

MPS NEWS

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Editor: Heidi Bunes

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Deadline for submitting articles to *MPS News* is the 15th of the month preceding publication. Please email to heidi@mdpsych.org.
MPS News Design & Layout
 Meagan Floyd

The next MPS Council meeting will be held at 8 PM on Tuesday, June 14th in the MPS office.

President's Column

Be Proud of The Maryland Psychiatric Society

We have much of which to be proud within the Maryland Psychiatric Society. One of MPS's former Presidents, Dr. Anita Everett, is now the President-Elect of the American Psychiatric Association. We have forged a relationship with the Maryland DHMH that is collegial and effective. With Dr. Margo Lauterbach's enthusiastic guidance, we have created a MOC (Maintenance of Certification) training experience that has become a model for the country. Two of our members, Drs. Jennifer Palmer and Joseph Liberto, were selected as Distinguished Fellows of the APA this year. Thirty of our members were approved as APA Fellows. We have continued our collaboration with the Suburban Maryland Psychiatric Society through our Legislative Committee and our common lobbyist. Our CME activities have been tailored to deal with interesting, relevant topics and have been supported well by our membership. We have launched a spectacular new [website](#) that includes a revamped Find a Psychiatrist feature for our members.

I am very proud of my association with the Maryland Psychiatric Society. My first contact with the MPS came from serving on its former Peer Review Committee. I have served on the Council and have been a part of the Executive Committee, for the past 2 years. During this time, I have met remarkable colleagues whom I wouldn't have met outside of this organization. My hope as your President is to help instill that sense of being connected to your peers in others, especially among our Resident, Fellow and Early Career Psychiatrist members. We need to work on ways to attract more Residents and

Fellows to our organization, in order to retain them as Early Career Psychiatrists. What we have to offer them is our experience and support, as their careers are beginning. The work that we all do as psychiatrists is arduous and sometimes not very well understood by others. I want us all to feel proud of what we do and to be able to communicate that pride to others.

We become stronger as we work together. I would encourage our members to consider joining one or more of our committees. This is also an excellent way for our Resident Fellow Members to become more involved. Here's a rundown of our more active committees and their chairpersons:

- Editorial Advisory Board ([Dr. Nancy Wahls](#)) – responsible for supervising and advising the editor of *The Maryland Psychiatrist* regarding policies, publications and general management of the publication.
- Legislative ([Dr. Anne Hanson](#)) – allows members the opportunity to weigh in on national issues, critique General Assembly bills, work with our lobbyist and have the chance to testify in Annapolis.
- Payer Relations ([Dr. Laura Gaffney](#)) – represents the Society's interest and concern on issues relating to Third Party Payers and health care management. Parity has been a recent focus.
- Membership ([Dr. Susan Lehmann](#)) – works on recruitment and retention initiatives for our members. This committee is a great way to connect with your peers.
- Program and CME ([Dr. Jason Addison](#)) – plans and organizes the Society's scientific programs that afford CME opportunities.
- Early Career Psychiatrists ([Dr. Jessica Merkel-Keller](#)) – operates as the liaison between this

(Continued on next page)

important bloc of our members and the MPS to plan specific events and to engage them in our activities. Residents and Fellows ([Dr. Paul Nestadt](#)) – serves as the liaison between our members in training programs and the Society.

By joining a committee within the MPS, you can foster your own sense of pride in what the Maryland Psychiatric Society does and is capable of doing. You should JUST DO IT by contacting the chairpersons directly.

*Merle C. McCann, M.D.
President*

MPS Find A Psychiatrist Goes Live!

The MPS is pleased to announce that the **Find a Psychiatrist** feature on the [MPS website](#) is up and running!

- If you are not currently included in the search, but would like to be please send an [email](#) or call the MPS office at 410.65.0232. (To check whether you're included, click "[Advanced Search](#)" and enter your last name in the field.)
- If the information listed for you is inaccurate, please send an [email](#) or call the MPS office at 410.625.0232 to provide updated information.
- Members still have the option to be listed in our telephone referral service, but not on the website, and vice versa.

The next phase of our database/website redesign will allow members to update their profile information (including expanded insurance panels) on the MPS website. Please watch for an email regarding the launch of that functionality in the next few months.

Attention: Members Completing Psychiatric Training

Resident-Fellow Members must advance to General Member status upon completion of residency training. A member-friendly procedure allows automatic advancement to General Member based on the training completion date originally provided in the member's application. Instead of submitting documentation, the member will simply be asked to verify that they meet the requirements for General Member status by signing a verification form/email. After Resident-Fellow Members advance, they become Early Career Psychiatrists (ECPs) - APA General Members who are within their first seven years after training. This group receives special support from the APA and the MPS. Visit the [APA website](#) for ECP networking and career development information.

