

MPS NEWS

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Editor: Heidi Bunes

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In This Issue

Outcome of Allmond Appeal	p. 3
Behavioral Health Rally	p. 3
Dispensing Permit Requirements	p. 4
MedChi Legislative Agenda	p. 4
Medicaid Pharmacy Updates	p. 5
Medicaid Prescriber Contacts	p. 6
Naloxone Prescription Changes	p. 6
MPS Members on APA Ballot	p. 7
December APA BOT Highlights	p. 7
Medicare PQRS & EHR Info	p. 8
New Medicare LCDs	p. 9
New HIPAA Video	p. 9
<u>In Every Issue</u>	
Membership	p. 2
Classifieds	p. 9-10

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

President's Column

Happy New Year!

As the holiday season is upon us, those of us at the Maryland Psychiatric Society are already thinking and planning for the upcoming Maryland legislative season. Since advocacy is one of our most important functions, I would like to introduce you to the various ways the MPS helps to shape legislation and policy affecting psychiatry and the patients we treat.

The Legislative Committee is one of the most crucial and active committees within our organization. Each year, committee members review state legislative bills that have an impact on psychiatry and/or our patients. We discuss these bills during weekly meetings, do further research when necessary, formulate our positions and determine the best approach to take in advocating our position. Over the years, our lobbyists at Harris Jones & Malone have proven to be invaluable in helping us to communicate with legislators and have an impact on legislation. For many bills, we may simply offer a letter of support or opposition to the passage of a bill. For those bills we deem more important, we have psychiatrists testify at hearings in order to further explain our position and answer any questions. For legislation we deem extremely important (i.e. gun legislation), we have participated in multiple hearings, planning sessions and individual meetings with legislators. It can take a considerable amount of time, but we find that our time is well worth it. We have found that legislators want to do what is right for the citizens of Maryland, and they look to us for education and input on bills affecting mental health.

The APA recognizes the importance of advocacy in state mental health legislation. This past October, Marilou Tablang-Jimenez (Suburban Maryland Psychiatric Society) and I attended the APA-sponsored State Advocacy Conference. Over the course of two days, there were multiple presentations and discussions regarding the importance of having a voice in the state legislature and how we can access the resources of the APA. Specifically, we discussed issues of mental health parity and psychologist prescribing privileges. I have appreciated how active the MPS is as a state psychiatric society in advocacy and state legislation.

In order to have our voice heard, it is important to develop relationships with legislators over time. Over the past several years, the MPS has sponsored advocacy days in Annapolis. Over the course of two days, we meet with various legislators discussing the issues that are important to us. I have found these meetings to be beneficial, both to us as well as the legislators. We not only discuss the important issues and answer any questions, but also let the legislators know that we can serve as a resource in the future. I have also learned a great deal about the legislative process. Having these relationships already in place is helpful when issues arise in the future or when bills are introduced. **Advocacy days this year are scheduled for February 3rd and 4th. We encourage you to participate in one or both days.**

As important as building relationships and discussions with legislators are in getting our voices heard, these alone are not sufficient. This is where the Maryland Psychiatric Political Action Committee (MPPAC) comes into play. The MPPAC raises money from members through our *(Continued on next page)*

The next MPS Council meeting will be 8 PM Tuesday, January 12 in the MPS office.

phonathons. Marilou Tablang-Jimenez will hold a phonathon at her home on January 9 and we encourage you to participate (see below). The money raised is used to donate to the campaigns of state legislators who serve on committees that address mental health issues. As much as many would prefer otherwise, money does play a role in politics. Legislators need to raise money in order to run campaigns for future elections. Legislators know who has contributed to their campaigns. By contributing to campaigns and attending fund-raising events of key legislators, we help to ensure that our voices will be heard when needed.

The coming legislative session will likely deal with many mental health related issues. We are aware of plans for the introduction of legislation regarding physician-assisted suicide. By continuing our efforts, we can effectively represent the interest of psychiatrists and our patients in Maryland.

Brian Zimnitzky, M.D.

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, Harris Jones & Malone, will set up meetings with legislative leaders. Email khummel@mdpsych.org to register for one or both days.

SMPS MPPAC Phonathon

Saturday, January 9, 2016 from 1 to 5 PM at the home of Dr. Tablang-Jimenez in Clarksburg, MD. Bring your cell phones to contact SMPS members for PAC contributions. Refreshments will be provided. Contact Kery Hummel for details.

