

# MPS NEWS

Volume 29, Number 10

Editor: Heidi Bunes

February 2016

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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 is 8 PM Tuesday, February 9 in the MPS office.

## President's Column

### Changes Ahead

With the New Year, we at the MPS have been busy on several fronts. The legislative season is upon us, and we are going full speed ahead with our new website and database development. At this time, I would like to introduce changes to the MPS fiscal year.

Historically, the MPS has operated on a fiscal year from July 1 to June 30. Although this coincided with the academic year of psychiatric training programs, it has been out of sync with the APA, which operates on the calendar year (January 1 to December 31). A few months ago, I learned that we were the only district branch with a fiscal year that does not coincide with the calendar year. This has presented a few challenges for the MPS.

In order to be a member of the MPS, one must also be a member of the APA. As members, we all pay local dues (to the MPS) and APA dues. Because our dues year has been different from the APA, dues to each of the organizations corresponded to different periods of time. We believe that it makes more sense for members to pay dues to both MPS and APA to cover the same period of time.

Another challenge of the fiscal year being from July 1 to June 30 has been that we needed to present our budget to the Council in the late spring. Executive Committee terms end at the time of our annual dinner (late April), which is when we welcome our newest member, the Secretary/Treasurer. The new Secretary/Treasurer, who has just joined the Executive Committee, has little time to familiarize himself/herself before presenting

the budget to Council for approval. By changing to the calendar year, the Secretary Treasurer will have several months before needing to present a budget.

Currently, the MPS staff bills members for local dues. The vast majority of district branches have the APA bill for district branch dues – the APA then forwards these payments to the district branch. Several months ago, we met with APA representatives regarding their pilot project to offer discounts to members working in large organizations. During the meeting, it became apparent that this could not apply to our members, given that we bill for local dues. At this time, we have decided to continue to have the MPS bill for local dues. However, the change of our fiscal year to the calendar year will allow us the option in the future to have the APA handle billing.

On November 10, 2015, the Council approved changing our fiscal year to the calendar year. The transition will begin this spring. In June, the Executive Committee will present an 18-month budget, including an 18-month dues period, to Council for approval. This budget will cover July 2016 to December 2017.

Although we are allowed to have an 18-month budget, our tax filings as a non-profit cannot be for more than 12 months. To solve this, we will do the following. First, we will file 12-month financial statements (federal, state) covering July 2015 – June 2016. Second, we will file 6-month "short year" financial statements covering July 2016 – December 2016. After this, we will file 12-month calendar year financial statements.

How does this affect your MPS dues? In June 2016, we will

(Continued on next page)

mail dues notices for July 2016 – December 2017. It is important to note that these dues will cover 18 months, so the dues amount will be 50% higher to cover this period of time. For members who do not wish to pay all the dues up front, we will allow payment plans, so members can pay over a period of time. In October 2017, we will bill members for the 2018 calendar year. Thereafter, we will bill each October for the following calendar year.

In the end, transitioning our fiscal year to the calendar year makes sense for the MPS as well as our members. We ask for your patience during this transition.

*Brian Zimnitzky, M.D.*

Check the [calendar](#) on the MPS website for local meetings and events!

### MPS Seeks Nominations for Lifetime of Service Award

At the March Council meeting, nominees will be considered for the Lifetime of Service Award to be given at the April 28, 2016 MPS annual meeting. Council would appreciate member suggestions as to who should be selected.

The award is given annually to a senior MPS member who has shown a consistent, career-long pattern of unwavering dedication, commitment, and leadership to the organization. Other qualities to be considered include significant contributions to the mental health of our community through clinical work, teaching, administration, or research. View past recipients [here](#).

Member nominations should be submitted no later than March 4, 2016 for this year's award. Names and any supporting reasons you wish to include can be submitted by phone (410) 625-0232, email [mps@mdpsych.org](mailto:mps@mdpsych.org) or postal mail Maryland Psychiatric Society, 1101 St. Paul Street, Suite 305, Baltimore, Maryland 21202-6407.

## You are Invited to attend 2016 MPS Advocacy Days

**February 3rd and 4th  
Annapolis, Maryland**

Visit members of the Maryland General Assembly with your colleagues. Our lobbyists will set up meetings with legislative leaders. Email [khummel@mdpsych.org](mailto:khummel@mdpsych.org) to register for one or both days.

## FY16 MPS Dues Drop Date is Next Month

Starting this year, both APA and MPS dues payment deadlines are earlier. Members who do not either pay dues in full or schedule a payment plan will be dropped as of next month! Monthly dues reminders have been sent since September. If you still owe MPS dues, please pay now. Please [contact the MPS](#) with questions, or to discuss dues relief options or payment arrangements.