Important Changes to MPS Billing Practices

The MPS Council approved changing to a calendar year for dues billing beginning in 2017. The MPS will then be in sync with the APA dues billing cycle. The MPS will establish a 6 month budget for July-December, 2016 and a 12 month budget for January-December, 2017. Budgets will be presented to Council for approval at the June 14 meeting.

Dues for July 1 to December 31, 2016 will be billed by MPS staff in mid-June. The amount will be about half of the current dues, based on a proposed 1% dues increase. These dues must be paid within **90 days** to avoid late fees.

Please call the MPS office at 410-625-0232 if you have any questions about this important change.

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.

- Lesly H. Baugh, M.D.
- Majula P. Borge, M.D.
- Leslie A. Earll, M.D.
- Riddhi Kothari, D.O.
- Syed A. Qamer, M.D.
- Bikash Sharma, M.D.
- G. Cameron Williams, M.D.
- Edgar P. Woznica, M.D.

Transfer Into Maryland

- Chinedu Onyedike Varma, M.D.
- Amanda R. Square, M.D.
- Dimas J. Tirado-Morales, M.D.

Upgraded to General Member

- Joseph T. Andrews, M.D.
- Sara I. Jeurling, M.D.
- Holly B. Law, M.D.

Join The MPS Listserv!

Join the online MPS listserv so you can quickly and easily share information with other MPS psychiatrists. An email message sent to the listserv goes to all the members who have joined. To join, click [here](#). You will need to wait for membership approval and will be notified by email. If you have trouble negotiating this, please call the MPS office at 410-625-0232.

Maryland News

New Maryland Laws

During the 2016 General Assembly the MPS Legislative Committee reviewed over 300 bills that addressed mental health issues. Of the bills included in the [Final 2016 MPS Legislative Report](#), the following have been signed into law by Maryland Governor Larry Hogan. The corresponding chapter numbers in the 2016 Laws of Maryland and the dates when the laws take effect are indicated. Please contact [Kery Hummel](#) with any questions.

MPS SUPPORTED:

[HB 185- State Board of Physicians - Licensed Physicians - Continuing Education Requirements](#)- Prohibiting 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. We supported MedChi's position on this bill. [Chapter 99](#) effective October 1, 2016.

[SB 899/ HB 1217- Maryland Medical Assistance Program - Specialty Mental Health and Substance Use Disorder Services - Parity](#)- Requiring the Department of Health and Mental Hygiene, on or before June 30, 2017, to adopt regulations to ensure that the Maryland Medical Assistance Program is in compliance with the Mental Health Parity and Addiction Equity Act of 2008. Requiring the regulations to include standards regarding treatment limitations for specialty mental health and substance use disorder services that comply with the federal laws and relate to specified items; etc. [Chapter 505](#) effective October 1, 2016.

[HB 682 \(SB 551\)- Department of Health and Mental Hygiene - Clinical Crisis Walk-In Services and Mobile Crisis Teams - Strategic Plan](#)- Requiring the Department of Health and Mental Hygiene, in consultation with specified agencies and specified health providers, to develop a strategic plan for ensuring that specified crisis services and specified teams are available statewide and operating in a specified manner; requiring the Department to submit a specified strategic plan to the Governor and the General Assembly on or before December 1, 2016; etc. [Chapter 406](#), [Chapter 405](#) effective June 1, 2016.

[HB 1318/ SB 929- Health Benefit Plans - Network Access Standards and Provider Network Directories](#)- Requiring specified carriers to maintain or adhere to specified standards that assure that specified enrollees have specified access to specified health care providers and covered services; requiring specified carriers to file with the Maryland Insurance Commissioner a specified plan for review and approval; etc. Strongly supported by both MedChi and psychiatry. We hope to have a participant on the MIA panel work group. [Chapter 309](#) effective June 1, 2016. [See related article on [next page](#).]

MPS OPPOSED:

[HB 245 \(SB 310\)- Child Abuse and Neglect - Failure to Report](#)- Requiring an agency that is participating in a child abuse or neglect investigation and that has substantial grounds to believe that a person has knowingly failed to report child abuse as required under a specified provision of law to file a specified complaint with a specified board, agency, institution, or facility. ****Opposed on ground that this should not be passed until the underlying problem of the definition of "child" is addressed.**** We intend to actively work to seek a review of the definition of child. [Chapter 375](#), [Chapter 374](#) effective October 1, 2016.

MPS FOLLOWED MEDCHI:

[HB 437 \(SB 537\)- Department of Health and Mental Hygiene - Prescription Drug Monitoring Program - Modifications](#) - Requires certain prescribers and all pharmacists to register with the Prescription Drug Monitoring Program (PDMP) by July 1, 2017. Prescribers and pharmacists must also request and assess prescription monitoring data in a specified manner, except under specified circumstances. Prescribers and pharmacists are subject to disciplinary action by the appropriate licensing entity for failure to comply with the bill's mandatory registration and use requirements. PDMP may review prescription monitoring data for indications of a possible violation of law or a possible breach of professional standards by a prescriber or dispenser. If indicated, PDMP may notify and provide education to the prescriber or dispenser after obtaining certain clinical guidance from the technical advisory committee (TAC). The bill also requires the DHMH to develop and implement an outreach and education plan regarding mandatory registration with PDMP and submit specified reports. [See [next page](#).] [Chapter 147](#) effective October 1, 2016.