By authority of Leonard Hertzberg, Treasurer MPPAC

FY16 MPS Dues Drop Date is Near

Both the APA and the MPS dues payment deadlines are earlier beginning in 2016. Members who do not either pay dues in full or schedule a payment plan before the deadline will be dropped as of March 31.

MPS dues notices for July 2015 – June 2016 were sent in June 2015. Dues are payable within 90 days, so at this point FY16 dues are well past due. A fifth invoice was sent to members who still owed in December. Monthly reminders will continue with late fees added. If you still owe MPS dues, please remit payment as soon as possible. Please [contact the MPS](#) with questions, or to discuss dues relief options or payment arrangements.

Congratulations!

With MPS recommendation, the APA has advanced the membership status of the following MPS members.

New APA Distinguished Fellows

This status reflects exceptional abilities, talents and contributions to the psychiatric profession.

Joseph G. Liberto M.D.

Jennifer T. Palmer, M.D.

New APA Fellows

Maurice M. Bachawati M.D.	Rhonda G. McMillian, M.D.
Benedicto R. Borja, M.D.	Jessica V. Merkel-Keller, M.D.
Monica Chawla, M.D.	Ramin Mojtabai, M.D., MPH
Jennifer M. Coughlin, M.D.	Javier A. Muniz M.D.
Johannes Dalmas-Frouin M.D.	Suzy F. Nashed, M.D.
Cynthia D. Fields, M.D.	Drew A. Pate, M.D.
David B. Glovinsky, M.D.	Johanna F. Woolridge, D.O.
Fernando S. Goes, M.D.	Rachna S. Raisinghani, M.D.
David Gonzalez-Cawley M.D.	Vikram N. Shah M.D.
Deeroop Gurprasad M.D.	Arman Taghizadeh, M.D.
George C. James M.D.	Adela Valadez-Meltzer M.D.
Kim B. Jones-Fearing M.D.	Mariles Vilorio-Grageda, M.D.
Lilly S. La Porta, M.D.	Kimberly C. Walker M.D.
Jeffrey A. Lafferman, M.D.	Debbie L. Weaver, M.D.
Tamela D. McClam, M.D.	Meera Wells, M.D.

Membership

Transfers Into Maryland

Caroline De Oleo Brozyna, M.D.
Iman Parhami, M.D., MPH
Ariel Vitali, M.D.
Marc H. Zisselman, M.D.

Early Bird registration rates for the 2016 APA Annual Meeting in Atlanta are available until February 4.

For information and key dates, [click here](#).

Maryland News

NAMI Report on State Mental Health Legislation

Last month NAMI released [State Mental Health Legislation 2015: Trends, Themes and Effective Practices](#), its third annual report on the good and bad news on state mental health budgets and legislation. For the good news, 35 states adopted one or more bills considered worthy of replication. These measures are marked with a Gold Star in the report. However, at a time when public awareness of the need for mental health reform continues to increase, funding for mental health services fell in more states than it grew. The report also flags bills that appear ill-informed or discriminatory.

The picture for Maryland is favorable, with two years of budget increases followed by one flat, as well as two bills being noted:

- "Outcome data is critical to monitoring system effectiveness. In an effort to improve data collection, Maryland passed [HB 367](#) requiring the state crisis response system to evaluate service outcomes on an annual basis. Reported data must include: behavioral health calls received by police, attempted and completed suicides, unnecessary hospitalizations, hospital diversions, arrests, detentions, and diversion of arrests and detentions of individuals with behavioral health diagnoses."
- "Recognizing the challenges facing law enforcement officers, many states have begun to invest in training and programs like Crisis Intervention Teams. For example, Maryland passed [SB 321](#) requiring Baltimore city and county police officers to create behavioral health units consisting of a minimum of six officers trained to understand mental health conditions, substance use disorders and co-occurring conditions."

Outcome of Allmond Appeal

The hearing for Allmond v. DHMH was held December 4 at the Court of Appeals in Annapolis. Members of the MPS legislative committee attended the hearing along with forensic psychiatrists from Clifton T. Perkins Hospital Center. The hearing lasted for an hour, which hardly seemed long enough to delve into the complications presented by the case. Fortunately, the court had the MPS amicus brief well in advance of the hearing.

