21202

[REGISTER & PAY ONLINE!](#)

Please indicate if you have special dietary needs or require other special accommodations.

New Practice Guideline on Opioid Use Disorders

The American Society of Addiction Medicine has released a [national practice guideline](#) on the use of medications to treat opioid use disorders. The guideline was created in response to the rapid increase in recent years in the number of people misusing and overdosing on morphine and other opioids (both prescription and non-prescription). The guideline provides specific and evidence-based guidance on selecting the best treatments for opioid use disorders. It also discusses the importance of pairing any pharmacological treatment of opioid use disorder with psychosocial treatment and includes recommendations for patient populations with special needs, such as those with comorbid psychiatric disorders. The APA's [Practice Guideline on Substance Use Disorders](#) also includes a section on managing opioid use disorders.

"End Opioid Abuse" Website

As noted in the August issue, the AMA Task Force to Reduce Opioid Abuse has offered new, web-based resources. It will soon begin a national ad campaign to increase physicians' registration and use of prescription drug monitoring programs as well as promote enhanced education and training to ensure that *physicians* take the lead in becoming educated about evidence-based care and appropriate prescribing practices. [The new website](#) includes:

- State-specific information and links to prescription drug monitoring programs
- CME courses and webinars on preventing opioid abuse and safe opioid prescribing
- Safe and effective use of opioids for chronic pain
- Resources for patients
- Educational resources by state and specialty

APA Receives Clinical Practice Training Funds

The APA is one of 39 health care collaborative networks selected to participate in the [Transforming Clinical Practice Initiative](#). APA will receive up to \$2.9 million over four years to train a network of 3500 practicing psychiatrists throughout the U.S. in the clinical and leadership skills needed to support primary care practices that are implementing integrated behavioral health programs. These awards are part of a comprehensive strategy advanced by the Affordable Care Act that enables new levels of coordination, continuity, and integration of care, while transitioning volume-driven systems to value-based, patient-centered, health care services.

Risk Management Reminders for Online Marketing - Part Two

Websites

Websites can be a great way to market your practice online. In terms of professional liability, the greater the interaction on a physician's website, the greater the risk. A simple, non-interactive practice information website or online practice brochure has very low risk. Potential risk areas include:

• **Inadvertent establishment of a treatment relationship:** If an individual submitted a psychiatric question to you, and you responded, it could be viewed by that individual to be treatment advice, which could inadvertently establish a physician-patient relationship.

• **Patient testimonials:** You should exercise extreme caution when soliciting patients about testimonials, particularly in terms of ethical obligations and legal requirements.

◊ Ethically, it could be viewed as putting a patient in a situation where he did not feel he could say no. According to the AMA, testimonials as to the physician's skill or quality of professional services tend to be deceptive when they don't reflect the results that patients with conditions comparable to the testimoiant's condition generally receive. And, as pointed out APA's *Opinions of the Ethics Committee on the Principles of Medical Ethics*, informed consent for testimonials is a problem because it cannot be easily withdrawn.

◊ States can, as West Virginia has done, prohibit physician advertising that uses testimonials.

The risk management advice is:

- Ensure website content is current and accurate.
- Comply with applicable state law requirements related to physician websites.
- If you are a Covered Entity under HIPAA, post your Notice of Privacy Practices on your website.
- Do not violate intellectual property law when posting materials from other sources.
- If you link to outside sources, link only to credible websites and post a disclaimer on your website explaining that you are not responsible for information on linked websites.
- If you are selling products on the website, ensure compliance with applicable laws and ethical standards.
- Avoid posting anything on your website that could be construed as specific treatment advice.
- Do not allow individuals to communicate with you via the website to avoid the inadvertent establishment of a treatment relationship. Current patients should communicate

Risk Management Reminders for Online Marketing - Part Two

via a secure patient portal.

- If prospective patients can download forms, consider including a statement that doing so does not guarantee a treatment relationship will be established.
- If you have online appointment scheduling via your website, ensure all information is secure and not available for others to see. One practice learned this lesson the hard way – after having to pay \$100,000 to stop the government investigation resulting from a publicly accessible online scheduling calendar containing patient demographic and medical information.

Online Referral Services

Online referral services, such as ZocDoc and Psychology Today, can be very appealing to psychiatrists for online marketing. Potential risk areas include:

- Drug-seekers:** Many psychiatrists are finding that many patients who find doctors online do not want a treatment relationship, but rather only want controlled substances.
- Limited purpose patients:** Physicians using these types of online referral services are also finding the patients have a purpose other than treatment in mind, such as filling out disability forms, or testifying in litigation, etc.
- Services' use of patient information:** Be sure you know exactly what the service is doing with your patient's information. In one case, unbeknownst to the physicians, a vendor was sending follow-up emails to patients under the doctors' names, asking for feedback about the visit.
- Services' request for testimonials:** At least one of the online referral services is very persistent in urging physicians to obtain patient testimonials – for the service's own use.