### MPS Best Paper Awards Deadline February 15th

To recognize outstanding scholarship by young psychiatrists in Maryland, the MPS established annual "best paper" awards in 2013. The Academic Psychiatry Committee is currently soliciting nominations in two categories:

- **Best Paper by an Early Career Psychiatrist (ECP):** Eligible psychiatrists are ECPs who are first authors of papers published or in press in 2015.
- **Best Paper by a Resident-Fellow Member (RFM):** Eligible psychiatrists are residents or fellows who are first authors of papers that were written, in press, and/or published in 2015.

Scholarly work of all kinds (e.g., scientific reports, reviews, case reports) will be considered. If you would like to nominate a paper and author, please email or mail the paper to the appropriate address below by February 15. Please include a brief explanation of why you believe the work is worthy of special recognition.

Robert P. Roca, MD, MPH, MBA  
MPS Academic Psychiatry Committee Chair  
Sheppard Pratt Health System, 6501 North Charles Street  
Towson, MD 21204  
[rroca@sheppardpratt.org](mailto:rroca@sheppardpratt.org)

### 2016 Maryland Behavioral Health Coalition Rally

A rally for the more than 1 million Marylanders living with a mental health or substance use issue will be held on Lawyers Mall in front of the State House in Annapolis at noon on Thursday, **February 25**. Many coalition organizations are holding advocacy days earlier that morning, so there should be a large turnout. [Click here](#) to view the rally flyer. Last year's successful [Keep the Door Open](#) campaign will continue in 2016 with a platform focused on workforce development, crisis services and the public behavioral health system budget. In connection with workforce, a bill is being drafted to index behavioral health provider rates to medical inflation.

## January 12 Council Highlights

The MPS has three members who are candidates in the APA election that is currently underway. All of the candidates for each of the three positions were invited to address the MPS Council meeting. Dr. Anita Everett (President-Elect) and Dr. Steven Daviss (Area 3 Trustee) briefly addressed Council and asked for their support in the election. Dr. Geetha Jayaram (Trustee at Large) was not available. A statement from Dr. Frank W. Brown (President-Elect) was given to Council.

Executive Committee Report

Dr. Zimnitzky reported:

- The Maryland General Assembly begins tomorrow. Legislation regarding Death with Dignity or End of Life Options will be reintroduced. The MPS Legislative Committee has been concerned that there are sufficient safeguards for a psychiatric evaluation prior to any decision regarding end of life options. There are also concerns about insurance coverage for appropriate consultations. Council asked for information regarding MedChi's position on this subject. This will be part of the decision process regarding any MPS response to the proposed legislation.
- The MPS website developers, G-1440 have presented a plan to complete the database updates and conversion to a newer IT platform. Phase 1 and testing of the data base conversion should begin in January. Adding Find a Psychiatrist to the website will be in Phase 2.

Executive Director's Report

- Mr. Hummel encouraged Council to go on the MPS website [www.mdpsych.org](http://www.mdpsych.org), which is being updated frequently. We welcome any member comments.
- MPS Advocacy Days with Maryland's General Assembly in Annapolis are scheduled for February 3<sup>rd</sup> and 4<sup>th</sup>. Our lobbyists, Harris Jones & Malone, will schedule meetings.

Secretary-Treasurer's Report

Dr. Palmer presented the second quarter MPS financial statements ending December 31, 2015.

- Balance Sheet highlights vs last year: Total Assets are the same at \$389K; however, Current Assets have decreased \$3K with \$6K more cash and equivalents but \$10K less dues and other receivables. Liabilities are up \$9K mainly due to holding the Allmond amicus brief funds (\$4K) and the Area 3 grant (\$4K). Net Assets are down by \$9K.
- Income vs. Budget reflects total revenues of \$190K, which exceed budget by \$26K - *MPS News* ads were \$8K higher and we had \$15K unbudgeted amicus brief contributions. Total expenses of \$187K are \$9K over budget to date and this is due to higher legal fees, hosting, depreciation and income tax. The \$3K surplus is \$16K better than budget to date.
- Comparing income to last year, revenues are \$8K higher; however, expenses of \$187K are \$17K more than last year's. This reflects higher salaries, legal fees, hosting, depreciation

and income taxes. The \$3K surplus to date is \$8K less than last year.

- The MPS Investment Reserve Fund was \$82,019 on December 31 compared to \$83,517 on July 1.
- Council unanimously approved the report.

Program and CME Committee Report

Dr. Addison reported:

- A half-day Spring 2016 conference will focus on the mental health needs of the LGBT community. Potential speakers are Dr. Jack Drescher from NYC and experts speaking about gender dysphoria. A brochure will be mailed in February.
- Southern Psychiatric Association (SPA) and MPS will hold a joint meeting at the Renaissance Harborplace Hotel in Baltimore September 28 through October 2. MPS members will pay the SPA member rate for this conference.
- Beethoven's Deafness: Psychological Crisis and Artistic Triumph will given by Dr. Richard Kogan November 19 at Goucher College. This is a joint activity with MedChi.