From the judges' initial questions it appeared that the court was willing to consider the issue of medication over objection solely for the purpose of restoring competency to stand trial, however they were unable to consider that issue since neither side presented it in their arguments. Arguing for the Department, Attorney General Kathleen Morse agreed that Allmond was not dangerous at the time of the med panel renewal hearing but that he continued to suffer from the symptoms which had led to dangerous behavior in the past. She additionally argued that the Department was unable to raise the issue of involuntary medication for non-dangerous criminal defendants on appeal because, unlike the Federal system, Maryland has no statute or case law to allow for this so no case could ever be brought in the first place.

Much of the difficulty of this case, which was highlighted by the attorney representing Allmond, was the fact that Maryland's involuntary medication law applies equally to both civilly and criminally committed patients. The Allmond attorney also asserted that the defendant in this case had never been found incompetent to make treatment decisions, although Maryland's clinical review panel statute does not require this.

A final decision could come any time after the hearing, but will likely take months. Interested members who were unable to attend the hearing can view the [video archive online](#).

Commission Awards Telehealth Grants

Last month, the Maryland Health Care Commission announced the award of \$90,000 to assist three under-served communities in using telehealth to deliver primary and specialty care services for managing chronic illnesses. The three grantees are Associated Black Charities of Dorchester County in partnership with Choptank Community Health Systems; Gerald Family Care in partnership with Dimensions Health System in Prince George's County; and Union Hospital of Cecil County. The funds will enable providers to connect with patients in real time, with two of the projects using mobile tablets to connect with a patient in his or her home. The grantees are required to develop clinical protocols to demonstrate improved outcomes, and to use an electronic health record and CRISP services. The telehealth projects will continue through May 2017.

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 member organizations are holding their 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.

Maryland News

Opioid Task Force Final Report

On December 1, the Maryland Heroin & Opioid Emergency Task Force released its [final report](#) on how to address the growing epidemic of opioid addiction and overdoses in the state. The task force issued 33 recommendations ranging from prevention and access to treatment to alternatives to incarceration and enhanced law enforcement. Proposals would potentially affect psychiatrists directly. The first is mandatory registration and querying of the Prescription Drug Monitoring Program data to help identify people who may be abusing powerful pain medications. [MedChi has raised the question of whether the PDMP system is ready for that level of use, as well as the concern regarding further burdening practicing physicians.] Another impact on some psychiatrists is requiring and publishing performance measures on addiction treatment providers. Please click on the link above to review the recommendations and provide your input to the MPS by emailing [Kery Hummel](#).

MedChi Opposes Health Insurance Mergers

MedChi has requested that Maryland Attorney General Brian Frosh and Insurance Commissioner Al Redmer, Jr. oppose two proposed mergers between Anthem and Cigna, and United Healthcare and Humana. In doing so, MedChi joined with the AMA, the APA and other groups who are concerned about creating more monopolistic/monopsonistic conditions in the health insurance market.

MedChi [called](#) for the state regulators to investigate similar conditions in the Maryland health insurance market, which is dominated by two large insurers, CareFirst and United Healthcare. Because the health insurance market is already concentrated to an unhealthy degree, MedChi expressed that greater "market concentration is likely to lead to higher prices, lower quality, and diminished choice for patients." Mergers among insurers that are already large not only eliminate competition between the merger partners, but also make it more difficult for other insurers to meaningfully compete.

MedChi pointed out that under the standard measure of market concentration, the Herfindahl-Hirschman Index (HHI), the Maryland health insurance market is well beyond the point at which regulators become concerned. Regulators normally deem an HHI above 2500 as a sign of a highly concentrated market, but the HHI figures for Maryland health insurance markets range from 2604 to an astounding 6174. In almost all markets, CareFirst and United Healthcare are the dominant participants. The only Maryland areas where the market is deemed less than highly concentrated are those that border or comprise portions of other states. Unfortunately, a significant part of the competition that is provided is by the very insurers that are involved in the proposed mergers.

