

MPS NEWS

Volume 29, Number 11

Editor: Heidi Bunes

March 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.
MPS News Design & Layout
 Meagan Floyd

President's Column

Legislative Season

The Maryland legislature is in full swing, and we at the MPS have been very active reviewing and taking positions on bills that affect the practice of psychiatry and the patients we treat. I would like to take this opportunity to update you on pertinent legislation that has been introduced during this legislative session.

Last year, physician-assisted suicide legislation was introduced in the legislature but did not pass. This year, the Richard E. Israel and Roger "Pip" Moyer End of Life Options Act ([House Bill 404/ Senate Bill 418](#)) was introduced. This bill would allow a patient with a terminal illness (prognosis of likely death within 6 months) to request a prescription of medication that would result in his/her death. Although we as an organization are taking no position on physician-assisted suicide, we have raised multiple concerns about this bill. First, the bill did not require a mental health assessment by a psychiatrist/psychologist, despite the prevalence of many mental health conditions (depression, delirium, cognitive impairment) that could affect one's capacity to make an informed decision. Even if a mental health consultation were requested, the psychiatrist/psychologist may not have access to speak with family/friends/treatment providers or review mental health records unless the individual provides consent. This would prevent the psychiatrist/psychologist from accessing sources of information necessary to complete an assessment of capacity to consent. Additionally, if the bill were enacted into law, there would be serious implications for institutionalized persons and those under guardianship.

The MPS has opposed passage of this bill. Dr. Annette Hanson has testified in opposition to the bill. We have had a discussion with members of the Suburban Maryland Psychiatric Society regarding our position. The Suburban Maryland Psychiatric Society has decided to take no position.

As in recent years, legislation was introduced regarding child abuse reporting. [House Bill 245](#) entitled, "Child Abuse and Neglect – Failure to Report" would mandate that a report be made to the Board of Physicians if a physician fails to report suspected child abuse or neglect. Several years ago, the State's Attorney interpreted the child abuse reporting statute to mandate reporting of child abuse and/or neglect even if the person is now an adult, the suspected abuse/neglect happened in the past, or if the suspected abuser is dead. Given this broad interpretation of reporting requirements, we have opposed passage of this bill.

[House Bill 441](#), entitled, "Public Health – Assisted Outpatient Treatment," provides a framework for mandated outpatient treatment. The bill has several logistical problems as well as inadequate funding for outpatient services. For these reasons, we have opposed passage of this bill.

Criminal Law – Professional Counselors and Therapists - Misconduct ([House Bill 944](#)), otherwise known as Lynette's Law, would criminalize sex between a counselor/therapist/psychiatrist and patient. As there are already civil actions (malpractice) and administrative actions (Board of Physicians) that can be taken, we have opposed passage of this bill.

(Continued on next page)

The next MPS Council meeting is 8 PM Tuesday, March 8th in the MPS office.

Several bills address reimbursement and access to mental health care. We have supported bills that require insurance companies to have accurate provider directories. We have supported a bill that requires reimbursement rates from DHMH to be adjusted annually to the rate of inflation. Additionally, we have supported a bill that establishes minimum payments for non-contracting specialists through health insurance plans.

Other bills address children and adolescents. We have supported bills requiring the provision of school counseling services throughout the school year. We have supported passage of a bill requiring funding for wraparound services for at-risk youth. Additionally, we have supported a bill that would require juveniles charged as adults to be detained in juvenile detention facilities pending the outcome of their trial.

As you can see, this session has brought a broad range of bills affecting mental health throughout the state. The MPS Legislative Committee has been very active in advocating and educating the legislature regarding these important issues. I would like to thank all those involved for their hard work during this legislative season.

Brian Zimnitzky, M.D.

MPS and APA Dues Grace Period Ends in March

Be sure your FY16 MPS and 2016 APA dues are paid before the grace period ends this month! Effective in April, members whose dues for either organization are unpaid will be dropped from both. Pay MPS dues using one of the emailed or postal mailed notices, or by phone at (410) 625-0232. Pay APA dues [ONLINE](#) or by phone at (888) 357-7924. Or enroll in the [APA SCHEDULED PAYMENT PLAN](#) by **March 31** to pay on a schedule that's convenient for you.

