

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 Tuesday, September 13 in the MPS office.

President's Column

A Call To Action

Congress has not passed a mental health reform bill since 1963, but the Senate could very well pass a significant reform bill this fall, the Mental Health Reform Act of 2016. Our current mental health delivery system remains fragmented and inaccessible to those who need it the most. The Mental Health Reform Act will help enforce an existing law mandating that mental health be covered just like physical health and it will help coordinate federal resources that are currently spread over a number of agencies. The APA and its District Branches have been working hard to push this comprehensive reform bill through Congress. As noted recently by the APA President, Dr. Maria Oquendo, bipartisan legislation was introduced by Reps. Tim Murphy, (R-Pa.) and Eddie Bernice Johnson (D-Texas) and passed in the House of Representatives by a vote of 422 to 2. The aim of this legislation, the Helping Families in Mental Health Crisis Act of 2016 (HR 2646) was to promote evidence-based psychiatric care and research activities, improve enforcement of mental health parity, ensure better coordination of federal mental health resources, and address the critical psychiatric workforce shortage.

We can all agree that our current mental health system is in dire need of repair. It is estimated that 20 percent of the total population in the United States have experienced mental illness or substance abuse problems in the past year. The availability of psychiatric care lags behind the increased demand for services. The authors of the Senate bill (S 2680) – Sens. Lamar Alexander, (R-Tenn.), Bill Cassidy, (R-La.), Chris Murphy, (D-Conn.), and Pat-

ty Murray (D-Wash.) – have asked that APA members reach out to their senators and urge them to bring the bill to the Senate floor for a vote and to vote in favor of this legislation. I followed their suggestion to contact Maryland's Senators Barbara Mikulski and Ben Cardin and found it to be quite easy. **You can find a draft of a message through the [APA Advocacy Action Center](#) that can be personalized and sent as an email to the two Senators automatically.** If you prefer, you can go to the same site and obtain phone numbers to indicate your support by calling directly to the Senator's staff. If you have any questions, please email advocacy@psych.org.

It is important that this historical legislation be introduced and passed in the Senate as soon as possible, so that a final bill can be created by both the House and the Senate and signed into law by President Obama by the end of the year. We cannot allow this legislation to flounder, with the approach of a boisterous election in November. We owe it to our patients and their families to do whatever we can as Maryland psychiatrists and individuals to help ensure passage of this law. It is important to express our opinion that the current mental health system needs to change. We have to maintain the momentum needed to pass a Comprehensive Mental Health Act in 2016!

Merle C. McCann, M.D.

Friday, September 2 is NAMI's National Call-In Day for Senate Mental Health Reform.

Help raise support among Senators for this legislation! Call your Senators at (202) 224-3121, Press #1, enter your zip code.

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.

Member Updates and Survey

In mid-July, the MPS mailed member information update forms along with the 2016 member survey. If you haven't returned your update form, please do so ASAP in order to have current information included in the MPS membership directory, which will be published early fall. We depend on you to make sure our information is up to date. Alternatively, after September 7 you can log in to your member account and update your information on the [MPS website](#).

Survey results will be published in a fall issue of *MPS News*, and MPS leadership will consult this member input as the year progresses. The survey can also be completed quickly [online](#). Please respond only once.

Please call the MPS office at 410-625-0232 with questions.

Important Changes to MPS Billing Practices

Beginning with the 2017 membership year, MPS dues will be based on a calendar year. MPS dues for July 1 to December 31, 2016 were billed in mid-June. The amount is half of the annual dues. Payments must be received within 90 days to avoid late fees, which will be assessed on September 13 before the 6-month dues still outstanding are rebilled.

With a few exceptions, this month the APA will bill by email for 2017 calendar year membership dues for both the APA and the MPS. Paper invoices will be sent in October. Members must pay the combined dues by March 31, 2017 to avoid being dropped from both organizations. Dues can be paid by check, credit card or other arrangement with the APA.

The **exceptions** are for members who have reached life status, Affiliate Members and Friends, who will be billed directly by the MPS for MPS dues. Look for an emailed invoice this month.

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

Attention: Members Who Have Just Completed Training

If you are still a Resident-Fellow Member (RFM), this is your last chance to take advantage of a full listing in this year's MPS membership directory and its geographic referral index. RFMs must advance to General Member (GM) status upon completion of residency training, which makes them eligible to receive patient referrals from the MPS and to be listed in the main section of the directory. Dues for first year GMs are the same as RFM dues.

The APA automatically advances RFMs to GM based on the training completion date provided in the member's original application. Members are 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.

Authors Table at MPS/SPA Meeting

The MPS invites members who have written books to bring them to a special table in the exhibitors' room on Friday and Saturday at our [Fall Meeting, September 28-October 2, 2016](#) for display and/or sale. We also ask if you would be available for a short "shift" at the table on Friday and/or Saturday (depending on how many authors we have), during which you would discuss your book with any interested members. This is an opportunity to showcase your book, possibly make some sales, and let the membership know about your interests and work.