From [December 21 MedChi News](#)

Maryland Board of Physicians News

Continuing Education for Drug Dispensing Permits

Physicians who hold permits to dispense medication must meet continuing education (CE) requirements under Code of Maryland Regulations (COMAR) 10.13.01.03 D. Over a 5-year period, a permit holder must complete 10 continuing education credits related to preparing and dispensing prescription drugs as a condition of renewal. Please [click here](#) for additional information. The required credits are being phased in according to the year when permits expire:

- 2014 - the physician shall complete two CE credits;
- 2015 - the physician shall complete four CE credits;
- 2016 - the physician shall complete six CE credits;
- 2017 - the physician shall complete eight CE credits;
- 2018 - the physician shall complete ten CE credits.

Coming Soon: Printing of Renewed Licenses

To make it faster and easier for practitioners to renew licenses online, the MBP plans to offer electronic copies of renewed licenses in lieu of the paper licenses currently being issued. Renewed licenses will be available for immediate download and printing. The MBP hopes to implement this real-time proof of licensure in 2016. Practitioners will receive instructions prior to implementation.

Criminal History Checks for Renewals to begin in 2016

[Chapter 34](#) (HB 574 / SB 449) from the 2015 session of the Maryland General Assembly requires MBP applicants and licensees to submit to criminal history records checks (CHRCs) as a qualification for licensure. Chapter 34 also created new grounds for disciplinary action if a licensee fails to submit to a required CHRC. Implementation of CHRCs will be accomplished by working with the Department of Public Safety and Correctional Services and the FBI for final approvals; developing regulations and procedures; and hiring staff. Licensure applications will be updated as implementation moves forward. The rollout date for all renewals is October 2016.

From [Fall 2015 MBP Newsletter](#)

MedChi's 2016 Legislative Agenda

MedChi's goals are in line with its mission -- to serve as Maryland's foremost advocate and resource for physicians, their patients and the public health. Among this session's priorities are improving Medicaid funding, fighting the trial lawyers, and improving network adequacy, as well as addressing numerous other public health and practice issues. [Click here](#) for the complete agenda.

Maryland News

Alternative Payment Models

How a physician gets paid is changing. This will affect your career regardless of your practice type or setting.

The Federal government has clearly signaled, and CMS has stated, that they want the majority of physician payments to be in value based models by 2019. Maryland will move faster toward new payment models because of our unique Medicare waiver--as CMS said when approving the Maryland waiver last year, "the Maryland system may serve as a model for other states interested in developing all-payer payment systems."

MedChi has made the Medicare waiver a top priority since 2011 when negotiations on the new hospital rate setting system began. In Maryland's all-payer rate setting system for hospital services, Maryland hospitals and CMS have agreed to test whether an all-payer system for hospital payment that is accountable for the total hospital cost of care on a per capita basis is an effective model for advancing better care, better health and reduced costs.

Under the new model, Maryland hospitals are committed to achieving significant quality improvements, including reductions in Maryland hospitals' 30-day hospital readmissions and hospital acquired conditions rates. Maryland has limited all-payer per capita hospital growth, including inpatient and outpatient care, to 3.58 percent. Maryland will also limit annual Medicare per capita hospital cost growth to a rate lower than the national annual per capita growth rate per year for 2015-2018.

These changes at hospitals are affecting physicians. Maryland hospitals and rate regulators are pushing new payment models and for gain sharing at a faster rate than the rest of the nation. To learn more about the Maryland Medicare waiver and MedChi's work go [HERE](#).

Work on the waiver falls in line with what MedChi is doing with the AMA on the legislation that repealed the SGR, the Medicare Access and CHIP Reauthorization Act (MACRA), and has created major new opportunities to advance alternative payment models (APMs).

According to the AMA, MACRA provides a 5% annual bonus payment for services furnished from 2019 through 2024 to physicians who participate in APMs, and it exempts them from participating in the Merit-Based Incentive Payment System (MIPS). In addition to accountable care organizations, medical homes, and bundled payments for hospital-based episodes, MACRA also provides for the development of "physician-focused" APMs. The AMA worked with Harold Miller at the Center for

Healthcare Quality and Payment Reform to develop a "[Guide to Physician-Focused Alternative Payment Models](#)," describing seven different APMs that can help physicians in every specialty redesign the way they deliver care in order to improve patient care, manage health care spending, and qualify for APM annual bonus payments.

In addition to describing the APM designs, the Guide also provides examples of how the APMs are being used by different specialties and how they could be applied to diverse patient populations, including cancer care, cardiovascular care, chronic disease management, emergency medicine, gastroenterology, maternity care, and surgery.