MPS Bylaws Change Regarding Dues

In February, the MPS Council approved a change to the organization's bylaws that would cut the time allowed for members to pay their MPS dues from ten months to six. Anyone who still owes dues six months after the initial bill is sent would be dropped from membership in both the MPS and the APA. **MPS members will vote this month on whether to implement the change.** Ballots will be mailed on February 29 and must be postmarked by March 31 in order to be counted. The bylaws change is as follows:

SECTION 8. DISMISSALS AND RESIGNATIONS.

Any member who fails to pay dues or other assessments for ~~(ten months)~~ **six (6) months from the initial mailing of a dues statement** shall automatically be dropped from membership ~~(thirty days)~~ after verified contact by a member of the MPS Membership Committee, MPS leadership, or MPS staff notifying the member of such proposed action. This procedure may be waived for good cause by action of the Council. Only members in good standing shall be allowed to resign. Loss of membership in the MPS or in the American Psychiatric Association shall entail loss of membership in both.

As MPS President Brian Zimnitzky explained in his [February column](#), this change is needed in order to align the MPS dues year with the APA's calendar dues year. Members will see other changes as well, which he described in detail. Reminders will be included in future newsletters. Please email [Kery Hummel](#) or call the MPS office at 410-625-0232 with any questions.

Membership

The following individuals have applied for membership with the MPS. Unless any current members have evidence that an applicant does not meet the criteria for ethical and professional standards, these actions will be approved 14 days after publication.

Michael D. Cannon, M.D.
Vedrana Hodzic, M.D.
Michelle S. Horner, D.O.
Darrick May, M.D.
Melissa D. Shepard, M.D.
Stephanie A. Solazzo, M.D.
Ran Zhao, M.D., MPH

Transfers Into Maryland

Abdulhafiz A. Ahmed, M.D.
Ankur A. Butala, M.D.
Anibal I. Cravchik, M.D.
Terrance McGill, M.D., MPH
Manoj Regmi, M.D.
Yakin K. Vaks, M.D.

Membership Reinstatement

Ayesha Ashai, M.D.

[MedChi's Annual Scientific Meeting & Expo](#)

March 18 and 19
Hotel at Arundel Preserve
Hanover, Maryland

Maryland News

MPS Legislative Update

Dr. Zimnitzky's article on [page 1](#) discusses several priority bills for this session. In addition, the MPS is taking positions on legislation being considered on Use of Teletherapy ([HB1103](#)) and Physician Provider Directories ([HB802](#), [HB1318](#), [SB334](#), and [SB929](#)).

Concerns with the teletherapy legislation were discussed at the February 24 Legislative Committee meeting. The discussion continues. MedChi had postponed a decision on the bill until the MPS had an opportunity to review it. This legislation would add requirements to the regulations already in place in Maryland and would apply to all providers of mental health services.

Physician Provider Directories is the subject of four separate bills. [Delegate Ariana Kelly](#), who is the sponsor of HB1318, conducted a hearing on the possibility of combining the bills into the Maryland Insurance Administration bill (HB802). Below is the testimony in support of HB802 that was developed by **Steve Daviss, M.D.** for his presentation at the Health and Government Operations Committee hearing on February 25:

The problem of health insurance directories that do not reflect the true availability of providers is one of the biggest barriers to access to behavioral health care in Maryland, and across the country. Surveys have shown that often half of the providers listed are inaccurate, including providers who have died, retired, moved, and no longer accept the insurance. The Maryland Mental Health Association has shown, across a range of health plans, that people seeking mental health treatment are unable to get an outpatient appointment, with a psychiatrist listed in their provider directories, in SIX out of seven attempts. This is unacceptable.

We support this legislation to hold plans accountable for maintaining more accurate directories of providers, and more accurate indication of their availability for patients looking for treatment.