[HB 104- Medical Cannabis - Written Certifications - Certifying Providers](#)- Authorizing specified dentists, podiatrists, nurse midwives, and nurse practitioners, in addition to physicians, to issue written certifications to qualifying patients by substituting the defined term "certifying provider" for "certifying physician" as it relates to laws governing medical cannabis; establishing that specified providers must be in good standing with the regulatory board regulating the licensing and certification of specified providers; providing for a delayed effective date; etc. [Chapter 474](#) effective June 1, 2017.

[SB 450 \(HB 1487\)- Health Care Provider Malpractice Insurance - Scope of Coverage](#)- Authorizing the inclusion, in a policy that insures a health care provider against damages due to medical injury arising from providing or failing to provide health care, of coverage for the defense of a health care provider in a specified disciplinary hearing if the cost of the included coverage is itemized in the billing statement, invoice, or declarations page for the policy and reported to the Maryland Insurance Commissioner in a form and manner required by the Commissioner. [Chapter 209](#), [Chapter 210](#) effective October 1, 2016.

Maryland News

Maryland CDS Prescribers Must Register with PDMP

As Maryland's heroin and opioid abuse problem grows worse, lawmakers continue to place new requirements on prescribers. The biggest change to Maryland law is that an authorized practitioner who prescribes a Schedule II–IV controlled dangerous substance (CDS) must register with the Prescription Drug Monitoring Program (PDMP) before obtaining or renewing a CDS registration from DHMH. Registration with PDMP must occur before obtaining a new or renewal registration from DHMH or by July 1, 2017, whichever is sooner. This requirement is contingent on the Secretary's determination that (1) the requirement will not adversely affect or delay the issuance of a new or renewal registration and (2) the process for obtaining a new or renewal registration is capable of delivering the registrations in a timely manner. For information on the PDMP visit [THIS SITE](#).

From [May 9 MedChi News](#)

New Maryland SBIRT Website

A web-based tool can help health care providers identify and provide early intervention for patients who may have a substance use disorder. [Maryland SBIRT](#) provides information and clinical resources for alcohol and drug use screening and intervention services. SBIRT, "Screening, Brief Intervention, and Referral to Treatment," is a statewide initiative designed to encourage health care providers and patients to discuss alcohol and drug use as part of routine medical visits. SBIRT [resources](#), downloadable [posters and brochures](#), and [reimbursement](#) are all available.

The Maryland SBIRT project is led by *Behavioral Health System Baltimore*, with funding from SAMHSA and the Conrad N. Hilton Foundation. A key partner is the Maryland Behavioral Health Administration. The Mosaic Group is leading the implementation and technical assistance for SBIRT in all sites statewide.

Healthy New Moms Campaign

The revitalized Healthy New Moms Campaign works to raise awareness of perinatal mood and anxiety disorders and offers resources to families and providers. Learn more at www.healthynewmoms.org. To discuss ideas or share information, please contact Kari Gorkos at 443-901-1550, ext. 215 or kgorkos@mhamd.org.

Maryland Network Adequacy Hearings

Pursuant to [House Bill 1318 / Senate Bill 929](#), enacted in the 2016 legislative session and signed by Governor Hogan on April 26, the Maryland Insurance Administration, in consultation with interested stakeholders, will adopt regulations to establish quantitative and, if appropriate, non-quantitative criteria to evaluate a carrier's network sufficiency. These regulations must take effect by December 31, 2017.

Commissioner Redmer will hold a [series of public hearings](#) to obtain perspectives from interested parties regarding the criteria that should be used to determine the adequacy of a carrier's network. The first hearing will take place on **June 2** from 10:00 AM to noon. Topics to be discussed include:

- Any standards adopted by the Federal Centers for Medicare and Medicaid Services. §15-112(D)(2)(X)1
- Any standards used by the federally facilitated marketplace. §15-112(D)(2)(X)
- Any standards adopted by another state. §15-112(D)(2)(XI).

[Network Adequacy Regulation Information](#) on the MIA website gives more details.

Network adequacy is an increasingly conspicuous issue in Maryland. In 2015, a study of access to in-network psychiatrists chronicled several shortcomings. (Click [here](#) for details.) More recently on February 23, the MIA entered into a [Consent Order](#) with CareFirst of Maryland and Group Hospitalization and Medical Services. The MIA concluded that the carriers had not submitted information that would allow MIA to determine the sufficiency of their provider panels. The carriers agreed to give MIA proof within 90 days that their networks are sufficient to provide mental health services to enrollees. The time is ripe for members to partner with the MPS and the APA to improve the ability of Maryland insureds to access their health benefits.