New payment models are being tested and developed right here in Maryland, and MedChi is on top of the issue, fighting for physician-friendly changes.

*Gene M. Ransom, III, CEO
MedChi, The Maryland State Medical Society*

From [November 30 MedChi News](#)

Maryland Medicaid Pharmacy Program Updates

The Maryland Medicaid Pharmacy Program (MMPP) has made changes to its Preferred Drug List (PDL) **effective January 1**. Not all generics are preferred. In some instances the multisource brand name drug is preferred over its generic equivalent, because the branded drug is less costly. When the brand name drug is preferred, no [Medwatch](#) or authorization is needed. Enter a DAW code of 6 on the claim to have it correctly priced. The brand preferred exceptions have been updated to include the **brand Dexedrine® is no longer preferred over its generic equivalent (dextroamphetamine capsules)**. Additionally, both the multisource **brand Trileptal® suspension and its generic (oxcarbazepine suspension) are being preferred**. A number of other central nervous system brand name drugs are already on the preferred list. [Click here](#) for the complete PDL.

Also, MMPP [announced](#) that effective **December 16, brand Abilify® (aripiprazole) is no longer be preferred** over the generic equivalents. Claims for aripiprazole will be handled in the same manner as claims for other multisource drugs. Fee-for-service Medicaid claims for brand Abilify® will adjudicate only if there is a prior authorization based on an approved [Medwatch form](#). Click for a complete [Preferred Drug List \(PDL\)](#) or [Epocrates](#) (updated weekly).

Maryland News

No Prescription needed for Naloxone

To further combat the heroin and opioid epidemic, last month DHMH announced a statewide [standing order](#) allowing pharmacists to dispense naloxone without a prescription under the Maryland's [Overdose Response Program](#). This expanded access is expected to reduce overdose deaths, which increased 60% statewide between 2010 and 2014. The order allows all Maryland-licensed pharmacists to dispense naloxone without a prescription to anyone trained and certified under the Overdose Response Program. Certificate holders must pay for the medication. The department has authorized 41 organizations to conduct naloxone trainings and to issue certificates. Nearly 13,000 people have been certified since March 2014.

In addition to expanding access to naloxone through the Overdose Response Program, a [new law](#) also allows physicians to prescribe naloxone to a patient who they believe might be in a position to assist someone experiencing an opioid overdose. The law protects providers from civil lawsuits when they prescribe or dispense naloxone to patients in good faith and according to statutory requirements.

To find substance abuse treatment resources, check the [Maryland Certified Treatment Directory](#).

Contacts for Medicaid Prescribers

Members have shared their concerns regarding the new requirement for physicians to be enrolled with Medicaid in order for their Medicaid patients' prescriptions to be covered. Some have reported that prescriptions are starting to be denied. The MPS has raised objections about this new requirement to multiple state officials; however, they appear to be proceeding nevertheless. The MPS is also working with the APA to address the problem, which APA officials note appears to be limited to our state at this point.

To voice concerns regarding the Medicaid prescription issue directly to DHMH officials, please email Deputy Secretary for Health Care Finance [Shannon McMahon](#) or her assistant [Carlean Rhames-Jowers](#) or call 410-767-4137. Another contact is Chief for Health Services Policy [Molly Marra](#) at 410-767-5949. Both Ms. McMahon and Ms. Marra attended one of the monthly meetings between MPS and Behavioral Health Administration leadership to discuss the Medicaid enrollment policy. Patients themselves may also contact these people. If you have any questions, please contact [Kery Hummel](#). Also, please copy him on any email to the DHMH officials.

APA News & Updates

Stepping Up Initiative

In response to the huge numbers of persons with serious mental illnesses in the criminal justice system, the American Psychiatric Association Foundation, the Council of State Governments Justice Center, and the National Association of Counties are spearheading a national effort to help counties reduce the number of individuals cycling through our jails. The [Stepping Up Initiative](#) unites county leaders, state and local policymakers, criminal justice and behavioral health professionals, people with mental illnesses, and other stakeholders in a single goal: to safely reduce the number of people with mental illnesses in the nation's jails. [Click here](#) to see the counties that have passed a resolution in support of this goal.