Three important features can make a huge difference in improving the transparency and accuracy of these directories, each involving a feedback loop of information that results in self-correction:

1. Require insurance plans to monitor claims for services submitted by the providers listed in their online directories. *If there have been no claims within a certain period (e.g., six months), then the provider listing should be either removed or flagged as inactive, unless the provider indicates otherwise. This feedback loop between claims and availability will significantly weed out those providers who no longer see patients for that plan for whatever reason.*

2. Require insurance plans to indicate, within the online provider listings, who is accepting NEW OUTPATIENTS. *Because providers use a different CPT code when they see a new patient, versus an established patient, the plans must also monitor claims submitted for new outpatient services. They would then use this information to automatically indicate next to each provider's listing whether or not they have submitted any new outpatient claims in the most recently available six month period. This is a more accurate estimate of a provider's true availability for new outpatients with this insurance plan. Examples of new outpatient CPT codes include 99203, 99204, 99205, 90791, and 90792. (Note that OUTpatient codes are specified, because INpatient -only providers -- who do not accept people for outpatient care -- are now routinely listed in these provider directories, resulting in frustration from patients calling the hospitals asking for appointments.)*

3. Require insurance plans to include a mechanism within their online provider directories that allows a member to indicate that they believe the listing is inaccurate. *For example, a button to click to indicate that the information is wrong or that the provider is listed as accepting new outpatients, but the member is told by the office that the provider is no longer accepting new outpatients. This feedback loop is ideal, because it includes the patient -- the one person who most knows if the listing is inaccurate.*

We believe that all the stakeholders -- plans, patients, providers -- want more transparency and accuracy as to which providers are truly available to treat patients in need. This bill will make a major difference in the lives of every person who needs to find a new outpatient healthcare provider.

Congratulations!

Congratulations to **Erwin Bacmeister, M.D., John Talbott, M.D., Ulku Ulgur, M.D.** and **Robert Ward, M.D.** on becoming **50 year members** of the APA!

Congratulations also to the MPS members below for achieving Life status this year:

David Barrett, M.D.
David Gonzalez-Cawley, M.D.
David Horn, M.D.
Bruce Kaup, M.D.
David Mallott, M.D.
Kalpana Nanavati, M.D.
Frances Rodriguez, M.D.
Nellie Ruelos, M.D.
Bernadette Solounias, M.D.
Efim Weinman, M.D.

Maryland News

MedChi Legislative Update

While no action has been taken yet on big issues like tort reform or the various bills addressing the Maryland opioid crisis, the General Assembly has begun voting on several key issues important to Maryland physicians.

Last week the House Judiciary Committee voted to give [House Bill 6](#) (*Criminal Law – Improper Prescription of Controlled Dangerous Substance Resulting in Death*) an unfavorable report. This bill, introduced by Frederick Delegate Karen Young, would have held 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 if such 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. MedChi strongly opposed the bill, and its death was a great victory.

Two positive bills show promise, but may face tough fights making it all the way through the General Assembly. Last week [House Bill 185](#) (*State Board of Physicians - Licensed Physicians - Continuing Education Requirements*) sponsored by Delegate Dan Morhaim was given a favorable report by the Health and Government Operations committee and should pass the full House this week. The bill would prohibit the State Board of Physicians from establishing a continuing education requirement that every licensed physician complete a specific course or program as a condition to the renewal of a license.

In the Senate, the Senate Education, Health and Environmental Affairs Committee voted favorably on [Senate Bill 217](#) (*State Board of Physicians – Distribution of Fees by Comptroller – Loan Assistance Repayment for Physicians and Physician Assistants*). This MedChi initiative introduced by Senator Joan Carter-Conway repeals the requirement that the State Board of Physicians contribute a portion of its fees to the Health Personnel Shortage Incentive Grant Program and caps the Board's required contribution to the Maryland Loan Assistance Repayment Program for Physicians and Physician Assistants at \$350,000 annually. The Committee did vote to increase the cap from \$350,000 to \$400,000 annually. The bill has been referred to the House Health and Government Operations Committee for a hearing, which is not expected until late March, after the cross-over date.

MedChi will continue to watch every health-related piece of legislation to protect the interest of Maryland physicians, patients and the public health.

From [February 22 MedChi News](#)

MHAMD Legislative Update

The Senate Finance Committee scheduled a hearing for the [Keep the Door Open Act](#) on February 25. The bill would increase access to behavioral health care by ensuring that community-based providers have reliable and stable support in Maryland's budget. [The hearing in the House of Delegates](#) was a success.