If you are not able to be at the table, please arrange to have a copy of your book delivered to the [MPS office](#) by September 20th. Also, please provide information about where to purchase your book and its cost.

Interested members should [email Meagan Floyd](#) with your name, the title of your book, where to purchase it and the cost, and the days/times that you will be at the meeting, if attending.

Final Dues Reminder

In June, the MPS sent invoices for July – December 2016 membership dues. Late fees will be assessed when unpaid dues are rebilled this month, so please send your payment ASAP, if you haven't already. To find out whether you still owe, call 410-625-0232 or email mfloyd@mdpsych.org. After September 7, you can also log in to your member account on the [MPS website](#) to view your payment history.

MPS to Launch Member Log In for Website

After working all summer long, we can finally announce major new features on the MPS website. After September 7, members will be able to:

- Pay MPS membership dues and other charges,
- Access an up-to-the-minute online membership directory,
- View/change their member profile, and more!

Over the past two years, the MPS has worked to update its website in three phases. The redesigned website launched at the end of April 2015. Phase 1 entailed moving our member database online. Phase 2 was adding Find a Psychiatrist to the [home page](#) of our site. That rolled out in May 2016. The final phase involved making member information accessible through a secure log in, which launches **September 7**. The MPS will then have an up-to-date website with useful information and tools for members as well as the general public.

To be able to use these new features, members need to register on the site and create an email ID and password. Please look for the email message entitled "**MPS Rolls Out Online Member Profile, Directory and Bill Pay – Register Today!**" that explains how to register and includes your MPS Member ID.

Once members log in on the site, they can see their personal information, payments and contributions, and use the membership directory to find contact information for other MPS members. On the left side of the screen are four headings: Profile, Payments, Contributions and Membership Directory.

Profile includes biographic information, practice information and addresses. Tabs are used to organize information for each of these sections. To change the information, click the green "Edit" button.

- **Biographic** data includes languages spoken (used for patient referrals), directory comment, email address, and more.
- **Practice Information** is also essential for referrals. It includes insurances accepted, patient types seen, specializations, board certifications, treatment modalities and more. Indicate whether you want to be included in the MPS telephone referral service, and whether you want to appear on the MPS website under Find A Psychiatrist (FAP). You can also see how many referrals the MPS office has given you since July 1, and the date of the most recent one.
- **Addresses** and your preferred mailing and preferred billing addresses are also displayed. To change an address, click "Update Contact Information" next to the

green "Edit" button and submit address changes directly to the MPS office. *Only the address marked "Work" will appear in the paper copy of the MPS Membership Directory. Alternate work addresses are included only in the online Membership Directory, the patient referral service and FAP.*

Payments displays payment history for dues, meetings, etc., current balance and a link to pay if there is an amount outstanding. To pay online, click the "Pay Now" button, confirm the amount you wish to pay, and then follow the instructions on the PayPal site. If you don't have a PayPal account and wish to pay by credit card, click on "Pay with Debit or Credit Card" and complete your payment. *Recent payments to the MPS may take 3-4 days to be reflected in your current balance. Payments made via the APA may take up to 45 days to be reflected in your current balance. If you have questions, please contact the MPS at mps@mdpsych.org or 410-625-0232.*

Contributions to the Maryland Foundation for Psychiatry and/or the Maryland Psychiatric Political Action Committee are listed with the most recent shown first. To make a new contribution, see the instructions at the top of the screen.

Membership Directory is where to find your colleagues. The directory includes **all** active MPS members, which is different from the [Find A Psychiatrist](#) search that is open to the public and appears on the home page of the site. *FAP includes only those who opt in (see Practice Information under Profile above).* To find a specific member, enter the last name and click search. You can also search for members who meet certain criteria. Results are displayed at the bottom.

We hope members will find the new and improved MPS website invaluable in terms of meeting practice needs and keeping abreast of changes that affect psychiatrists in Maryland. Take time now to browse the helpful, informative content under Resources, News, and other sections of the site. Visit regularly. If you have any questions or concerns, please contact the MPS at mps@mdpsych.org or 410-625-0232.

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. September's [course of the month](#) is *Advances in Therapeutic Interventions in Geriatric Psychiatry: Neuromodulation in the Treatment of Geriatric Psychiatric Disorders*. The course will still be available for a fee after the month expires.

Maryland News

For Last Names Starting with A-L

BE SURE TO RENEW YOUR MEDICAL LICENSE BEFORE THE SEPTEMBER 30 DEADLINE!!! Thereafter, Maryland will require a criminal history record check before approving your license renewal, even if you're just a day late. The 2015 General Assembly passed a law to require that physicians and allied health professionals governed by the Maryland Board of Physicians be required to submit to criminal history record checks (CHRCs) effective October 1, 2016. This applies to new licensees, renewals, and applications from former licensees. For current licenses expiring on September 30, CHRC complications and any associated delays can be avoided if you **submit your renewal application well ahead of the September 30 deadline.**

Remember that Maryland Board of Physicians has [mandated](#) that physicians with licenses expiring on September 30, 2016 must earn one credit of CME related to opioid prescribing in the current renewal cycle. This applies to all physicians, regardless of specialty, prescribing authority, workplace setting, or location in or out of state. [Click here](#) for a September 9 program that offers this credit.