Membership Report

Dr. Lehman reminded everyone that the MPS drop date for non-payment of dues will coincide with the APA drop date - March 31, 2016. She reminded Council that they will be assisting with member retention calls, and encouraged all members to pay their dues before the drop date.

New Business

- Dr. Waddington announced that the MPS will send representatives to the Mental Health Association of Maryland Legislative Reception on 2/10/2016 in Annapolis.
- Dr. Steven Daviss reported on a meeting with the Maryland Insurance Administration. Insurance Commissioner Al Redmer is very interested in Network Adequacy. Legislation will be introduced in the General Assembly from the Governor regarding Network Adequacy, updating of panels, and reimbursement for nonparticipating providers. The MPS Legislative Committee will review this bill and provide information on the MPS website and to Council.

## APA Members' Course of the Month

Try the APA Learning Center's free online CME. Each month, members have access to an on-demand CME course on a popular topic.

February's [course of the month](#) will be **Choosing the Right Treatments for Substance Use Disorders**. Emphasizing office-based approaches, this course explores the problem of opioid abuse among chronic pain patients, helps learners recognize the signs and symptoms of medication abuse, and examines behavioral treatments. (The course will still be available for a fee after the month expires.)

## Maryland News

### 2016 Legislative Session Underway

The 2016 Maryland General Assembly began its 90 day session on January 13. Over 200 bills had already been pre-filed. As of late January, a record number of bills have been submitted. The MPS Legislative Committee will consider all legislation that pertains to psychiatry and mental health. Very strong partnerships have been forged with MedChi, the Mental Health Association of Maryland and NAMI Maryland. The Maryland Psychological Association and the NASW Maryland Chapter also communicate regarding bills of mutual interest. MPS members and staff participate at MedChi legislative meetings and Maryland Behavioral Health Coalition conference calls.

The MPS Legislative Committee had its first conference call on January 20<sup>th</sup>. Calls begin at 7:00 PM every Wednesday evening. A member of our lobbying team, Philip Cronin, participates, and this year we have welcomed APA staff person Angela Gochenaur, Regional Field Director - State Government Affairs, Northeast.

Already the committee has considered a number of bills related to the care and supervision of juveniles. Some of the bills related to juveniles being housed in adult detention centers, as well as a new mandatory reporting law that could affect physicians. Another bill would require an agency that investigates child abuse to report a doctor to the Board of Physicians if that doctor failed to report the abuse. Still another bill proposes a right to seal emergency petitions served upon juveniles. The committee is developing positions of support or opposition and will report on these and other specific bills to the MPS Council. The report will also be available on the [MPS website](#) in late February. Testimony may be presented on some of these bills, and they will be discussed with bill sponsors during MPS Advocacy Days scheduled for February 3<sup>rd</sup> and 4<sup>th</sup>.

We have also seen proposed legislation on cannabis, network adequacy and updating of insurance panels. We also anticipate the re-introduction of legislation for end of life options or physician assisted suicide.

Members are encouraged to express their thoughts on any of these bills. Contact [Kery Hummel](#), who can include you on Legislative Committee conference calls and register you on the LAC board, where you can read bills of interest and post comments. The MPS Legislative Committee represents all members.

### Recently on the MPS Listserv

#### Reporting Child Abuse

Unsure of your reporting obligations? Maryland's child abuse reporting requirements were a recent topic on the MPS listserv. The law states "child" but the [AG opinion](#) and the statute's footnote clarifies that "child" refers to when the abuse took place, not the current age of the victim. The [Court of Special Appeals has interpreted](#) the reporting requirement to apply regardless of where the victim currently lives or where the abuse took place "as long as a victim is a child." Knowing the identity or location of the alleged perpetrator is not a prerequisite to reporting. The AG wrote, *"...current law does not excuse reporting even if the information available to the person who is required to report suggests that the alleged abuser is dead."* Regardless, the state agency is only required to investigate reports under certain circumstances. The intent is apparently to cast as wide a net as possible with reporting, and leave it to the investigators to decide which report is worth following up. On top of this confusion is the likelihood that we will see another attempt to criminalize failure to report this year.

#### Death with Dignity Legislation

The issue of physician assisted suicide was another recent topic, given that a bill is expected to be reintroduced during the current Maryland legislative session. Did you know that last April [MedChi adopted the AMA's position](#) opposing physician participation? The [January 19 JAMA](#) has a number of articles on both sides of the issue. A couple of examples of concern were posted, including [letter to the Ethicist](#) in the New York Times Magazine and [motions to demand medical euthanasia](#) by prisoners serving life without parole. Watch for an ethics column in the upcoming *Maryland Psychiatrist* about this issue.