A National Summit will take place in Washington, D.C. from April 17 to 19. The Summit is a serious new investment in raising attention and marshaling support for change. **Psychiatrists at the local level are encouraged to participate.** The MPS Executive Committee and Council will determine our response to this initiative. MPS members who want to be involved should email [Kery Hummel](#). For other questions, please email APA Foundation Executive Director [Paul Burke](#).

ATTN: RFM Members Apply for APA Fellowships!

The APA has [nine fellowship opportunities for psychiatry trainees](#), all of which are now managed by the Division of Diversity and Health Equity. The fellowship process has been streamlined in part to be more user friendly. There are minor differences in the application, specifically regarding the personal statement and in the case of fellowships (SAMSHA Funded fellowships and Research Fellowship), which come with project funds. Below are the staff responsible for each fellowship program, along with an email address for questions about specific fellowships.

Tatiana Claridad: Minority Fellowship Program (SAMHSA funded Minority Fellows and Substance Abuse, Diversity Leaders), tclaridad@psych.org.

Sejal Patel: APA Leadership, Public Psychiatry Fellows, Jeanne Spurlock Congressional Fellowship, spatel@psych.org.

Alison Bondurant: Research Scholars, Research Fellowship and Child and Adolescent Fellowship, abondurant@psych.org.

The application season is now open. Completed applications must be submitted by midnight on **January 30**.

APA News & Updates

Voting Begins in APA Election

January 4 is the first day for voting in the APA election, which will continue through February 1. Results will be announced in mid-February. This year's slate is notable for the number of MPS member candidates. Drs. Anita Everett, Geetha Jayaram and Steve Daviss are running for the following top-level APA positions:

President-Elect

- Frank W. Brown, M.D.
- **Anita S. Everett, M.D.**

Trustee-At-Large

- Jenny L. Boyer, M.D., Ph.D., J.D.
- Rebecca W. Brendel, M.D., J.D.
- **Geetha Jayaram, M.D., M.B.A.**
- Richard F. Summers, M.D.

Area 3 Trustee

- **Steven Daviss, M.D.**
- Roger Peele, M.D.

Dr. Roger Peele is a longtime MPS Affiliate whose membership is based in the Washington Psychiatric Society.

Please visit the [APA website](#) for details in the candidates' ballot booklet and more information about the election. **BE SURE TO VOTE!!!** Due to low participation, every vote truly makes a difference!!

APA Advocacy News

•APA applauded the Senate passage of the "Comprehensive Justice and Mental Health Act," introduced by Senators Al Franken (D-Minn) and John Cornyn (R-Texas). The bill includes provisions that support APA's goal of reducing the number of people with serious mental illness in our nation's jails. Read APA's statement [here](#).

•APA President Binder participated in a congressional briefing on the Medicaid IMD Exclusion. She led a panel that included former APA President Sharfstein, Joe Parks, Missouri HealthNet director, and Mark Covall, President and CEO of NAPHS.

•The APA's steadfast support paid off when NIH received \$32.1 billion in funding for medical research in the year-end budget deal, fully funding Precision Medicine and BRAIN initiatives, and providing a major boost for Alzheimer's and cancer research.

•APA is organizing a grassroots campaign to urge Congress to protect patient safety in mental health treatment by opposing the Medicare Mental Health Access Act (H.R. 4277), which would define psychologists as "physicians" under Medicare. Click [here](#) to ask your Member of Congress to oppose the bill.

December APA Board of Trustees Meeting Highlights

Mental Health Bills on Capitol Hill

The Board of Trustees (BOT) authorized a letter to Senator John Cornyn (R-TX) expressing strong support for the many provisions of S. 2002 that align with APA policy on criminalization of mental illness, but clarify our intention to continue working with him to better align certain provisions of the bill with APA policy, particularly the firearm-related provisions of the bill.

Support for Hawaii Psychiatric Medical Association

The BOT approved a grant to the Hawaii Psychiatric Medical Association, as unanimously recommended by the Committee on Advocacy and Litigation Funding and the Council on Advocacy and Government Relations, to help fund maintaining safe scope-of-practice laws in the state, currently under challenge in the legislature.

Registries

The BOT accepted the recommended business case for a multi-illness, patient and provider entered data national mental health quality registry.