SAMHSA Parity Resource

In support of the White House's goals of identifying and promoting best practices in parity compliance and implementation, SAMHSA, together with its partners across the federal government, developed a resource for states and other stakeholders, [Approaches in Implementing the Mental Health Parity and Addiction Equity Act: Best Practices from the States](#).

SAMHSA consulted with insurance commissioners and other officials from seven states with robust parity implementation efforts, including Maryland. The states identified five primary components that they considered essential for the successful implementation and monitoring of parity: open channels of communication; standardization of materials; creation of templates, workbooks, and other tools; implementation of market conduct exams and network adequacy assessments; and collaboration with multiple state and federal agencies, health insurance carriers, and stakeholder groups. The publication notes Maryland's work on network adequacy, as well as the [Mental Health Parity and Addiction Equity Act Resource Guide](#) developed by the University of Maryland Carey School of Law Drug Policy and Public Health Strategies Clinic.

Effective October 1, CDS Renewals Require Registering with PDMP

Beginning October 1, 2016, practitioners authorized to prescribe CDS in Maryland must be registered with the Prescription Drug Monitoring Program (PDMP) prior to obtaining a new or renewal state CDS Registration (issued by the of Drug Control) OR by July 1, 2017, whichever occurs sooner. This applies to physicians, physician assistants, nurse practitioners, nurse midwives, dentists, podiatrists and veterinarians.

In addition, **beginning July 1, 2018**, prescribers must, with some exceptions, query and review their patient's PDMP data prior to initially prescribing an opioid or benzodiazepine AND at least every 90 days thereafter as long as the course of treatment continues to include prescribing an opioid or benzodiazepine. Prescribers must also document PDMP data query and review in the patient's medical record.

The PDMP collects and securely stores information on drugs that contain controlled substances and are dispensed to patients in Maryland. Drug dispensers, including pharmacies and healthcare practitioners, electronically report the information that is stored in the PDMP database. The purpose of checking the PDMP is to optimize safe prescribing. The PDMP can help clinicians avoid prescribing medications that may have dangerous interactions with other medications and mitigate the risk of prescription drug misuse, overuse, and addiction.

Prescribers and pharmacists may delegate healthcare staff to obtain CRISP user accounts and query PDMP data on their behalf. For more information, visit the [PDMP website](#).

If you prescribe CDS and haven't already registered with the PDMP through CRISP, go to <https://crisphealth.org/> and click on PDMP 'Register' button on the left-hand side of the screen. For registration help, call 1-877-952-7477.

September is Suicide Prevention Month

National Suicide Prevention Awareness Month is a time to promote resources for and awareness of suicide prevention, how to help others and how to talk about suicide.

September 10 is World Suicide Prevention Day.

Click [HERE](#) for more information and resources

Maryland News

Medicaid Rates Bumped Up 2% For Physicians

Due in part to MedChi's strong commitment and advocacy to restoring Medicaid physician rates, **effective October 1**, an additional 2% will be added to the rate, increasing it from 92% to 94% of Medicare. This increase applies to evaluation and management codes paid by both managed care organizations and the state under its fee-for-service program.

Achieving the proposed level of funding for physician evaluation and management codes in the Medicaid program can best be described as a roller coaster ride. Following the enactment of the federal Affordable Care Act, the state raised evaluation and management codes to 100% of Medicare. Due to concerns related to shrinking federal monies and a growing state budget deficit, Governor O'Malley significantly decreased the rates without notice or public comment through administrative action to 87% of Medicare effective April 1, 2015. Recognizing the connection between appropriate rates and access to a strong provider network, the General Assembly reacted to this reduction by restricting funds in the fiscal 2016 budget to increase rates to 92% of Medicare and Governor Hogan approved it. To show appreciation and to recognize their efforts for championing the need to restore funds, MedChi presented leadership awards to Senator Richard Madaleno and Delegate Craig Zucker (who is now Senator Zucker).

During the beginning of the 2016 Session, MedChi again prioritized full restoration of Medicaid rates in its legislative agenda. While Governor Hogan did not include an increase in the fiscal 2016 budget, the Maryland General Assembly once again "fenced off" funds to increase the rate to 96%, which required approval by the Governor. In addition to increasing the physician rates, the General Assembly also requested funding for a dozen other funding initiatives, totaling approximately \$80 million. When the 2016 Session ended, it was unclear whether Governor Hogan would approve the increase for physician rates or any other funding.