Along with these weighty issues, there are routinely requests for referrals, advice on meds, etc. **All active MPS members are invited to join the MPS listserv** — a place where you can quickly and easily share information with other MPS psychiatrists. An email message sent to the listserv goes to all the members who have joined. To join please contact the MPS office at 410.625.0232 or email [Kery Hummel](#). You will need to wait for membership approval and will be notified by email.

## Maryland News

### Could Writing a Script Land You in Jail?

If one Maryland bill passes as written that's exactly what could happen. [House Bill 6 – Criminal Law – Improper Prescription of Controlled Dangerous Substance Resulting in Death](#) (Sponsored by Delegate Karen Lewis Young), a poorly-worded bill, appears to hold an authorized provider accountable (felony conviction not exceeding 20 years in prison or a \$100,000 fine, or both) for the death of an individual who was prescribed, administered, distributed or dispensed a controlled dangerous substance. The bill requires that the act was not done in conformity with the Criminal Law Title and the standards of the authorized provider's profession related to controlled dangerous substances. The MedChi Legislative Council voted to strongly **oppose** this bill.

MedChi will be working diligently to prevent radical ideas like "criminal prescription" from becoming law as the legislature considers other legislation related to prescribing of opioids and the Prescription Drug Monitoring Program. Although we have an opioid crisis in Maryland, we need to be careful that we don't reflexively take radical actions that will only create new problems.

From [January 19 MedChi News](#)

### Maryland Behavioral Health Coalition 2016 Legislative Priorities

Despite steadily increasing demand, behavioral health treatment has decreased as a percentage of Maryland's healthcare budget year after year. The one in four Marylanders living with a mental health or substance use disorder have increasing difficulty accessing the treatment services that they need. To address this unmet need, the Maryland Behavioral Health Coalition supports the following budget and policy initiatives, and we call on Governor Hogan and the General Assembly to enact these recommendations.

- To ensure a quality behavioral healthcare workforce, we must index behavioral health provider rates to medical inflation.
- We must ensure that 24/7 walk-in crisis capacity and mobile crisis services are available in every jurisdiction statewide.
- We must protect our most vulnerable Marylanders by adequately funding comprehensive behavioral health services.

[Click here](#) for full details.

### 2017 Maryland Budget News

The Mental Health Association of Maryland (MHAMD) [reported](#) that the legislative session began on a high note with the introduction of Governor Hogan's proposed Fiscal Year 2017 budget. MHAMD is pleased that he provided a desperately needed two percent rate increase for both Medicaid and uninsured behavioral health services. [This increase applies to services, but not to physician or nurse practitioner fees.]

MedChi [notes](#) that Governor Hogan's proposed FY2017 operating budget leaves physician E&M codes at 92% of Medicare, with the Administration asserting that an additional 1% of State funds will be needed to maintain that current rate. MedChi is investigating the extra funds required and will continue to strongly advocate for full restoration of the rates. [Governor O'Malley cut Medicaid payments to physicians to 87% of Medicare, down from the 100% we had previously achieved. MedChi lobbied last session and, with the help of the General Assembly and Governor Hogan, the rate was taken back up to 92%. MedChi has made it a priority to return Medicaid to Medicare rates for physician payment of evaluation and management codes (E & M codes).] Other organizations are likely to join the push for higher E&M rates in the Medicaid budget.

### New APA Ethics Resource

The APA recently published a new ethics document: *APA Commentary on Ethics in Practice*. Developed by the Ad Hoc Work Group on Revising the Ethics Annotations, the document is meant to provide practical guidance for managing ethical dilemmas that come up in day-to-day practice. To download this and other ethics resources, visit the APA Ethics page [here](#).

### Learn about Physician Compare and How it Affects You

CMS will host information sessions about recent updates to the [Physician Compare](#) website and future plans for public reporting on Physician Compare, including a publicly reported benchmark and star ratings ([80 FR 71128-71129](#)). Each one-hour webinar will allow stakeholders to ask questions about public reporting and quality measures on Physician Compare. Webinars will be conducted via WebEx on:

**Tuesday, February 23 at 12:00 pm**  
**Wednesday, February 24 at 4:00 pm**  
**Thursday, February 25 at 11:00 am**

All sessions will present the same info. [Register today](#).

The Maryland Psychiatric Society  
*presents*

## Treating LGBT Patients: Ethical Issues, Gender Dysphoria & Mental Health

Saturday April 30, 2016  
8:00 am-1:00 pm

MedChi  
1211 Cathedral Street  
Baltimore, MD 21201

***Ethical Issues Treating LGBT Patients***  
Jack Drescher, M.D.

***Gender Dysphoria in Children and  
Adolescents***

- ***Medical Interventions & Issues***

Elyse Pine, M.D.

- ***Psychiatric Issues***

Ariel Vitali, M.D.

- ***Psychological/Behavioral Issues***

Harriette Wimms, Ph.D.