[SB 551](#) / [HB 682](#) would require the development of a strategic plan for ensuring that clinical crisis walk-in services and mobile crisis teams are available 24/7 statewide. Late February hearings are scheduled in both the House and the Senate.

[HB 1318](#) would require the Maryland Insurance Administration to adopt regulations that ensure adequate provider networks, and require that health insurers maintain audited and accurate provider directories and provide notice of consumer rights. A hearing is scheduled for February 25 in the House Health and Government Operations Committee.

Support Medicaid Physician Increase

MedChi is working in Annapolis to improve Medicaid reimbursement. Governor Hogan's proposed FY17 operating budget leaves physician E&M codes at 92% of Medicare. MedChi believes that restoring Medicaid E&M payments to 100% of Medicare will ensure that Maryland citizens receive the health care the Affordable Care Act promised to deliver. Please use MedChi's [Legislative Action Center](#) to urge legislators to make Medicaid E&M payments equal to Medicare's.

From [February 15 MedChi News](#)

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

Apply by March 15 to Avoid Meaningful Use Penalties

Physicians have until March 15 to apply for a hardship exemption from the electronic health record meaningful use financial penalties for the 2015 program year. Those who don't apply could face up to a 3% cut in their Medicare payments in 2017 (the program operates on a two-year look-back period). The good news is that exemptions will be granted broadly this year. **The AMA advises everyone to apply.** Click the link below for instructions, or see the [February 9 Psychiatric News alert](#).

From [February 2 AMA Wire post](#)

APA News & Information

2016 APA Election Results

Congratulations to Anita Everett on winning the race for APA President-Elect! We will have another very strong MPS member in the highest position at the APA. Unfortunately, neither Geetha Jayaram nor Steve Daviss was elected Trustee; however, MPS Affiliate Member Roger Peele will serve as Area 3 Trustee beginning in May.

Among Everett's priorities when she becomes APA President in May 2017 are:

- Ensuring access to behavioral health for all Americans;
- Establishing APA as the "go-to" resource for psychiatrists through member benefits that result in a lifelong relationship with the organization; and
- Promoting effective community treatment and psychotherapy, such as evidence-based treatment for first episode psychosis, supported employment and housing, and day programs for people with serious mental illness.

The MPS is very fortunate to have strong leaders among its membership who have risen to the top of the national ranks!

APA Urges Members to Support Reclassification of ECT Devices

Five years after it last broached the matter, the Food and Drug Administration (FDA) is again proposing to reclassify electroconvulsive therapy (ECT) from a Class III (high risk) medical device to Class II (low risk). APA supports this change.

Opposition from anti-psychiatry groups was blamed for the FDA's maintaining the Class III status in 2011. Opponents to reclassification argued then that ECT causes memory problems, cognitive impairment, and other adverse effects. Supporters noted that current ECT practices, using anesthesia and muscle relaxants, significantly reduce those effects.

The FDA in a recent *Federal Register* notice acknowledged some side effects but concluded: "FDA believes that in the specified patient population, and with the application of general and special controls as described in this document, the probable benefit to health from use of the device outweighs the probable injury or illness from such use."

APA urges psychiatrists to send comments to the FDA in favor of reclassification. A [template form letter](#) is available as a starting point for this communication. The FDA's proposed reclassification and a link for posting comments can be accessed [here](#). The deadline for comments is **March 28**.

Transforming Clinical Practice Initiative Training

The APA has a new opportunity for psychiatrists interested in integrated care. CMS launched the Transforming Clinical Practice Initiative (TCPI) in September to support practice transformation through nationwide, collaborative, and peer-based learning networks. The APA received \$2.9 million over four years to partner with the AIMS Center at the University of Washington and train 3,500 psychiatrists in the clinical and leadership skills needed to support primary care practices that are implementing integrated behavioral health programs. Once psychiatrists are trained (see below), APA will work to connect them with local Practice Transformation Networks participating in TCPI.

Free training is available to psychiatrists through online modules and live trainings. CME credit is also offered. Content is similar for both training sessions, so participation in one or the other is based on learning preferences and availability:

Online Modules - [Click here to get started!](#) There are two parts to the training containing seven modules in all. It is recommended that participants complete both parts 1 and 2.