However, MedChi is pleased to report that last week Governor Hogan announced that, while he would not be approving all of the General Assembly initiatives due to concerns over declining state revenues, he would approve a 2% increase for Medicaid physician rates, thus increasing the rate to 94%. MedChi applauds the work of both the Maryland General Assembly and Governor Larry Hogan to continue to improve Medicaid rates toward the goal of Medicare parity. We appreciate the fact that both branches of government recognize the importance of this issue as Maryland continues to design a new health care delivery model. MedChi looks forward to continuing to work on this issue with hopes of restoring the rate to 100%.

From [August 8 MedChi News](#)

September 1 Deadline for Maryland Medicaid Revalidation

****All Maryland Medicaid Providers must Re-Validate enrollment with the Maryland Medicaid Program by September 1, 2016, as required by 42 CFR 455.414.****

Under the Affordable Care Act, Maryland is required to re-validate Medicaid providers at least every five years. Medicaid has been contacting physicians regarding [revalidation](#) of information in Medicaid provider files. If you received a green letter from Medicaid, please submit your application for revalidation to the address indicated to ensure there is no interruption in your enrollment status.

Visit [THIS SITE](#) to re-validate. Choose the application that is specific to your provider type. If you are re-validating enrollment, check the "Re-Validation" box on page 1 of the 10-page form.

Please contact Colleen George at 888-507-6024, or cgeorge@medchi.org for assistance or with any questions.

From [August 15 MedChi News](#)



TCPi | Transforming Clinical
Practices Initiative

Applying the Integrated Care Approach: Practical Skills for the Consulting Psychiatrist

Faculty: Anna Ratzliff, MD, PhD

Date: Saturday, December 3, 2016
Time: 8:30 am – 12:30 pm
Location: University of Maryland Medical Center
Medical Center Auditorium, Room T1R18
22 S. Greene Street
Baltimore, Maryland 21201

FREE for MPS Members!

Register Today!

The American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide CME for physicians. The APA designates this live activity for a maximum of 4 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

AMA Recommends Changes to Help Small Practices Under New Medicare Payment System

When Congress enacted the Medicare Access and CHIP Reauthorization Act (MACRA), it recognized the unique challenges of small and rural practices and required that special consideration be given to these practice types. But, the [proposed rule](#) provides limited flexibility for small and rural physicians, which may jeopardize their ability to successfully participate. CMS could make changes in the proposed MIPS policies that would improve the likelihood of success for physicians in solo, small, rural and health professional shortage area practices. The final rule for the new Medicare payment system is expected by November.

In a June 27 [comment letter](#) to CMS, the AMA outlined recommendations to help these physicians succeed under MACRA:

- Increase the low volume threshold to exempt more physicians.** The proposed rule would exempt from MIPS physicians and groups with less than \$10,000 in Medicare allowed charges AND fewer than 100 unique Medicare patients per year. The AMA recommended increasing the threshold to \$30,000 in Medicare allowed charges per year OR fewer than 100 unique Medicare patients.
- Compare practices to their peers rather than larger or more advanced entities.** The scoring methodology should not provide distinct advantages for practices simply because they are large or part of a hospital system, and should not penalize others for their size or unique patient population.
- Reduce reporting burdens for small, rural and similarly situated practices.** CMS should include explicit exemptions and lower thresholds throughout the proposed rule for physicians in these practice types, as well as approve alternative payment models specifically designed for small and mid-sized practices.
- Provide education, training and technical assistance to small practices.** Physicians in small or rural practices will need assistance to help them onboard the new programs—and this assistance should start as soon as possible. [Check out the AMA's [MACRA resources](#) for more information or visit the [APA's MACRA web page](#).]
- Allow participation in virtual groups as soon as possible.** The MACRA statute included the concept of virtual groups to help assist small practices. However, CMS proposes to wait until the 2018 performance period to implement the groups. Smaller practices need more time to learn about virtual groups to make them effective. CMS should provide a timeline for this implementation and offer significant flexibility in forming these groups including no initial, annual or other limits placed on the maximum number of groups approved each year—or required geographic proximity or specialty composition of the groups.

MACRA rules are still in the draft phase. The AMA continues to work with CMS to make sure that all practice types and sizes are provided the flexibility to be successful in the new program. For more information on how to prepare for the new Medicare payment systems, review the AMA's [MACRA checklist](#), or check out the AMA's [STEPS Forward™](#) practice improvement strategies that can help [prepare for value-based care](#).

From [August 8 AMA Wire post](#)

The APA's recommendations are described on [page 7](#).

Surgeon General's Opioid Letter

U.S. Surgeon General Vivek H. Murthy, M.D., M.B.A. is sending letters on the opioid epidemic to nearly 2.3 million physicians and other health professionals. Since 1999, opioid overdose deaths have quadrupled and opioid prescriptions have increased almost enough for every adult in America to have a bottle of pills. Yet the amount of pain reported by Americans has not changed. Now, nearly 2 million people in America have a prescription opioid use disorder, contributing to increased heroin use and the spread of HIV and hepatitis C. Look for the letter in your mailbox and respond to the call to action on safe prescribing education, access to treatment, and compassionate care without stigma, or take the pledge on the [APA website](#).

Thank You!!