Naloxone Toolkit for Behavioral Health Providers

Opioid overdose deaths are preventable. When people know how to respond to an overdose and are equipped with naloxone, overdose deaths in the community decrease. The Baltimore Behavioral Health System [Naloxone Toolkit for Substance Use Disorder Treatment Providers](#) provides information about naloxone, how to prescribe and bill for it, and strategies for talking to patients about overdose. Another opioid overdose prevention resource is the Baltimore City Health Department online platform at dontdie.org to train Baltimore City residents on how to use naloxone and receive a "standing order" certification that allows residents to receive naloxone without a separate prescription.

Maryland News

Audit of CME Credits

The Maryland Board of Physicians continues to audit physicians for evidence of at least 50 Category 1 CME credit hours earned to renew their medical licenses. A number of physicians have been fined and penalized for being unable to provide the required documentation. Be sure to keep records of CME hours for six years, and double check before renewal time to be sure you will meet the [CME documentation requirements](#).

Inspections of Dispensing Permits

The Division of Drug Control is performing random inspections of medical practices to determine their compliance with §12-102 of the Health Occupations article requiring a permit to dispense prescription drugs. Physicians without a written dispensing permit are being fined and reprimanded by the Maryland Board of Physicians. Please review the [Dispensing of Prescription Drugs by a Licensee](#) regulations at the bottom of the page in the link.



VA Proposes Independent APRN Role

In May, the Veterans Health Administration published a [Proposed Rule](#) that would give full authority to four categories of APRNs: Certified Nurse practitioner (CNP), Certified Registered Nurse Anesthetist (CRNA), Clinical Nurse Specialist (CNS), or Certified Nurse-Midwife (CNM). Within the scope of VA employment, an APRN would be authorized to provide services without the clinical oversight of a physician, regardless of State or local law restrictions on that authority. APRNs working outside of VA facilities would remain subject to state laws on APRN scope of practice. Federal preemption will be used to side-step state medical licensure laws to give APRNs full authority inside the VA. This move was anticipated as the VA is under tremendous pressure to reduce the wait times for appointments for veterans. The [AMA opposes](#) the proposed rule consistent with its policy opposing APRN independent practice. The deadline for comments on the rule is July 25.

Keep Your ICD-10 Coding Up to Date

ICD-10 updates take place annually on October 1. Review the general coding guidelines for [ICD-10-CM](#) and [ICD-10-PCS](#) at least annually to keep systems and coding tools up to date. The [ICD-10 Coordination and Maintenance Committee](#) is responsible for updates to ICD-10. You can submit proposals to request changes to the codes ([see sample proposals and timeline for from September 2015](#)). Requests for the September 2016 meeting should be sent by **July 15** to ICDProcedureCodeRequest@cms.hhs.gov. Visit the CMS [ICD-10 website](#) for the latest news and official resources.

APA News & Information

May APA Assembly Meeting Highlights

The Assembly and Area 3 met for three days prior to the APA annual meeting. Dozens of Action Papers were presented, debated, and voted on. The papers addressed the following issues, among many others:

- Ways to retain Resident/Fellow Members and Early Career Psychiatrists after the end of their training
- Creation of easily accessible, low cost training modules that would fulfill requirements for both MOC and the emerging merit-based incentive payment system (MIPS). APA is creating a mental health registry to collect aggregate data from participants, for both MIPS and for research purposes.
- Clarification of voting procedures (Board of Trustee members serving as Assembly representatives, voting status of Minority and Underrepresented group and crossover members)
- Whether the APA should establish minimum requirements for inpatient care
- Two papers addressing discrimination against LGBTQ patients (both endorsed by Area 3)
- Addition of methadone and buprenorphine to prescription drug monitoring programs
- Creation of a direct survey or referendum process for APA
- Position statement against the euthanasia of non-terminally ill people (passed unanimously by Assembly, endorsed by the reference committee, by the Hawaii District Branch, by the Assembly Committee of Representatives of Subspecialties or Sections (ACROSS), and by the ethics committee)
- Position statement that the APA remain neutral regarding assisted suicide of terminally ill people (failed in the Assembly)

The papers themselves, and their status in the adoption process, can be found in the [search](#) section of Action Paper Central on the APA web site.

Kristin Kroeger and Ashley Rutter discussed the TCPI project (Transforming Clinical Practice Initiative) and the SAN grant (Support Alliance Network) that APA received to train 3500 psychiatrists on the collaborative care model of integrated care. APA members can learn more, and receive the free training (and 8 hours of CME), at psychiatry.org/san. The MPS plans to host an in-person training in November.

Finally, there were a number of reports regarding membership and voting. Area 3 had the highest percentages of members who voted in the last election (23%) and also had the lowest member dropout rate of any district branch or association. The APA reported net assets of \$140.9 million.