APA Annual Meeting - [Click here to register!](#) May 14 - 18, 2016 in Atlanta. Advance registration ends April 14. APA is offering three integrated care training courses on May 15, 16, and 17. Registration is free and attendees can select one of the training dates when registering for the Annual Meeting. The course is titled, "Integrating Behavioral Health and Primary Care: Practical Skills for the Consulting Psychiatrist."

Stay up-to-date on TCPI at www.psychiatry.org/sansgrant. For questions, contact Ashley Rutter, Program Manager at arutter@psych.org.

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.

March's [course of the month](#) will be **Physical Examination in Psychiatric Practice: Common Scenarios Requiring Physical Examination**. This course will provide an outline of the physical exam in psychiatry, and help the learner:

- Identify medical conditions that present with psychiatric symptoms;
- Apply the physical examination to specific psychiatric conditions that require attention to physical findings;
- Describe medical conditions that occur commonly in the psychiatric patient population.

(The course will still be available for a fee after the month expires.)

Top Three HIPAA Lessons Learned in 2015

1. Encrypt!

Admittedly, this lesson should have been learned quite some time ago. In 2015, half of OCR's case resolution agreements involved the theft of portable devices. While the inability to safeguard devices in these cases is alarming, even more troubling is the fact that investigated covered entities failed to encrypt their portable devices. The U.S. Department of Health and Human Services [defines encryption](#) as "a method of converting an original message of regular text into encoded text." This past year, [St. Elizabeth's Medical Center \(SEMC\)](#), [Cancer Care Group \(CCG\)](#), and [Lahey Clinical Hospital](#) each incurred the wrath of OCR after having unencrypted laptops stolen, agreeing to pay millions in resolution settlements. OCR has been fairly vocal about the need encrypt portable devices housing sensitive PHI. Under HIPAA's encryption safe harbor, the loss of encrypted portable devices is not deemed to be a breach. We hope more physicians take advantage of this safe harbor by encrypting in 2016.

2. A "thorough and accurate" risk assessment is a great start.

In 2015 case resolution agreements, OCR consistently noted that investigated covered entities failed to do "thorough and accurate" risk assessments. The Security Rule requires covered entities to engage in a scrupulous analysis of potential threats and vulnerabilities and implement policies and procedures accordingly. For those investigated entities that did make such an assessment, OCR most frequently criticized the scope of the assessment and/or the failure to effectively implement policies that addressed the risks.

Have you determined what type of PHI you store and the manner in which you store it? Do you know who has access to your PHI? These are two questions that would likely need to be addressed in a thorough risk assessment. In November, [Triple-S Management Corporation](#) learned this lesson the hard way when they were forced to settle with OCR for \$3.5 million. After ending its investigation, OCR found that, among other violations, Triple-S did not conduct an adequate risk assessment and consequently failed to revoke database access rights for two former employees who accessed member names, diagnostic codes, and treatment codes while working for a competitor.

OCR provides a security risk assessment tool here: <https://www.healthit.gov/providers-professionals/security-risk-assessment>.

3. Technology can help *and* hurt.

Advances in technology have made new software platforms and systems available to practices, streamlining clinical care and enhancing workplace efficiency. However, before using any platform that manages PHI, it is important to understand the way in which the platform stores and protects that data. Discussing the platform with your IT department or IT consultant will be essential because you will need to understand how it works in order to properly assess for threats and vulnerabilities.

Keep in mind that certain platforms, systems, or applications may not have been intended to store PHI, and, as a result, may not meet HIPAA's security standards. In the [previously mentioned case resolution agreement involving SEMC](#), OCR also found that certain SEMC employees wrongfully used an "internet-based document sharing application" to store the PHI of approximately 500 individuals. Covered entities shouldn't assume that any platform is HIPAA compliant. If you are going to use a platform that stores or accesses PHI, the maker of the platform should be able to provide an assurance that the platform is indeed HIPAA compliant and should also be willing to sign a business associate agreement. You might be surprised to find that [some widely used platforms may not be HIPAA compliant](#).