The following members have paid full dues for July - December even though they qualify for reduced dues because they have reached life status. We appreciate your financial support of the Maryland Psychiatric Society!

Thomas Allen, M.D.
 Louis Cohen, M.D.
 George Gallahorn, M.D.
 David Gonzalez-Cawley, M.D.
 Jill Joyce, M.D.
 Thomas Krajewski, M.D.
 Jay Phillips, M.D.
 Paul Ruskin, M.D.
 Daniel Storch, M.D.
 Hamid Tabatabai, M.D.

APA News & Information

APA Working to Make MACRA Better for Psychiatrists

The APA submitted [DETAILED COMMENTS](#) to CMS on the proposed rule Implementing MACRA. The final rule is due in November and is expected to go into effect on January. The APA is advocating for several changes to the proposed rule that will help psychiatrists. Following are some highlighted recommendations from the 22-page letter.

- Start the first year reporting period July 2017 and end December 2017, rather than beginning January 2017. Participants, especially small and solo practices, need more than two months to digest the new policies and procedures from the November 2016 rule.
- Calculate the "low-volume threshold" exempting physicians from reporting at the individual clinician level, even for clinicians who are reporting as part of a group practice, "virtual group," etc. Establish a higher threshold of 150 patients per individual eligible clinician and raise the maximum annual billings for Medicare patients to \$30,000. As an alternative, drop the dollar figure altogether, defining the threshold as a maximum patient count of 150 per year, per individual clinician.
- Allow "virtual group" reporting from the very start of the MIPS program.
- In the first reporting year, start with the expectation that psychiatrists will only report one or two quality measures in mental health. These requirements should only expand as new measures become available that are meaningful and relevant to psychiatrists and their patients.
- Since psychiatrists will be at a disadvantage in meeting the standards of the "advancing care information" performance category (due to lack of adequate and appropriate objectives and related measures), the weight of the ACI category should automatically be zero for psychiatrists and practices that are unable to meet the base score ACI standards.
- Identify additional resources for conducting a security risk analysis, especially for small group or solo providers.
- Give the electronic prescribing measure a weight of zero for clinicians practicing in locations where the majority of pharmacies within 10 miles do not accept electronic prescriptions.
- Clarify that specialists are able to receive credit for closing the referral loop through note transmission, even if not done through an EHR.

- Identify and give credit to all specialists who provide services to "advanced" APMs, as well as other ACOs and models of care as it will be difficult for psychiatrists to participate in, and develop, new models of care that would meet the standards of "advanced alternative payment models (APMs)," which earn bonuses starting in 2019.

Read [MORE](#), and review an [EASY-TO-UNDERSTAND PRIMER](#) on MACRA that explains how MACRA may impact your practice.

The AMA's recommendations are described on [page 6](#).

APA In Brief

APA President Maria A. Oquendo, M.D. authored a blog post on why adhering to the so-called "Goldwater Rule" is so important, particularly this election season. The post drew major interest from national news outlets such as the Washington Post. To read **Dr. Oquendo's Goldwater Rule post**, click [here](#).

APA President-Elect **Anita Everett, M.D.** was named Chief Medical Officer at the Substance Abuse and Mental Health Services Administration (SAMHSA). Dr. Everett's office at SAMSHA will provide input into strategic initiatives, policy directions and legislative issues, ensuring that effective, evidence-based approaches to behavioral health services are incorporated in SAMSHA programs. Read more about Dr. Everett's new role at SAMSHA [here](#). She is expected to begin on September 5.

Advance registration for the **October 6-9 IPS meeting in Washington, DC** (The Mental Health Services Conference) ends on September 15th. Get more information on IPS and register for the meeting [here](#).

IPS to Feature Collaborative Care Simulation Lab

Interested in collaborative care? At this year's IPS, the [Collaborative Care Simulation Lab](#) will allow participants to gain an in-depth understanding of collaborative care systems by acting as case manager for fictional patients. The simulation will guide you through the differences in psychiatric practices with new models of integration through large group discussions and small group collaborations. IPS: The Mental Health Services Conference will be held October 6-9 in Washington, D.C. [Register Today](#).

APA News & Information

APA to Develop a Mental Health Clinical Data Registry

Earlier this year, the APA Board of Trustees approved the development of a mental health clinical data registry. APA's registry is in the initial stages of development. Once implemented, the registry will help psychiatrists meet new Medicare quality reporting requirements and maintain professional recertification. The registry will:

- help psychiatrists avoid payment penalties and instead achieve bonuses for meeting CMS quality reporting requirements
- reduce the burden of submitting Performance-in-Practice data and obtaining ABPN MOC Part IV credit to maintain board certification and hospital credentialing

The APA is seeking member volunteers for a pilot project. [Volunteer for the pilot.](#) [Learn more.](#)

What Is a Clinical Data Registry?

Clinical data registries serve as a way to help physicians monitor and report on their patients' progress. Registries are being developed by medical specialty organizations to help physicians comply with requirements for quality reporting and avoid financial penalties up to 9 percent, as well as to submit Performance-in-Practice data to obtain MOC Part IV credit.