***Panel Question & Answer Session***

**4.0 CME/CEU Hours**

Registration is  
**\$75.00 for MPS Members**  
and **\$125.00 for Non-members.**

*Fees are non-refundable.*

Send checks to: MPS  
1101 St. Paul Street #305  
Baltimore, MD 21202

Click for more information or to  
[REGISTER & PAY ONLINE.](#)

## New Federal Gun Control Measures and Mental Health

Donna Vanderpool, Risk Management V.P. at [Professional Risk Management Services, Inc. \(PRMS\)](#) has posted responses to President Obama's recent executive actions on gun control, reporting to NICS and mental health protections under HIPAA.

On January 4<sup>th</sup>, President Obama released a series of [executive actions](#) to reduce gun violence, including a final rule from the Department of Health and Human Services. This [final rule](#) amends HIPAA's Privacy Rule to "remove unnecessary legal barriers preventing States from reporting relevant information about people prohibited from possessing a gun for specific mental health reasons."

Ms. Vanderpool notes a few things to keep in mind:

- There is no new reporting requirement created under this amendment.
- Not every psychiatrist who involuntarily commits an individual will have to make a report to NICS.
- Not every individual with a mental health diagnosis is affected by this law.
- The covered entities making the report are few.
- This is only federal law – state law could prohibit such disclosures. **[In Maryland, no clinician is required to report a committed patient. It's up to the judge to decide if the patient should be disqualified from gun possession and reported to NICS.]**

[Click here](#) for the complete text of her first post.

Ms. Vanderpool [posted a second](#) time on this subject, raising two additional concerns about the new measures:

- Nothing in the executive actions requires – or even allows – mental health professionals to discuss their concerns about patients with law enforcement.
- The President hopes to have the Social Security Administration report individuals disqualified from gun ownership due to federal mental health prohibitions.

[Click here](#) for the complete text of her second post.

APA CEO and Medical Director Saul Levin, M.D., M.P.A., said, "It is APA's sense that the final HIPAA/NICS rule is well balanced and addresses our previously articulated major concern regarding the need to preserve privacy, incentivize treatment, and prevent any federal law or regulation that ... would require or permit psychiatrists to report their patients directly to NICS or any other federal database."



## Maintenance of Certification: Navigating The Process

### Why Attend?

The different components of MOC and the personalized timelines for requirements are outlined extensively on the ABPN's website. However, navigating the nuances of MOC and grappling with choices for MOC activities can be time-consuming. The MPS is committed to helping members through the MOC process and encouraging the fulfillment of MOC for any members who wish to take part in MOC, from early to late career psychiatrists.

The Maintenance of Certification (MOC) Program will offer attendees the opportunity to learn the specific requirements for MOC for those who are either board certified or re-certified by the ABPN. The evening will be both educational and practical. The purpose of the training is to demystify the MOC process and to support member engagement in the process.

Part of the training will be a hands-on computer-based workshop to guide attendees through the process of organizing one's activities according to required timelines, recording and tracking activities through ABPN Folio, and practical pearls to keep in mind while undertaking MOC.

### Meeting Information

- **Seating is limited to 20 participants** due to the hands-on nature of this activity.
- Attendees should bring a laptop to the training. Internet access will be provided. The hands-on portion of the presentation will require use of a laptop.

### Learning Objectives

- Identify the ABPN maintenance of certification (MOC) requirements.
- Demonstrate competency in importing MOC activity into ABPN (American Board of Psychiatry and Neurology) folio account.
- Recognize ABPN approved activities for MOC purposes.

### Agenda

6:00PM-6:30PM

**Dinner (Provided)**

6:30PM-7:15PM

**MOC: CLINICIAN'S PERSPECTIVE**

*Margo Lauterbach, MD*

7:15PM-8:15PM

**Live Walk Through & Hands On Tutorial**

8:15PM-8:30PM

**Question and Answer Session**

**Final Thoughts**

Name \_\_\_\_\_

E-Mail \_\_\_\_\_

Amount enclosed \$ \_\_\_\_\_

**Please send check to:**  
The Maryland Psychiatric Society,  
1101 Saint Paul Street, Suite 305,  
Baltimore, MD 21202

**Monday April 25, 2016**

MPS Office  
1101 St. Paul Street, Suite 305  
Baltimore, MD 21202

Registration is \$20.00 for  
MPS members

**Fees are non-refundable.**

Click [HERE](#) to register online!

## Medicare News & Information

### Changes to Hardship Exception Process to Avoid Payment Reductions

CMS has posted information regarding changes to the Medicare EHR Incentive Program hardship exception process. The exceptions relate to the payment reductions being applied to those who are not meaningful users of EHRs. The amount of information needed to apply for an exception is being reduced as a result of the Patient Access and Medicare Protection Act enacted on December 28. Also, CMS has decided that groups of providers can apply for an exception on a single group application. The deadline for eligible professionals to apply is **March 15**. [Click here](#) for the application and more information from CMS.