*Steve Daviss, M.D.
Anne Hanson, M.D.
Robert Roca, M.D., M.P.H.
Assembly Representatives*

APA News & Information

APA In Brief

As the new APA President, Maria Oquendo, M.D., is focusing on "Prevention Through Partnerships." Prevention is the future of American medicine and of psychiatry, and the best path toward prevention is through collaboration with colleagues in primary care and other specialties.

As she begins her term as APA President-Elect, Anita Everett, M.D., talks about her vision for improving access to care and making the APA the "go-to" organization for psychiatrists.

[Watch the video.](#)

MPS Affiliate Member Roger Peele, M.D. begins a new term as APA Area 3 Trustee. For the past six years, this position has been held by Brian Crowley, M.D., whose summary of his time in office will appear next month.

APA Members' Course of the Month

Try the APA Learning Center's free online CME. Each month, members have access to an on-demand course on a popular topic. Less than 30 minutes in length, this course can help you brush up on a trending topic over lunch.

June's [course of the month](#) will be **Advances in Psychodynamic Psychiatry: The Classification of Personality Disorders**. Despite good understanding of how to best classify personality disorders, there are new developments based on changes in our understanding, new nosological systems and new evidence. For example, borderline personality disorder (BPD) can be better distinguished from narcissistic personality disorder (NPD), leading to changes in our understanding as well as our therapeutic technique.

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

New Practice Guidelines on the Use of Antipsychotics in Patients with Dementia

In May 2016, the APA released new evidence-based guidelines on the use of antipsychotics to treat agitation or psychosis in patients with dementia. The guidelines include 15 recommendations for assessment of dementia, development of a comprehensive treatment plan, assessment of the benefits and risks of antipsychotics, and judicious use of antipsychotics, including specifics for dosing, duration and monitoring. See the [Executive Summary](#) in the May issue of *The American Journal of Psychiatry* and the [full guideline](#).

Learn New Model of Opioid MAT Prescribing

Learn about "collaborative opioid prescribing" on **June 14** in the webinar "Improving Medication Assisted Treatment Access and Quality Through Collaborative Care: The CoOP Model." This model links opioid treatment programs with office-based buprenorphine (OBB) prescribers. The opioid treatment programs provide assessment, buprenorphine induction, and counseling, while OBB physicians provide ongoing buprenorphine prescribing and somatic or psychiatric care. The webinar, presented by APA on behalf of the Providers' Clinical Support System for Medication Assisted Treatment, will be held noon to 1 PM. To register, click [HERE](#).

Expand Your Practice With Telepsychiatry

The APA's new video-based Telepsychiatry Toolkit provides training for doctors new to telepsychiatry, as well comprehensive overviews of practice, clinical, legal and reimbursement issues. Visit www.psychiatry.org/TeleToolkit for help getting started so you can meet your patients' needs for convenient, readily-accessible service.

June is PTSD Awareness Month.
For more information on PTSD please [click here](#).

Ready to Take the Next Step in Your Career?

Become a [FELLOW OF THE APA](#) and earn the FAPA designation. APA Fellows are committed to psychiatry and the ongoing work of APA. Be among the prestigious 25% of APA general membership who have earned this designation. There are no additional fees or dues payments; just [COMPLETE THE APPLICATION](#). The deadline is **September 1**.



Medicare News

More on the Proposed Medicare Payment Reforms

As noted in last month's issue, the MACRA legislation ended more than a decade of last-minute fixes and potential payment cliffs for Medicare doctors and patients. Medicare's sustainable growth rate formula is being replaced by two new major programs for quality reporting and participation in "alternative payment models" (APMs). The Merit-Based Incentive Payment System (MIPS) will replace the current programs—PQRS/Physician Quality Reporting System, Meaningful Use/electronic health records, and the Value-Based Payment Modifier—and add a new category of "clinical practice improvement activities." Physicians will have an opportunity to earn substantial bonuses for either scoring above average in the MIPS program or having substantial revenue (or patients) related to "eligible" APMs.

Proposed MACRA Requirements

Currently, Medicare measures the value and quality that physicians and other clinicians provide through a patchwork of programs. In the MACRA legislation, Congress streamlined these programs into a single framework to help clinicians transition to payments based on value from payments based on volume. The proposed rule would implement changes through this unified framework known as the Quality Payment Program, which includes two paths:

The Merit-based Incentive Payment System (MIPS):

Most Medicare clinicians will initially participate in the Quality Payment Program through MIPS. MIPS allows Medicare clinicians to be paid for providing high value care through success in four performance categories:

- Quality (50 percent of total score in year 1)
- Advancing Care Information (25 percent of total score in year 1)
- Clinical Practice Improvement Activities (15 percent of total score in year 1)
- Resource Use (10 percent of total score in year 1)