In a registry, physicians report information about a patient's condition, treatments, and the progress they are making. Patients can also participate by reporting on how they feel. The data from both physicians and patients is carefully protected and includes only unidentifiable data within the registry. The anonymous data, often transferred from an EHR, can also be used for research to identify better treatment options and develop new quality measures.

Medical specialty organizations have established 123 registries. The AMA's recent National Quality Reporting Network survey found that nearly all medical specialties have developed or are developing registries. In addition, registries have also been established by large health systems and systems using a collaborative care approach.

APA members who have questions or comments about the development of the mental health clinical data registry are invited to email registry@psych.org.

From [April 8 Psychiatric News](#)

Medicare News

How Medicare Regulatory Penalties Will Change

The current pay-for-performance programs—the Physician Quality Reporting System (PQRS), the value-based payment modifier (VBM) and the Meaningful Use electronic health record program—judge physicians separately on various metrics. Under the Medicare Access and CHIP Reauthorization Act (MACRA), physicians who remain in Medicare's fee-for-service program will participate in the Merit-based Incentive Payment System (MIPS). Although changes to the proposed regulations are needed, there is no question that MIPS offers improvements over current Medicare law. Regulatory penalties starting in 2019 will be less severe, and physicians will have greater opportunity for bonuses.

MIPS consolidates and better aligns the separate quality and performance measurement programs that currently affect physicians' payments. It adds one new component—clinical practice improvement activities—with a menu of more than 90 activities through which physicians can demonstrate high-value services and receive credit.

The current system includes quality measures that overlap and sometimes conflict. For instance, a physician who did not successfully report under PQRS automatically received a second negative payment adjustment under the VBM. With MIPS, that will no longer be the case. In addition, CMS is proposing to reduce the number of quality measures that physicians must report, as well as allowing greater flexibility in their choice measures.

Also in the current system, the Meaningful Use and PQRS programs were scored on a pass/fail approach, which required physicians to be 100% successful on all reporting requirements to avoid penalties. Under MIPS, physicians will receive partial credit for elements they are able to report on successfully, have the chance to earn bonuses if they score above average performance thresholds and avoid penalties if they meet those thresholds.

The future severity of VBM penalties and bonuses under prior law is unknown because CMS ceased proposing them after MACRA passed; prior to MACRA's passage, the penalties and potential bonuses increased each year.

MIPS is characterized by not only a change in penalties but also a new bonus structure that increases as the program moves forward each year. Learn more about MACRA in the AMA's [MACRA Action Kit](#).

From [August 12 AMA Wire post](#)

Medicare News

2015 PQRS Feedback Reports and 2015 QRURs Available This Month

The 2015 Physician Quality Reporting System (PQRS) feedback reports will be available in September 2016 for individual eligible professionals (EPs) and PQRS group practices. The PQRS feedback reports will provide the **final determination on whether or not participants met the criteria for avoiding the 2017 PQRS negative payment adjustment**. Detailed information about the quality data submitted by the provider is also included.

The 2015 PQRS feedback reports reflect data from Medicare claims received with dates of service from January 1, 2015 – December 31, 2015 that were processed into the National Claims History (NCH) by February 26, 2016. A PQRS feedback report will be generated for each Taxpayer Identification Number/National Provider Identifier (TIN/NPI) combination that reported PQRS data or that submitted Medicare PFS claims that included denominator-eligible events but did not submit PQRS data. The feedback reports will include all measures reported by the NPI for each submission mechanism used. The data in these reports may help an individual EP or PQRS group practice determine whether or not it is necessary to submit an informal review request. Detailed submission information for PQRS group practices that submitted via the GPRO Web Interface will be available in the Quality and Resource Use Reports (QRURs).

Additional information about the 2015 PQRS feedback reports and how to request an informal review will be available on the [PQRS website](#) and through the QualityNet Help Desk at 1-866-288-8912 or qnetsupport@hcqis.org.

The 2015 Annual Quality and Resource Use Reports (QRURs) will also be available in September 2016 for groups with 2 or more EPs and solo practitioners. Groups and solo practitioners are identified in the QRURs by their TIN. The QRURs are also available for groups and solo practitioners that participated in the Medicare Shared Savings Program, the Pioneer Accountable Care Organization (ACO) Model, or the Comprehensive Primary Care initiative in 2015, and to those TINs consisting only of non-physician EPs.

The 2015 Annual QRURs **show how groups and solo practitioners performed in 2015 on the quality and cost measures used to calculate the 2017 Value Modifier**. For physicians in groups with 2 or more EPs and physician solo practitioners that are subject to the 2017 Value Modifier, the QRUR shows how the Value Modifier will apply to physician payments under the Medicare PFS for physicians who bill under the TIN in 2017. For all other groups and solo practitioners, the QRUR is for informational pur-

poses only and will not affect their payments under the Medicare PFS in 2017.