*Written by Justin Pope, J.D., Associate Risk Manager
Professional Risk Management Services, Inc. (PRMS)*

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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 or postal mail Maryland Psychiatric Society, 1101 St. Paul Street, Suite 305, Baltimore, Maryland 21202-6407.

MFP is now on AmazonSmile

When you shop at AmazonSmile, Amazon donates 0.5% of eligible purchases to the Maryland Foundation for Psychiatry at no additional cost to you. Bookmark the link <https://smile.amazon.com/ch/52-1701356> and support MFP every time you shop.

CareFirst Resumes Record Requests

Members have reported being contacted by CareFirst for copies of medical records of their insureds in connection with the **Risk Adjustment Program**. These requests are likely in response to the ACA, which requires insurers to conduct random audits to demonstrate to the federal government that they are not cherry-picking healthy enrollees. Participating physicians and patients may be contractually required to supply the information requested. However, physicians should check with the requesting company to confirm the company's authority to get the records and get patient consent before providing the information. For more information visit the [MPS website](#).

AMA Q&As on LGBT Care

An expert panel at the November 2015 AMA interim meeting answered physician questions about how to ensure a welcoming practice environment for LGBT patients. [Click here](#) for a sampling of the questions as well as several resources from the AMA and others.

Practice Guideline

In February, the American College of Physicians released a new [clinical practice guideline](#) on the treatment of depression.

HHS Proposes Changes to Privacy Regulations

On February 9, [HHS posted](#) several recommended updates to the regulations governing confidentiality of substance use disorder patient records. The changes would apply to all dual diagnosis patients. The existing regulations for these patients are viewed as impeding the new models of integrated care that have evolved. These models require information sharing to support coordination of patient care, and an electronic infrastructure for managing and exchanging patient information.

As reported in [Modern Healthcare](#), the proposal has raised concerns among privacy advocates. The proposed change to the rule, 42 CFR Part 2, would maintain the requirement that patient consent be obtained prior to disclosing or exchanging medical records that would identify, directly or indirectly, an individual who has been diagnosed or treated for a substance-abuse disorder. But it would also allow "other health-related information shared by the Part 2 program to be disclosed," without consent, "if permissible, under other applicable laws."

The public is invited to provide comments no later than 5 p.m. on **April 11**. Please refer to file code SAMHSA 4162-20 and submit comments electronically to <http://www.regulations.gov>. Follow the "Submit a comment" instructions.

Attention all Resident Fellow Members & Early Career Psychiatrists (7 years or less out of training)

Join us for a **FREE Happy Hour!**

**Tuesday, March 29th
6-8PM**

[Pratt Street Ale House](#)
206 W Pratt Street
Baltimore, MD 21201

Sponsored by
American Professional Agency, Inc.

[RSVP HERE!](#)

You may bring one guest to this event if you'd like, but please RSVP for 2 if you'll be bringing someone with you.

MPS Members Out & About

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

MPS Affiliate Member **Matt Rudorfer, M.D.** was quoted in Steven Petrow's *New York Times* column, [Opening Up About Depression](#).

MH Awareness Semipostal Stamp

In late January, APA was among 30 medical and advocacy groups to sign onto a letter to Congress in support of the Mental Health Awareness and Semipostal Stamp Act (HR 3640). The legislation would direct the USPS to issue a postage stamp that the public can purchase to contribute funding for mental health and neurological research and suicide prevention programs. The bill is also another step toward reducing stigma related to mental illness, including substance use disorders, among the public. While the issuance of a postal stamp won't solve the problem, it is notable in that APA, allied partners, and the bill sponsors are working together to increase neuroscience research appropriations. Read the letter [HERE](#).

From [February 3 Psychiatric News](#)

Medicare/Medicaid News & Information

Dual Eligibles

On February 1, CMS updated its [guidance on dually eligible individuals](#) enrolled in the Qualified Medicare Beneficiary (QMB) Program. QMB is a Medicaid program for Medicare beneficiaries that exempts them from liability for Medicare cost-sharing. State Medicaid programs may pay providers for Medicare deductibles, coinsurance and copayments. Medicare providers must accept the Medicare payment and Medicaid payment (if any) as payment in full for services rendered to a QMB beneficiary. The link above gives a complete explanation along with eligibility criteria for 2016.