Advanced Alternative Payment Models (APMs): Clinicians who take a further step toward care transformation would be exempt from MIPS reporting requirements and qualify for financial bonuses. These models include:

- Comprehensive ESRD Care Model (Large Dialysis Organization arrangement)
- Comprehensive Primary Care Plus (CPC+)
- Medicare Shared Savings Program – Track 2
- Medicare Shared Savings Program – Track 3
- Next Generation ACO Model
- Oncology Care Model Two-Sided Risk Arrangement (available in 2018)

According to an [April 29 Psychiatric News Alert](#), beginning with reporting in 2017, physicians will receive a composite performance score (CPS) based on how they perform in comparison to an average for other professionals. The CPS will determine maximum payment bonuses and penalties, which will range from 4% in 2019 to 9% starting in 2022. The program measures providers on the basis of quality, resource use, clinical practice improvement, and meaningful use of certified EHR technology (now referred to as advancing care information).

Physicians who have sufficient revenue tied to "eligible" APMs can qualify for 5% bonuses and exemption from MIPS reporting requirements. APMs include accountable care organizations, patient-centered medical homes, and bundled payment models.

Aspects of the rule that may be relevant for psychiatry include exemption of "low-volume" providers from MIPS reporting or penalties, the ability of small practices to join together for joint reporting and assessment, flexibility for scoring within MIPS categories, and funding for technical assistance for small practices. [See more on [page 9](#).] There are also advantages for doing MIPS reporting through clinical data registries. APA is now beginning work on the development of a mental health clinical data registry. *Psych News* reports that "[Value-Based Payment Will Change Practice, Reimbursement](#)."

For more information on the MACRA proposed rule, review the [press release](#) and visit the [webpage](#). The public can **submit comments through June 27** to www.regulations.gov. Follow the "Submit a comment" instructions. A final rule should be issued by November 1.

CMS Finalizes Quality Measure Development Plan

Implementation of the [Quality Payment Program](#) established by MACRA requires partnership with patients, clinicians, and professional organizations to develop measures that are meaningful and useful across payers and health care settings. In May, CMS [finalized](#) the Quality Measure Development Plan to identify measurement and performance gaps and prioritize ways to close those gaps by adopting quality measures in each of the six quality domains:

- Clinical care
- Safety
- Care coordination
- Patient and caregiver experience
- Population health and prevention
- Affordable care

Medicare News

4,300 Psychiatrists Receive Medicare CBRs

In May, 4,300 psychiatrists received a "Comparative Billing Report" regarding their billing for psychotherapy and E/M services (CBR 201607). These 7-page letters from eGlobalTech on behalf of CMS have alarmed many members, and the APA plans to share their concerns with CMS. But first, here are some facts to help understand the reports.

Who is getting these CBRs? Psychiatrists who:

- Had Medicare claims for psychotherapy (CPT® codes 90832, 90833, 90834, 90836, 90837, 90838) billed concurrently with E/M services (CPT codes 99211-99215) that were provided in 2015 "in the office" (site of service code 11); *and*
- Were found to have "different billing patterns when compared to their peers." ("Peers" were apparently defined at both the state and national level.)

What do the CBRs focus on? Each letter reviews the psychiatrist's percentage of psychotherapy visits billed concurrently with E/M services; average minutes of psychotherapy per visit; average psychotherapy services per beneficiary; and total charges per beneficiary for E/M services.

A [sample CBR letter](#) is posted on the eGlobalTech website.

What action should you take? Will you be audited?

The CBR letters and related resources encourage psychiatrists to check with their Medicare administrative contractors (MACs) to ensure they are meeting the billing and documentation standards, and to perform a "self-audit." **The CBR letters state they are only for educational and comparison purposes and do not indicate the identification of overpayments.** They do not alter MAC documentation and billing requirements. The eGlobalTech "Frequently Asked Questions" say that the CBR team does not conduct any audits. The APA believes a "self-audit" may be helpful for some psychiatrists, as it's always good practice to check regularly for changes in MAC payment or documentation policies. Medicare audits are extremely unpredictable. But it would be unlikely for all 4,300 psychiatrists receiving CBRs to be audited.

Is psychiatry being targeted? No. Since 2010, MACs have released 59 different CBRs that focus on multiple physician specialties and other Medicare providers and services. These include internal medicine, orthopedic and general surgery, ophthalmology, cardiology, and dermatology. The CBRs say the Comprehensive Error Rate Testing (CERT) report found **28.7 percent** of 2014 payments for psychiatry and psychotherapy services were "improper"—but "[n]early all the errors were the result of insufficient documentation" regarding the length of session, modalities

of treatment, progress to date, and updated treatment plan. The CBRs also cite 2001 and 2010 reports by the Department of Health and Human Services Office of Inspector General finding improper payments for psychiatry and psychotherapy services, but those reports predate the revised CPT® coding structure that was adopted in 2013.