The BOT directed the Administration to continue to work with the appropriate consultants and APA components, including using focus groups, to develop a detailed business plan along with options and alternatives of types of registries that will work for APA and psychiatry, using up to an additional \$30,000.

Ad Hoc Work Group on Revising the Ethics Annotations

The BOT approved the document currently titled "APA Ethics Resource Document" with the change in title to "APA Commentary on Ethics in Practice."

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

APA Collaborative Care Training

In response to an October *Psychiatric News* article regarding [APA's Transforming Clinical Practice Initiative \(TCPI\) grant](#), 88 members reached out to APA to learn more about the Collaborative Care training program for themselves, their practices, and/or their training programs. The APA will notify members in January when registration for both the online training and annual meeting training open. If you have questions regarding the TCPI grant or the Collaborative Care training program, please contact Ashley Rutter, Program Manager at arutter@psych.org.

Medicare News & Information

2016 PQRS Participation

The CMS final rule updating policies and rates for services furnished under the Medicare Physician Fee Schedule in 2016 changes several of the quality reporting initiatives, including the Physician Quality Reporting System (PQRS). Major highlights include:

- Individual eligible professionals (EPs) and group practices that meet the criteria for 2016 PQRS satisfactory reporting/participation will avoid the PQRS negative payment adjustment in 2018
- PQRS group practices can participate in 2016 PQRS via the Qualified Clinical Data Registry mechanism in 2016
- There are 281 measures in the PQRS measure set and 18 measures in the group practice reporting option (GPRO) Web Interface for 2016

Please note that the 2018 PQRS payment adjustment is the last adjustment that will be issued under the PQRS. For more information about participating in PQRS in 2016, visit the [APA PQRS webpage](#) or the [CMS PQRS website](#).

Timeframes for Submission of 2015 PQRS Data

CMS announced the following 2015 PQRS data submission timeframes:

- EHR Direct or Data Submission Vendor (QRDA I or III) - **1/1/16 - 2/29/16**
- Qualified clinical data registries (QCDRs) (QRDA III) - **1/1/16 - 2/29/16**
- Group practice reporting option (GPRO) Web Interface - **1/18/16 - 3/11/16**
- Qualified registries (Registry XML) - **1/1/16 - 3/31/16**
- QCDRs (QCDR XML) - **1/1/16 - 3/31/16**

Submission ends at **8:00 P.M. Eastern Time** on the end date listed. An Enterprise Identity Management (EIDM) account with the "Submitter Role" is required for these PQRS data submission methods. Please see the [EIDM System Toolkit](#) for additional information.

Eligible Professionals who do not satisfactorily report quality measure data to meet the 2015 PQRS requirements will be subject to a negative PQRS payment adjustment on all Medicare Part B Physician Fee Schedule (PFS) services rendered in 2017.

For questions, please contact the QualityNet Help Desk [1-866-288-8912](tel:1-866-288-8912) or via email at Qnetsupport@hcqis.org from 7:00 a.m. - 7:00 p.m. Central Time. For complete information about PQRS, [click here](#), or check the [APA's PQRS webpage](#).

EHR Incentive Program Resources

To help eligible professionals successfully participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs in 2015, CMS posted new resources on the [EHR Incentive Programs](#) website.

- What You Need to Know for 2015: [Eligible Professionals](#)
- [Overview of the EHR Incentive Programs in 2015-2017](#)
- [What's Changed for the EHR Incentive Programs in 2015-2017](#)
- Attestation Worksheets: [Eligible Professionals](#)
- [Alternate Exclusions and Specifications Fact Sheet](#)
- Objectives and Measures Tables: [Eligible Professionals](#)
- Specification Sheets: [Eligible Professionals](#)

Bill Passed to Allow Mass Exemptions from EHR Meaningful Use Penalty

On December 18, the House and Senate passed a bipartisan bill that would help save physicians from a 3% Medicare pay cut beginning in 2017. Rather than requiring CMS to decide on a case-by-case basis the applications from individual physicians for a hardship exemption, the bill would also allow CMS to waive the penalty for entire categories of physicians. The problem arose due to CMS's late announcement of the rules for avoiding the pay reduction, which made it virtually impossible for physicians to comply. Physicians will have until March 15 to apply for the exemption. The Patient Access and Medicare Protection Act now awaits the president's signature.