### Updated Open Payments Data

On January 19, CMS updated the Open Payments dataset to reflect:

- Changes made to records
- Changes to delays in publication flags
- Changes to disputed records
- Records that were deleted

This financial data was submitted by applicable manufacturers and applicable group purchasing organizations. Every year, CMS will update the Open Payments data at least once to include changes from disputes and other data corrections since initial publication. The updates affect all types of payments or transfers of value to physicians and teaching hospitals and physician ownership or investment interests.

The [Open Payments Data](#) website has been enhanced by adding:

- A homepage tool to search for a doctor by name
- A snapshot of Open Payment facts
- Sections to explore and download data

### CMS Announces 121 New Medicare ACOs

On January 11, CMS [announced](#) 121 new accountable care organizations (ACOs) designed to improve patient care and reduce costs. As a result, there will be 8.9 million Medicare beneficiaries served by one of 477 total ACOs in 49 states and the District of Columbia. [Click here](#) to view a map of ACO locations in Maryland.

### Updated 2016 Medicare Part B Fee Schedules

CMS updated the 2016 fee schedules in early January. If you downloaded or checked rates before January 11, 2016 you may want to double check those rates. This only affects 2016 dates of service. Claims will be paid using the updated fee schedule. Use the [Fee Schedule Lookup and Download Tool](#) to check rates individually, or download the complete schedule for 2016.

### PQRS Measure Search Tool

CMS has a new Physician Quality Reporting System (PQRS) online measure search tool located at <https://pqrs.cms.gov/#/home> and via the [PQRS Measures Codes webpage](#). The tool helps identify claims and registry measures that may be applicable, and helps find measures that meet satisfactory reporting requirements for the 2016 PQRS program year. Users can click on a measure to view the individual claims and registry measure specifications for 2016. Users can also search measure-related keywords, as well as search and filter information such as:

- Measure Number
- Reporting Methods
- National Quality Strategy (NQS) Domain
- Cross-Cutting Measures
- Measure Steward

For further assistance or questions, contact the QualityNet Help Desk at 1-866-288-8912 or via email at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org).

### Insurers can be Fined for Errors in Physician Directories

The Wall Street Journal [reports](#) that new regulations allow CMS to fine insurers up to \$25,000 per beneficiary for errors in Medicare Advantage plan directories and up to \$100 per beneficiary for errors in plans sold on the federally run insurance exchanges in 37 states. States are imposing their own rules and sanctions. The new CMS rules call for insurers to contact all network providers quarterly to verify listings.

### Revised Medicare Enrollment Guidelines for Ordering/Referring Providers

A revised [Medicare Enrollment Guidelines for Ordering/Referring Providers](#) Fact Sheet is now available. Learn the three basic requirements for ordering and referring, as well as how to enroll in Medicare as an ordering/referring provider.



## Top 9 Issues that will Affect Physicians in 2016

Crucial developments will emerge in health care regulations, legislation and the health insurance market—and many of them will profoundly impact your practice and patients. The AMA has identified nine of the top issues to watch this year.

- 1. Medicare reform.** The [elimination of the sustainable growth rate](#) (SGR) formula was a giant leap forward for Medicare reform. The Merit-Based Incentive Payment System (MIPS) under development is intended to streamline the various reporting programs for physicians, and alternative payment models (APM) will support physicians in adopting new models of care.
- 2. EHR meaningful use program.** This burdensome regulatory program is scheduled to move forward next year, following the Centers for Medicare & Medicaid Services' (CMS) release of the [meaningful use Stage 3 final rule](#) late in 2015.
- 3. Insurance mergers.** The nation's largest [health insurers have proposed mergers](#) that would reduce competition in the health insurance market.
- 4. Provider networks and balance billing.** Insurer networks are expected to continue narrowing, and out-of-pocket expenses for insured patients will continue to increase.
- 5. Prescription drug abuse and addiction.** A [four-fold increase in opioid deaths](#) in the last decade highlights the importance of the opioid overdose epidemic in the year ahead.
- 6. Graduate medical education (GME) funding and student debt relief.** Critical funding for [graduate medical education](#) (GME) is in danger of being cut.
- 7. Prescription drug costs.** The cost of prescription drugs has soared in recent years, making it challenging for patients to afford their necessary medications.
- 8. Health data security.** With such private information so vulnerable to attack, appropriate protections for sharing and data storage must be a focal point for health IT.
- 9. Telemedicine.** Already a [growing trend](#) in care delivery, telemedicine will see more widespread use in the upcoming year.

From [January 4 AMA Wire post](#)

## Transition of Care Survey

In its efforts to improve electronic health records (EHRs) and interoperability of EHRs, the AMA is assisting the Office of the National Coordinator (ONC) with gathering information to improve the summary of care document that is produced to meet the Transfer of Care objective in Stage 2 of meaningful use. The 5- to 10-minute survey will help ONC create a new standard that will reduce the number of pages in the summary of care, thus making it easier to find relevant information. Click [HERE](#) to take the survey.