Authorized representatives of groups and solo practitioners can access the 2015 PQRS feedback reports and 2015 Annual QRURs on the [CMS Enterprise Portal](#) using an Enterprise Identify Data Management (EIDM) account with the correct role. For more information on how to access these reports, visit [How to Obtain a QRUR](#).

For groups and solo practitioners that are subject to the 2017 Value Modifier, CMS established an Informal Review Period to request corrections of perceived errors in the 2017 Value Modifier calculation. Additional information about the 2015 Annual QRURs and how to request an informal review is available on the [2015 QRUR website](#) and through the QRUR Help Desk at pvhelpdesk@cms.hhs.gov or 888-734-6433 (select option 3).

Downloadable Physician Compare Data Available

As part of the Physician Compare website public reporting initiative, CMS recently released 2014 quality data via the downloadable database for individual eligible professionals (EPs) – the first dataset of its kind. Updated group practice data is also now available. In ongoing efforts to help consumers make informed health care decisions, CMS released 2014 quality data via the [Physician Compare Downloadable Database](#). These official datasets are associated with the [Physician Compare website](#) and now include 2014 quality data for group practices **AND** individual EPs.

The following were recently added:

- 2014 Physician Quality Report System (PQRS) clinical quality of care performance rates for 6 measures collected via claims for over 37,000 individual EPs
- 2014 PQRS Group Practice Reporting Option (GPRO) performance rates for 14 measures collected via Web Interface, as well as 8 CAHPS for PQRS survey of patients' experiences summary survey measures for approximately 345 group practices

In addition to the recently released quality data, the database also includes demographic information and Medicare quality program participation for individual EPs, which is updated every two weeks. [Contact](#) the Physician Compare Support team with questions about the database.

The FTC's Action Against LabMD: Why Physicians Should Care

Breaches involving patient information can result in an investigation by the Federal Trade Commission (FTC) (**for all entities**) as well as by OCR (for covered entities under HIPAA). The FTC has asserted jurisdiction and found liability on the part of a laboratory for failure to protect data on its computer networks, resulting in breach of patient confidentiality. The lab's data security practices were found to be unfair, in violation of the Federal Trade Commission Act. Here's how the case unfolded:

August 2013: The FTC filed a complaint against LabMD based on two incidents where the lab allegedly failed to protect the security of personal information. In the first incident, a third party was able to access information on approximately 9,300 patients, including names, dates of birth, Social Security numbers, procedure codes, etc. This alleged breach was through a file-sharing application. The second breach involved personal information, including Social Security numbers, found in the possession of individuals who subsequently pleaded "no contest" to identity theft charges. LabMD moved to dismiss the complaint arguing that the FTC cannot enforce HIPAA's Security Rule. That argument was rejected by the FTC and the case continued, with the FTC arguing that among other things, the company failed to:

- Have a comprehensive security program to protect consumers' personal information
- Use readily available measures to identify commonly known or reasonably foreseeable security risks and vulnerabilities on its computer networks
- Use adequate measures to prevent employees from accessing personal information not needed to perform their jobs
- Adequately train employees to safeguard personal information
- Require employees or other users with remote access to the networks to use common authentication-related security measures
- Maintain and update operating systems of computers and other devices on its networks
- Employ readily available measures to prevent or detect unauthorized access to person information on its computer networks

November 2015: An Administrative Law Judge (ALJ) within the FTC ruled that LabMD's alleged failure to institute reasonable data security measures was not likely to cause substantial injury to consumers. The FTC disagreed with the ruling.

July 2016: After another hearing, the FTC Commissioners disagreed with the ALJ and determined that a showing of tangible injury was not necessary for a company's acts and practices to be unfair, in violation of the FTC Act. The Commissioners specifically noted that the company failed to provide reasonable and appropriate security for stored information and corrections could have been made at relatively low cost.

*From 8/16/16 LinkedIn Post
By Donna Vanderpool, MBA JD
Vice President of Risk Management, PRMS
www.PsychProgram.com*

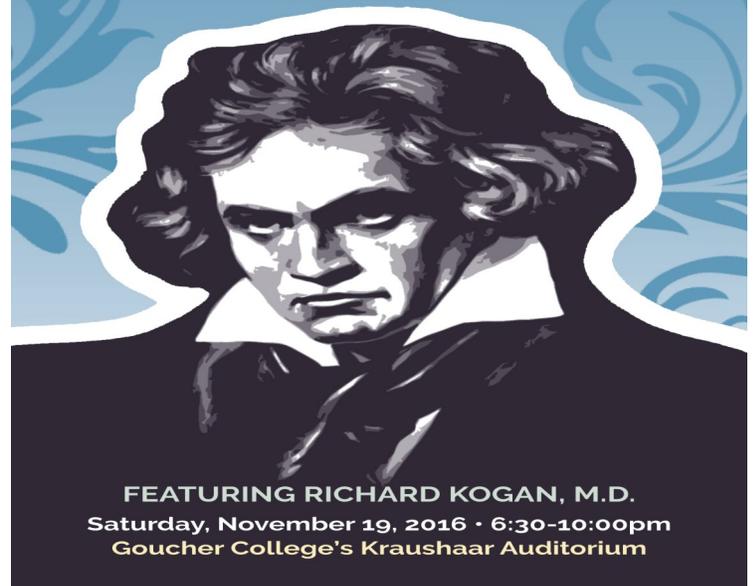
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- Clinical Update on Transcranial Magnetic Stimulation
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This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the American Psychiatric Association (APA) and Maryland Psychiatric Society. The APA is accredited by the ACCME to provide continuing medical education for physicians."