The [February 22 MedChi News](#) noted that the Hilltop Institute has [published](#) a chart book and three reports on the demographics, service utilization, and expenditures of Maryland's dual-eligible population. The findings provide an overview of how this population accesses health care services, the types of services used, and where the services are provided. Included is an [Analysis of Selected Mental Health Conditions](#) that examines in detail the care for patients with Anxiety Disorder, Bipolar Disorder, Depression and Multiple Conditions.

EHR Incentive Programs Attestation Deadline Extended to March 11

CMS extended the attestation deadline for the Medicare and Medicaid EHR Incentive Programs to **March 11**. Eligible professionals participating in the program can attest through the CMS [Registration and Attestation System](#).

To attest to the EHR Incentive Programs in 2015, eligible professionals may select an EHR reporting period of any continuous 90 days from January 1 through December 31, 2015.

Attestation Resources:

- [Preparing to Participate in the EHR Incentive Programs Fact Sheet](#)
- [Attestation Worksheet](#) and [User Guide](#) for Eligible Professionals
- [Broadband Access Exclusions Tip Sheet](#)
- [Health Information Exchange Fact Sheet](#)
- [Public Health Reporting in 2015 for Eligible Professionals](#)

For more information, visit the [Registration and Attestation](#) and [2015 Program Requirements](#) webpages. For attestation questions, contact the Help Desk at 888-734-6433/ TTY: 888-734-6563, 7:30 AM - 6:30 PM M-F.

Medicare News

Novitas has added G47.39 (other sleep apnea) to the diagnosis codes covered by Medicare for **Outpatient Sleep Studies**. [Click here](#) to view the details in LCD L35050 (scroll down to view guidance and codes after clicking "Accept").

CMS [announced](#) that it has finalized its rule requiring health care providers to report and return **self-identified overpayments** by the later of the date that is either 60 days after the date an overpayment was identified, or the due date of any corresponding cost report, if applicable. This applies for overpayments identified within six years of the date of receipt. Please click the link for details.

Medicare Public Provider Enrollment Files

CMS is making publically available a subset of PECOS data to allow providers, suppliers, state Medicaid programs, private payers, etc. to leverage Medicare provider enrollment data. The long-term goal is to expand the data elements available, and eventually consolidate other existing public lists. [Click here](#) for more information.

The Public Provider Enrollment files will be published at <https://data.cms.gov/public-provider-enrollment> and will be updated on a quarterly basis. Opt-out providers will not be included. The initial data will be similar to what is on Physician Compare; however, it will be directly from PECOS and will only be updated through updates to enrollment information. Elements will include:

- Enrollment ID and PECOS Unique IDs
- Provider Enrollment Type and State
- Provider's First and Last Name/ Legal Business Name
- Gender
- NPI
- Provider or Supplier Specialty
- Limited address information (City, State, ZIP code)

CMS Provider Screening

CMS has implemented four tactics to reinforce provider screening activities:

- Increase site visits to Medicare-enrolled providers
- Enhance address verification software in PECOS to better detect vacant or invalid addresses
- Deactivate providers who have not billed Medicare in the last 13 months
- Identify potentially invalid addresses on a monthly basis using the U.S. Postal Service database

Provider should promptly inform CMS of any changes. For more information, see the [fact sheet](#).

CLASSIFIEDS**EMPLOYMENT OPPORTUNITIES**

The Adult Inpatient Psychiatry Unit at MedStar Franklin Square Medical Center is in need of 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.

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

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, 4th floor, University of Maryland Medical Center Baltimore, Maryland 21201. Fax 410-328-3311 or email 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.

Psychiatrist, F/T or P/T needed for established busy behavioral health clinic in Severna Park, Md. 2 Psychiatrist and 12 therapist. Will panel with insurance companies. Email resume to: babh1@verizon.net or fax# 410 421-9135.

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 stphen.pasko@medstar.net or call 443-777-7925 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.