Where can you get more information? Psychiatrists who receive a CBR letter may want to register for the [related CMS webinar](#) on Wednesday, **June 8** from 3:00 to 4:30 PM. There will be an opportunity to ask questions, and [a recording](#) will be available in five days. Other resources are:

- CBR Support Help Desk: 1-800-771-4430
- CBR Support Email: cbrsupport@eglobaltech.com
- eGlobalTech website: www.cbrinfo.net/
- CBR 201607 Frequently Asked Questions: <http://www.cbrinfo.net/cbr201607-faqs.html>

Members can also call the APA Practice Management Helpline at 1-800-343-4671 with CBR questions or other queries about coding, reimbursement, or practice management.

*Eileen Carlson, RN, JD
APA Director of Reimbursement Policy*

Data on Part B Costs, Services and Trends

On May 5, CMS posted the third annual release of the [Physician and Other Supplier Utilization and Payment public use data](#) with summarized information on Part B services and procedures provided to Medicare beneficiaries by physicians and other healthcare professionals. The data includes payment and submitted charges, or bills, for services and procedures provided by each physician or supplier. It allows for comparisons by physician, specialty, location, types of medical services and procedures delivered, Medicare payment, and submitted charges.

The updated 2014 dataset has information for over 986,000 health care providers who collectively received \$91 billion in Medicare payments. New in the 2014 data is the Medicare standardized payment amount, which removes geographic differences in payment rates for individual services and makes Medicare payments across geographic areas comparable. For more info, see the [CMS press release](#).

Medicare News

CMS Releases 2014 PQRS Experience Report

PQRS is a quality reporting program that requires quality measure information to be reported to CMS. The annual 2014 PQRS Experience Report is now available with data and trends on participation, incentive eligibility, incentive payments and payment adjustments since the beginning, including measure performance and program participation broken down by specialty and geographic location. The full report is available on the [PQRS Analysis and Payment webpage](#) (scroll down to "2014 PQRS Reporting Experience, Including Trends (2007-2015).") Highlights include:

- 1.32 million were eligible to participate in 2014.
- Participation increased 11% from 2013.
- Participation via EHR more than doubled since 2013.
- **The top three PQRS measures reported by psychiatrists were:**
 - Documentation of Current Medications in the Medical Record,
 - Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
 - Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
- 558,885 EPs are currently subject to the 2016 PQRS negative payment adjustment. Of those, 466,351 did not attempt to participate and 92,534 were unsuccessful in meeting the reporting requirements. **A high proportion of psychiatrists (71%) are subject to payment reductions.**
- Participation in PQRS GPRO had a large increase. Nearly 3,000 group practices (1,545 small, 855 medium, and 585 large) self-nominated or registered to participate.
- 2014 PQRS incentive payments totaled \$224,088,411. This was the last year incentives could be earned. The average incentive was \$383 per EP and \$4,950 per group. \$4,682 was paid to five psychiatrists for participation in MOC. A total of \$1,627,613,994 was paid over the eight years (2007-2014) that CMS provided PQRS incentive payments.

The PQRS negative payment adjustment will end in 2019 and aspects of the program will be consolidated into the Merit-Based Incentive Payment System (MIPS) established by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). [See [page 7](#) for more details.] More information, including how to avoid the negative payment adjustment, is available [here](#).

Flexibilities and Support for Small Practices

In response to concerns raised by the AMA and others, CMS issued a [small practice fact sheet](#) regarding aspects of the proposed MACRA regulation intended to address the needs of smaller physician practices. In particular, the document explains that the rather alarming impact table projecting a disproportionately severe impact on solo physicians and small groups is based on misleading data.

The AMA plans to identify refinements that could provide further relief and assistance to smaller practices, and will include them in formal comments to be submitted to CMS in late June. A [May 20 AMA Wire post](#) notes the following flexibilities that CMS says were included in the proposed rule to accommodate the unique needs and challenges faced by physicians in small practices:

- **Physicians with a low Medicare volume won't be subject to the MIPS payment adjustment.** To avoid unnecessary reporting burdens, clinicians or groups who have less than or equal to \$10,000 in Medicare charges and less than or equal to 100 Medicare patients are excluded from the MIPS payment adjustment.
- **Physicians should not be held accountable to inapplicable categories.** If a MIPS performance category does not have enough measures or activities that are applicable for the practice, then the category would not be included in the practice's MIPS score.
- **Physicians will have fewer measures on which to report.** The agency is proposing to remove unneeded measures and reduce administrative requirements. For example, CMS proposes to reduce the number of required measures in the quality and advancing care information categories.
- **Physicians can use a single reporting mechanism.** Three of the four categories will require reporting—all of which can be done through the same mechanism, instead of the distinct reporting options required under the current payment system. Physicians also have greater choice regarding which reporting mechanism to use.