The risk management advice is:

- To dissuade potential patients who may be drug-seeking, consider adding the following language to your profile:

◊"I check the state prescription monitoring program before I prescribe" (if your state has a prescription monitoring program)

◊"I do not prescribe controlled substances on the first visit"

◊"I do not prescribe for pain"

- To manage additional patient expectations, you should include other applicable statements, such as the first visit is only an evaluation to see if it is appropriate to establish a treatment relationship.
- A Business Associate Agreement (BAA) pursuant to HIPAA is necessary from the service as it will, at a minimum, store patient information. Even if you are not a covered entity

under HIPAA, you should obtain the BAA to ensure the service promises to adequately protect your patients' confidentiality.

*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 or
www.psychprogram.com

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Harford Belair Community

Mental Health Center, a private nonprofit mental health center in Northeast Baltimore City, is seeking a **part-time licensed psychiatrist**.

The psychiatrist should be licensed in Maryland and have experience providing services to an adult population. Experience with the geriatric population is a plus.

General responsibilities include:

- Direct the treatment of a caseload of individuals with persistent mental illness.
- Re-evaluation of current patients for the purpose of monitoring treatment.
- Evaluation of patients for hospital admission, both voluntary and involuntary.
- Monitoring use of medications and prescribing psychotropic medications when necessary.

Please submit resume to Teresa Tawes via email, ttawes@harfordbelair.org or fax at 410-426-5143.

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.pamllc.us

(Continued on next page)

CLASSIFIEDS**EMPLOYMENT OPPORTUNITIES—continued**

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 or call 443-777-7144 for details.

PART TIME ADULT PSYCHIATRIST - The outpatient psychiatric clinic at MedStar Franklin Square Medical Center is expanding. We currently have 11 psychiatrists and 16 psychotherapists. We are looking for a part time psychiatrist, 16-20 hours per week. Psychiatrists will have 75 minutes for evaluations and 25 minutes for medication management. We offer flexible hours, CME reimbursement, 6 weeks paid time off, 403B match, medical benefits, and paid malpractice ins. The atmosphere is collegial, and most of our staff has been here for years. Please fax CV to Stephen Pasko, Director at 443.777.2060 or call 443-777-7925 for details.

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.

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

The Mental Health Association of Frederick County seeks a Child and/or Adult psychiatrist to join their team of Social workers and Professional counselors as a Medical Director. MHA is a private non-profit looking to expand our counseling services program to an OMHC. We offer daily administrative support, paid malpractice insurance, competitive salary, and flexible hours including evening and part to full time. 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. For more information please contact Ellie Bentz, Clinical Director, at 301 663 6135 x133.

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

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

Job Title: **Psychiatry Faculty, Division of Child and Adolescent Psychiatry**

Company: The Johns Hopkins University School of Medicine

City/State: Baltimore, Maryland

Position Type: Full Time



JOHNS HOPKINS
M E D I C I N E

Job Description: The Johns Hopkins University Department of Psychiatry, Division of Child and Adolescent Psychiatry is seeking board certified or board eligible child and adolescent psychiatrists committed to a career in academic medicine. Successful candidates will be superb clinicians or investigators committed to improving the lives of children and adolescents suffering from psychiatric disorders through direct patient care, research, and/or education.

Open rank, clinical and research faculty appointments within the Department of Psychiatry and Behavioral Sciences are available commensurate with background and experience. Positions have the potential to provide a mixture of clinical, teaching and research opportunities dependent upon interest and skills of the faculty member. Clinical leadership opportunities are available.

The Johns Hopkins University provides excellent benefits including partial college tuition grant for dependents (at any college) and tuition remission for faculty members, spouses, and dependents for coursework completed at the Johns Hopkins University and Peabody Music Institute.

The Johns Hopkins University is an equal opportunity/affirmative action employer committed to recruiting, supporting, and fostering a diverse community of outstanding faculty, staff, and students. All applicants who share this goal are encouraged to apply.

Nearby: Professional sports, strong arts community, boating, sandy beaches, mountains, close to Washington, DC and Pennsylvania.

Qualifications: Board Certified or Eligible in Child and Adolescent Psychiatry

Practice Setting: Negotiable

Salary: Competitive and commensurate with experience

Contact: Robert Findling, MD, MBA, Director, Child and Adolescent Psychiatry, The Johns Hopkins University School of Medicine. Phone 410-955-2320. Email: rfindli1@jhmi.edu.

BOARD CERTIFIED PSYCHIATRISTS

PART-TIME AND FULL-TIME

OASIS: The Center for Mental Health

Annapolis, MD

Thriving private outpatient mental health center in Annapolis, MD, has openings for PT and FT board certified psychiatrists able to treat children through adults. Hours flexible days/evenings until 10 p.m. weekdays and on Saturdays. Excellent working conditions with admin support; no "on call."

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Seeking an adult psychiatrist to provide psychiatric evaluation and medication management (E&M) services (15-20 hours a week) in Outpatient Mental Health Center. Some of the scheduled hours will be in a satellite clinic, which provides services to dual diagnosed (substance abuse and MH) patients. The OMHC also works closely with Family Services PRP program, which provides services to individuals for recovery with serious mental illness. Interested candidates must be board eligible in psychiatry. Position is offered as a part-time contracted position and contract physician must have independent malpractice insurance. Resumes and cover letters should be submitted to careers@fs-inc.org.



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
EOE

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

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