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

PRACTICE OPPORTUNITY—Established busy outpatient psychiatric practice in Columbia is seeking a psychiatrist to work with us in providing evaluations, treatment planning, and medication management, and psychotherapy to a busy diverse population. The ability to work with adolescents & possibly children is an important part of the practice. If interested please contact: Richard Bacharach: (410) 598-1686 E-mail: rbacharach@comcast.net

REMEMBER TO VOTE!

The 2016 MPS election begins March 1!
Returned ballots must be postmarked no later than March 31, 2016.

Candidate biography information is available online this year. Please [click here!](#)

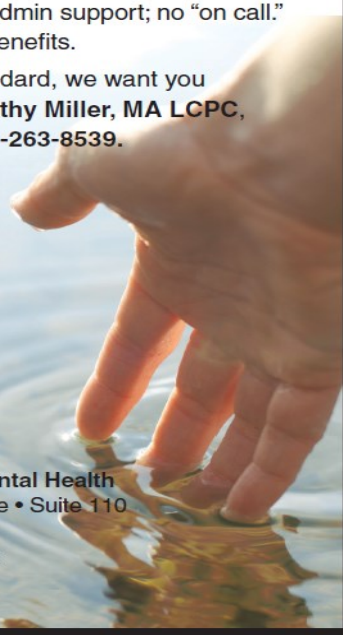
PSYCHIATRISTS
 PART-TIME AND FULL-TIME
OASIS: The Center for Mental Health
Annapolis, MD

Thriving private outpatient mental health center in Annapolis, MD, has openings for PT and FT psychiatrists. Hours flexible days/evenings until 10 p.m. weekdays and on Saturdays. Excellent working conditions with admin support; no "on call." Competitive salary and benefits.

If excellence is your standard, we want you on our team! Contact **Kathy Miller, MA LCPC**, 410-268-8590 or fax 410-263-8539.



OASIS: The Center for Mental Health
 175 Admiral Cochrane Drive • Suite 110
 Annapolis, MD 21401
 www.oasismentalhealth.net
410.571.0888



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>.

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!](#)

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

4.0 CME/CEU Hours

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

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

Psychiatrists

Situated only 30 minutes from the beaches of Ocean City, MD in the idyllic town of Salisbury, lies the Eastern Shore location of Adventist HealthCare Behavioral Health & Wellness Services, one of the largest not-for-profit behavioral health providers in the National Capital Area. The Salisbury/Ocean City area is home to over 150 restaurants, 75 shopping centers, numerous parks and trails, and 16 challenging golf courses; and is only 90 minutes from Washington, DC. If you are looking for an affordable cost of living, and an invigorating lifestyle then consider joining Adventist HealthCare. We offer a loan repayment program, a competitive salary, comprehensive benefits, flexible schedules, and access to a network of highly-skilled, compassionate behavioral health professionals.



"We pride ourselves on our dedication to our patients."

Eastern Shore, MD - Salisbury, MD

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

For more information and to apply, e-mail Janet Fountain: jfountain@adventisthealthcare.com

AdventistHealthCare.com

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

Careers.AdventistHealthCare.com



Family Services, Inc.
PART OF THE SHEPPARD PRATT HEALTH SYSTEM

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.



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 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
EOE



Sheppard Pratt
PHYSICIANS, P.A.

PART OF THE SHEPPARD PRATT HEALTH SYSTEM

CHAIR, DEPARTMENT OF PSYCHIATRY Greater Baltimore Medical Center Towson, MD

Greater Baltimore Medical Center is currently recruiting for a full-time psychiatrist to serve as the Chair of the Department of Psychiatry. The position requires joint appointments at Greater Baltimore Medical Center and Sheppard Pratt Health System. This service is focused on the care and management of medical-surgical inpatients with psychiatric comorbidity while developing innovative models for outpatient management in a primary care setting. The team includes two other full-time psychiatrists who provide consultations and follow-up care in a co-attending model. The psychiatrists also work in collaboration with multidisciplinary team members on our unique Integrated Care Unit where individuals with behavioral health conditions are treated for acute medical conditions.

Board certification is required. Advanced training in Psychosomatic Medicine is preferred. Compensation is competitive and a benefits plan is included. Licensure in Maryland at time of hire is required. If you are interested, please contact Kathleen Hilzendeger, 410-938-3460 or at khilzendeger@sheppardpratt.org.

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