Medicare Resources

[Substance Abuse Services](#) – this CMS publication describes the levels of services and authorized suppliers that are covered under Medicare, as well as Part D drugs for opioid dependence.

[Transitional Care Management Services](#) - can be billed by one clinician for services during the 30 days after discharge from an inpatient setting that include three TCM components: an interactive contact, certain non-face-to-face services, and a face-to-face visit.

CLASSIFIEDS**EMPLOYMENT OPPORTUNITIES**

Windrush Behavioral Health is seeking a full time Psychiatrist for an Inpatient Unit to serve as Medical Director to oversee and participate in patient care. Windrush Behavioral Health is a private practice contracting with a general hospital and offering private practice salary, health insurance, IRA plan, short term disability and opportunity for partnership. This is an opportunity to practice inpatient care and be in private practice. Please email suite309@aol.com to schedule an interview.

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.

Outpatient Only! Full and Part Time Psychiatry in Baltimore Suburb - Outpatient psychiatry clinic operating on best-practice principles: initial appts last one hour, with 30-minute follow-ups. Nurse case-manager handles coordination between your patient's other physicians and pharmacy, including medication pre-authorizations. Located in a green North Baltimore neighborhood known for its fine schools, historic houses and walkable retail district. Extremely competitive salary and benefit packages. Inquiries: staff.director@gladstonepsych.com

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.

PSYCHIATRIST - full or half time, independent contractor position with well-established & growing multidisciplinary practice. Spectrum Behavioral Health is an Annapolis area private practice with three desirable locations, congenial colleagues and comprehensive administrative support. For more information about SBH, visit our website: www.spectrum-behavioral.com. To discuss this opportunity, please call Barbara Usher, Operations Administrator, at 410-757-2077 x7121 or email barbara.usher@spectrum-behavioral.com.

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

SEEKING RESEARCH PHYSICIANS - Pharmsite Research, Inc., a leading clinical trials facility in suburban northwest Baltimore seeks qualified, licensed physicians for employment in clinical research. Qualified candidates may be trained in psychiatry, neurology or internal medicine, and must be licensed to practice in Maryland. Prior experience as a Principal Investigator and/or Sub-investigator on Phase II-III clinical trials is highly desirable. Independent contractor positions are available with flexible, part-time hours. Additionally, opportunity and space are available for a physician seeking both a research position and private psychiatric practice. To discuss these opportunities, please call Surya Korn, Director of Operations at 410.602.1440, or e-mail surya@pharmasiteresearch.com.

AVAILABLE OFFICE SPACE

Towson-- Stunning private unfurnished office available in shared four-office psychotherapy suite. Stellar space. Many extras. Large windows, great views, balcony spanning length of the entire suite. Ideal location. Psychiatrist retiring. Contact dika.seltzer.llc@gmail.com or text 443-801-9611.

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Come Be a Part of the Change at Spring Grove Hospital Center!

Under new leadership, **Spring Grove Hospital Center (SGHC)** is hiring full-time and part-time Psychiatrists to lead a team of professionals in treating complicated mentally ill and legally encumbered patients. We are a 400 bed hospital operated by the State of Maryland and are the second oldest continuously operating psychiatric hospital in the United States, fully accredited and certified. We are conveniently located just outside of Baltimore on a scenic 200-acre campus.

We offer flexible and adjustable work schedules. After hours on site call is NOT provided by psychiatry! Our salaries are competitive and we have a comprehensive benefits package; including generous vacation and retirement plans. This position would be an excellent choice for an early career psychiatrist on a medical-director track or a later career psychiatrist looking to scale back. Mentoring is readily available and continuing medical education (CME) is accessible on site. Don't worry about billing, call, limited time with patients or lack of support

Interested candidates may visit www.dbm.maryland.gov for more specific information and to apply online for Physician Clinical Specialist. Candidates may also send their CV to:

Elizabeth R. Tomar, MD, Clinical Director
55 Wade Avenue
Catonsville, Maryland 21228
410-402-7596 (Phone)
410-402--7038 (fax)
elizabeth.tomar@maryland.gov
EOE



TWO OPENINGS FOR ADULT & CHILD PSYCHIATRISTS

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

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

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

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

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

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

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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.

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175 Admiral Cochrane Drive • Suite 110
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Psychiatrists Needed for Independent Medical Evaluations

The Maryland State Retirement Agency would like to expand our roster of doctors who can perform psychiatric Independent Medical Evaluations (IMEs). The purpose of the evaluation is to assist our Medical Boards in making a determination of a claimant's medical condition in connection with his/her request for disability retirement benefits.

IME doctors must be available to testify; however, this is only necessary in the case of a claimant appealing a denied claim. Hearings are held at the Office or Administrative Hearings in Hunt Valley, Maryland. We invite all doctors interested in this opportunity to contact Robin McClelland at 410-625-5500.



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>.

The MPS is planning some excellent CME activities for this fall so be sure to save the date!

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