From [December 22 Medscape Medical News article](#)

Expanded Data on Physician Compare Website

In December, CMS [announced](#) that it updated data and added new quality measures to the consumer information available on the [Physician Compare](#) and [Hospital Compare](#) websites. On Physician Compare, Physician Quality Reporting System (PQRS) quality measures were added for the group practices and individual practitioners who reported for 2014. For more information, see the [Public Reporting of 2014 Quality Measures on the Physician Compare and Hospital Compare Websites](#) fact sheet.

Medicare News

Psychiatric Codes

Novitas announced that its JL Local Coverage Determination (LCD) for Psychiatric Codes (L35101) became **effective December 31, 2015**. The revision history states the reason for the change is to create uniform LCDs with other jurisdictions. [Click here](#) to access a copy of the update, and then click the "Need a PDF?" button on the right to review the entire list of codes as well as documentation requirements and other information.

Controlled Substance Monitoring and Drugs of Abuse Testing

Novitas announced that its JL Local Coverage Determination (LCD) for Controlled Substance Monitoring and Drugs of Abuse Testing (L35006) revisions became **effective December 31, 2015**. The revision history states the reasons for the changes are to add certain ICD-10-CM codes to covered diagnoses, to revise the CPT/HCPCS code groups, and to create uniform LCDs with other jurisdictions. [Click here](#) to access a copy of the update, and then click the "Need a PDF?" button on the right to review the list of codes, documentation requirements and other info.

Novitas noted that the JL LCD, Psychiatric Therapeutic Procedures (L35067), and the JL Local Coverage Article, Psychiatric Therapeutic Procedures (A52994) were retired as of **December 30, 2015**.

New Monthly Workplace Mental Health Publication

Mental Health Works monthly is a new, free, online publication from the Partnership for Workplace Mental Health, a program of the American Psychiatric Association Foundation. It addresses mental health topics of interest to employers, particularly human resource professionals and others who have a role in managing employee health benefits and programs. *Mental Health Works* combines the former e-updates and quarterly Mental Health Works magazine into one monthly newsletter. The first issue highlights new research documenting the economic impact of depression. [Subscribe to Mental Health Works](#) or learn more at the [Partnership website](#).

New Video on HIPAA Privacy Rule

CMS posted a [video](#) with basic HIPAA privacy information and ways health care professionals can protect their patients' privacy.

CLASSIFIEDS

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

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>.

CLASSIFIEDS**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 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.

Frederick County Behavioral Health Services is seeking a full time, benefitted adult psychiatrist for outpatient mental health clinic, to provide medication evaluation and management services. Flexible hours, full admin support, multidisciplinary team, no on call required. Must be board certified or board eligible and possess current Maryland license. Free parking available. Please go to <http://jobaps.com/MD/> to apply.

PSYCHIATRIST—The outpatient psychiatry clinic at MedStar 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 or call 443-777-7925 for details.

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

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.

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.

Part-Time Psychiatrist needed. Nonpublic school in PG County seeks a candidate to provide medication management and consultation with ED students aged 6-21 and their families 1-2 days a week. Opening is immediate. For more information, please go to www.highroadschool.com, or email kwhite@highroadschool.com if interested.

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





Spring Grove Hospital Center

PSYCHIATRISTS (Contractual)

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 **contractual** Psychiatrists willing to provide daytime coverage to our inpatients units for a minimum of 15 hours a week.

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 **contractual** Physician Clinical Specialist (Board Certification Required).

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



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. Visit www.fs-inc.org for more information about Family Services.

INSURANCE COVERAGE DESIGNED FOR PSYCHIATRISTS

YOU CAN COUNT ON US.

// We have underwritten more than 20,000 psychiatrists since 1986. This psychiatric-specific expertise allows our knowledgeable and relevant approach to underwriting, assuring a secure source of coverage so you can count on us to be there when you need us most.

Jackie Palumbo
Executive Vice President,
Chief Underwriting Officer



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

(800) 245-3333 | TheProgram@prms.com | PsychProgram.com/InfoRequest

More than an insurance policy



Actual terms, coverages, conditions and exclusions may vary by state. Insurance coverage provided by Fair American Insurance and Reinsurance Company (NAIC 35157). FAIRCO is an authorized carrier in California, ID number 3175-7. www.fairco.com