## CLASSIFIEDS

### AVAILABLE OFFICE SPACE

Timonium Office For Sublet: Luxurious 10<sup>th</sup> floor space in handicapped- and public transportation-accessible office bldg.: 1 or 2 furnished offices within a 1000 sq ft private psychiatric suite, including waiting room, secretarial space and kitchenette. Option for practice purchase also. Contact Dara at 410-453-0901.

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.

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.

### EMPLOYMENT OPPORTUNITIES

Psychiatrist or Psychiatric Nurse Practitioner for OMHC. Part-time, primarily adult population. Evaluations and medication management. Flexible hours, full admin. support, multidisciplinary team and a great place to work! No evenings or weekends and no on-call. The Charles County Department of Health, Division of Mental Health is a 30-35 minute reverse commute from Washington, D.C. Send resume' to Dr. Christine Baker, Director, [Christine.baker@maryland.gov](mailto:Christine.baker@maryland.gov) or by fax on 301.609.6741.

Long-established ADHD specialty clinic in Silver Spring has an immediate opening for a psychiatrist to treat older adolescents and adults. Our ideal candidate has an interest and experience in ADHD and learning disorders. Hourly contract salary is highly competitive. We are fee-for-service and do not participate in insurance panels. We are a highly trained and interactive staff. Strong admin support. Attractive office space. Some late afternoon/early evening hours required. PT or FT work available. Contact Kathleen Nadeau, Ph.D. at [kathleennadeau@chesapeakeadd.com](mailto:kathleennadeau@chesapeakeadd.com).

**CLASSIFIEDS****EMPLOYMENT OPPORTUNITIES**

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.

Psychiatrist for established outpatient State/County Behavioral Health Center in Wash Metro Area (Calvert County). Up to full time but flexible hours. No hospital/ER, No on call, No weekend duties. We are a MH shortage area and participate in National Health Service Corps for loan repayments. LCSW, LPC and PhD clinical staff. Experience working with children a plus but not necessary. Immediate opening. License Required. Email [samuel.bauman@maryland.gov](mailto:samuel.bauman@maryland.gov).

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).

The Towson University Counseling Center (TUCC) is seeking Psychiatrists and/or Psychiatric Nurse Practitioners in two separate searches involving responsibilities for psychiatric consultation, medicine management of TUCC students, and mental health consultation to colleagues and campus. Part-time, with negotiable number of hours and schedule. Start immediately or as negotiated. No insurance to deal with since we do not charge for our services. Competitive salary and opportunity to purchase your own health insurance from TU's group policy. We are a vibrant multidisciplinary team in a beautiful new facility on the main campus and a great place to work! Our ideal candidates have interest in young adult mental health, a positive approach, excellent communication skills, and a commitment to diversity and social justice. Contact Dr. Jaime Fenton, Clinical Director, 410-704-2512, [jfenton@towson.edu](mailto:jfenton@towson.edu), or Dr. Greg Reising, Director, TU Counseling Center, 410-704-2512, [greising@towson.edu](mailto:greising@towson.edu), and/or access the following links: [Psychiatrists](#) [Psychiatric Nurse Practitioners](#).

PSYCHIATRIST—The outpatient psychiatry clinic at Med-Star Franklin Square Medical center is expanding. We currently have 11 psychiatrists. We are looking for a full time or two half time psychiatrists. We allow 75 minutes for evaluations and 25 minutes for medication management. WE HAVE RECENTLY REVISED OUR COMPENSATION STRUCTURE. We offer flexible hours, CME reimbursement, 6 weeks paid time off, 403 B match, medical benefits, and paid malpractice ins. Please email CV to [stephen.pasko@medstar.net](mailto:stephen.pasko@medstar.net) or call 443-777-7925 for details.

**Faculty Opportunity—Community Psychiatry Division Director—Department of Psychiatry, University of Maryland School of Medicine**—The University Of Maryland School Of Medicine, Department of Psychiatry is seeking a full time academic psychiatrist as our Community Psychiatry Division Director. Administrative and clinical responsibilities include direct management of the Community Division operations, organization, budgeting and staffing in our large academic medical center. The Director provides direct care in one clinic 35-50%, as well as works with the Program Managers in the coordination of service delivery for two OMHC's, an adult and child ACT team, an Adult Case Management Program and an on-site and residential Psychiatric Rehabilitation Program. Collaborative research across other divisions is an opportunity. Working with PGY-III Psychiatric residents and third year medical students is an important teaching component of the position & division and consistent with the teaching mission of the School of Medicine. Candidates must be ABPN certified or eligible. Academic rank and salary are commensurate with experience. Successful candidates will be members of the faculty of the School of Medicine. Send C.V. to: Jill RachBeisel, M.D. Chief of Clinical Services, 110 S. Paca Street, 4<sup>th</sup> floor, University of Maryland Medical Center Baltimore, Maryland 21201. Fax 410-328-3311 or email [jrachbei@psych.umaryland.edu](mailto:jrachbei@psych.umaryland.edu). The University of Maryland, Baltimore is an equal Opportunity/Affirmative Action Employer. Minorities, women, individuals with disabilities, and protected veterans are encouraged to apply.