The APA designates this live activity for a maximum of 12.5 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Call 410-938-3403 or 410-625-0232 for more information.

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Child and Adolescent Forensic Psychiatry Symposium

September 22, 2016

8:30 a.m. to 3:30 p.m.

Courtyard Marriott
Chevy Chase, Md.



For more information, visit www.AdventistBH.com



The Johns Hopkins Hospital Community Psychiatry Program is recruiting a board eligible/board certified adult psychiatrist to work full-time in their outpatient program. The program uses a multidisciplinary approach to provide care to those with a wide range of psychiatric disorders. Applicants may be eligible for the Maryland State Loan Repayment Scheme (SLRP). For more details please email Dr. Bernadette Cullen, Director, Community Psychiatry Program at: bcullen@jhmi.edu.

Johns Hopkins University is an EO/AA employer committed to recruiting, supporting, and fostering a diverse community.

Faculty Opportunity Department of Psychiatry, University of Maryland School of Medicine, Baltimore

The University of Maryland School of Medicine is actively recruiting for a Board Certified or Board Eligible Adult Psychiatrist for a position in our academic medical center. The position involves working as an attending psychiatrist on an acute adult inpatient unit leading an interdisciplinary team including residents and medical students. The position could be limited to the inpatient work or expanded to include outpatient work. A generous benefit package is available. Opportunities for teaching and collaborative research are offered. Salaries are competitive with training and years of experience. Please send a letter of introduction and CV to: William T. Regenold, M.D.C.M., Associate Professor and Director, Division of Geriatric Psychiatry and Adult Inpatient Service. University of Maryland, Baltimore, 22 South Greene Street, Baltimore, MD 21201 or email to: wregenol@psych.umaryland.edu.

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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.

Frederick County Behavioral Health Services is seeking a part time, contractual adult psychiatrist for outpatient mental health clinic, to provide medication evaluation and management services. Flexible hours, full admin support, multidisciplinary team, no on call required. Must be board certified or board eligible and possess current Maryland license. Free parking available. Please forward resumes to Sangwoon Han, MD, Medical Director by email at Shan@frederickcountymd.gov.

SEEKING RESEARCH PHYSICIANS - Pharmasite 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.

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.

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.

Mental health practice has immediate openings for part-time/full-time Psychiatrists (MD) to work in long-term care facilities in Frederick, MD, Baltimore, P.G. County and VA or hospitals in Cheverly and Laurel, Maryland. Great opportunity to join established, growing multidisciplinary practice providing mental health services. Hospital-based position requires working on hospital medical floors and the emergency room with chronically mentally ill patients. Flexible schedules and competitive pay. State licensure required. Hospital experience required. Practice is 100% adult; there is no child & adolescent psychiatry. Please send letter of interest and resume to: mentalhealthstaff-ing2016@gmail.com or fax to: 301-681-4699.

Board Certified Adult Psychiatrist: Join a dynamic outpatient practice with offices in Annapolis, Columbia and Glen Burnie. Work with another psychiatrist, physician assistants, and psychotherapists. Office staff provides credentialing, billing, scheduling and all administrative needs. Please email hanitaks@hotmail.com.

AVAILABLE OFFICE SPACE

ROCKVILLE: Two offices available in a beautiful suite with high ceilings on Executive Blvd. in Rockville for a mental health professional. The one on the first floor has two large windows at eye level. The one on the second floor has one high up. Available now. Rent \$850 per office, including additional expenses (cleaning, water, telephone and internet, and supplies). Contact Molly Hauck, Ph.D., Psychologist, at mollyphauck@gmail.com or DrMolly-Hauck@gmail.com. Contact by phone at 240-418-0263 and (301) 881-4884, ext. 3. Please call both numbers, since I will be away for vacation at times.

Beautiful office with large windows for rent in Crofton, Maryland in lovely, modern elevator building with covered parking available. Office is on the third floor, with wonderful views, in a suite with a psychiatrist, a social worker, and a receptionist. Crofton location is convenient and central to Washington, D.C., Baltimore, Annapolis and the suburbs in between in a highly populated area. Cleaning, utilities included, shared waiting room is fully furnished, \$1200 per month. Please call Jill Joyce, MD at [410-721-5030](tel:410-721-5030).

PSYCHIATRISTS.....LEAVE IT ALL BEHIND!



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Contact Jane Dierberger @ 844.477.6420 or jane@mhmcareers.com



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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