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.



## Spring Grove Hospital Center

*PSYCHIATRISTS*  
(Contractual and Permanent)

Spring Grove Hospital Center is a State of Maryland in-patient facility. SGHC is located in Catonsville, a suburb of Baltimore.

We are looking for **Psychiatrists** (full-time and part-time; contractual and permanent) willing to provide day-time coverage to our inpatients units.

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

Interested candidates, please visit [www.dbm.maryland.gov](http://www.dbm.maryland.gov) to apply for Physician Clinical Specialist.

**Send Questions & 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



## TWO OPENINGS FOR ADULT & CHILD PSYCHIATRISTS

Family Services, Inc. has two immediate openings for a part time contract Psychiatrists working 20 hours per week. We are seeking both an adult psychiatrist and a child/adolescent psychiatrist. We are a well-established Outpatient Mental Health Center serving a highly diverse client population including children, adults and families from a client centered, trauma informed and recovery oriented model of care. Psychiatrist will be responsible for direct psychiatric care including evaluations and medication management. Our Outpatient Mental Health Center (OMHC) offers mental health services to 1,200 clients annually and has offers opportunities to work in a wide spectrum of community psychiatry settings.

The OMHC is co-located with a Federally Qualified Health Center (FQHC), Community Clinic Inc. which creates opportunities for integration of behavioral health and primary care.

The OMHC has also developed a partnership with Neighborhood Opportunity Network to provide a social service component which offers social services located in the shared space.

This position also includes opportunity to work with an Early Intervention Program Coordinated Specialty Care team for adolescents and young adults following an initial episode of psychosis. Training and support from University of Maryland researchers is available for all team members.

Family Service Inc. operates a psychiatric rehabilitation program, Montgomery Station, which provides housing, outreach and day program for seriously mentally ill adults and adolescents with a focus on recovery. Experience with this population and interest in working alongside Montgomery Station staff is highly desired.

Candidates must be board certified or board eligible in psychiatry. Position is offered as a part-time contracted position and contract physician must have independent malpractice insurance. If you are interested in being considered for this opportunity or would like more information, please send your resume to [jen.carberry@fsi-inc.org](mailto:jen.carberry@fsi-inc.org). Visit [www.fs-inc.org](http://www.fs-inc.org) for more information about Family Services.



## ADOLESCENTS WITH MAJOR DEPRESSION NEEDED

### Paid Research Study on Effectiveness of Transcranial Magnetic Stimulation (TMS) in Adolescent Depression

Sheppard Pratt Health System is conducting a sham-controlled, double-blind study to determine the efficacy of TMS as a monotherapy in adolescents ages 12 to 21 with a diagnosis of major depression who have failed at least one antidepressant.

Qualified participants will be compensated for their time and travel, and will receive study-related care. Subjects who do not respond to randomized treatment are eligible to receive open label TMS treatment.

Study is being conducted by Scott T. Aaronson, M.D.

For more information contact Jennifer Sklar at **410.938.3136** or [jsklar@sheppardpratt.org](mailto:jsklar@sheppardpratt.org).



Sheppard Pratt  
HEALTH SYSTEM

## 2016 MPS Annual Dinner

Join us as we welcome  
**Merle McCann, M.D.**  
as MPS President!

**Thursday April 28, 2016**  
**6:00PM**

*The 13th Floor*  
*1 East Chase Street*  
*Baltimore, MD 21202*

The evening will start with a cocktail hour complete with live piano music. Enjoy an open beer and wine bar for the duration of the event. You will be served a plated dinner duo of braised short rib and crab cake, which be followed by a dessert buffet.

[Buy Tickets Now!](#)

**Jewish Community Services (JCS)**, is a non-profit human services agency that provides programs and services to support meeting basic needs for economic sufficiency; living independently; achieving mental health and competence; and feeling supported by and connected to the Jewish community in ways that are meaningful.

Jewish Community Services is seeking a Full or Part-Time (20 hours/week ) Psychiatrist for our outpatient mental health center.

#### **Job Skills/Qualifications:**

-Conduct psychiatric evaluations and medication management

#### **Experience:**

-Psychiatric Resident or Fellow  
-Child and adolescent experience a plus

#### **Education:**

-MD; Licensed in Maryland, DEA certification, liability insurance

Fax your resume and cover letter to 443-200-6108 or apply directly online to:

<https://home.eease.adp.com/recruit/?id=14919471>.

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