

MPS NEWS

Volume 30, Number 7

Editor: Heidi Bunes

November 2016

In This Issue

Nov. 19 Kogan CME Event	p. 2
Dec. 3 Integrated Care Training	p. 2
MPS Committees and Chairs	p. 3
Background Checks/Licensure	p. 5
Network Adequacy Hearing	p. 5
CDS Prescribing Update	p. 6
APA Assembly Preview	p. 7
MACRA Update & Resources	p. 8
Medicare Payment News	p. 9
Medicare Status/Opt-Out List	p. 10
Documenting Psychotherapy	p. 11
Medicare Revalidations	p. 11
Physician Compare Preview	p. 11

In Every Issue

Membership	p. 4
Classifieds	p. 15

Deadline to submit articles to *MPS News* is the 15th of the month preceding publication. Please email heidi@mdpsych.org.

MPS News Design & Layout
Meagan Floyd

The next MPS Council meeting will be held at 8 PM Tuesday, November 15 in the MPS office

President's Column

Cast Your Vote For Mental Health

2016 has proved to be quite the election year, as we head for the November 8 Presidential Election. We have been presented candidates by the major political parties who each have their own foibles. Hillary Clinton's most recent "likability" rating is only 40%. Donald Trump has proved a dream candidate for the media and millions of alienated voters, but his rise to power has been built on sound bites, rather than sound policy.

The aftermath of this election will be felt for many years and not just with respect to the ultimate make-up of the Supreme Court. America has repeatedly allowed a candidate to speak what was formerly the unspeakable. Slurs have been hurled toward Mexicans, Islamic populations, people with disabilities and women. What has been labeled "locker room" talk has allowed misogynistic thinking to be openly expressed in the media and in the political arena. Our female patients who deal with trauma induced by past mistreatment by men are being triggered by this national spectacle. If a presidential candidate is permitted to get away with such racist, discriminatory and sexist statements, people who held these viewpoints in private are given free rein to voice and act on their theories publicly.

According to a survey by the American Psychological Association, 52% of Americans aged 18 and older have found this election to be a somewhat or very significant source of stress. That included 55% who align with Democrats and 59% with Republicans. 38% of respondents said political and cultural discussions on social media cause them stress. Men and women were equally likely to feel stressed by

the Clinton-Trump battle, with 56% of millennials and half of baby boomers viewing the election as a very or somewhat significant source of stress. From this perspective, the 2016 Presidential Campaign is having a big impact on our patients' mental health.

Both candidates have revealed their positions on mental health. Hillary Clinton's campaign has developed a detailed 10-page document on the subject. She has stressed that mental health is a key component of overall health, and has vowed to convene a White House Conference on Mental Health within her first year in office to look at the issue and identify barriers and solutions. Donald Trump has spoken of the need to reform mental health programs and institutions in the U.S., but his major proposal is to immediately repeal Obamacare and come up with an alternative system that has not been clarified yet. Both candidates seem to support the current legislation for Mental Health Reform that Congress will hopefully enact this Fall.

While many of us have strong reactions towards both candidates, it is worth remembering the Goldwater rule that is contained in the American Psychiatric Association's code of ethics. It is considered unethical for psychiatrists to give a professional opinion about public figures they have not examined in person and obtained consent from to discuss their mental health in public statements.

It is imperative that all psychiatrists vote to express concerns for our country's, our patients' and our own mental health on November 8, 2016.

Merle C. McCann, M.D.

MPS Members Out & About

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

Dinah Miller, M.D. and **Annette Hanson, M.D.** have written a new book, [Committed: The Battle Over Involuntary Psychiatric Care](#), which they will discuss on the [Diane Rehm Show](#) on **November 1** in the 11 AM slot. The *Washington Post* recently carried a [review of the book](#).

Claims Denied? Check Your DSM-5/ICD-10 Codes

New ICD-10 codes reflecting updated diagnoses in *DSM-5* went into effect on **October 1**. The APA has learned that some members are still using the old codes, which have resulted in denied claims. You can obtain a list of the new codes [HERE](#), including a version that can be printed for easy reference.

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.

The Maryland Psychiatric Society in conjunction with MedChi, The Maryland State Medical Society presents:

Music and Medicine

An Interdisciplinary Approach to Beethoven



FEATURING RICHARD KOGAN, M.D.
Saturday, November 19, 2016 • 6:30-10:00pm
Goucher College's Kraushaar Auditorium

[Click HERE](#) to buy your tickets now!

Kogan CME Event: Music and Medicine

On November 19, Dr. Richard Kogan, a psychiatrist and renowned concert pianist, will present a CME program about Beethoven. Dr. Kogan has given lecture-recitals featuring musicians with psychiatric problems, including Schumann, Tchaikovsky, Gershwin, Mozart, Leonard Bernstein, and Scott Joplin. Dr. Hershfield interviewed him for *The Maryland Psychiatrist* in May. To read the interview [please click HERE](#).

Ludwig van Beethoven suffered from a variety of psychiatric symptoms, including persecutory delusions, volatile moods, explosive rages, and suicidal ideation. He is most compelling as the quintessential example of a characteristic of mental health, specifically, resilience or the capacity to cope with adversity. Deafness, a hardship for anyone, is a catastrophe for a musician. But Beethoven ultimately embraced the loss of his hearing as an opportunity to fulfill his artistic destiny.

Don't miss this outstanding program presented by the Maryland Psychiatric Society and MedChi, the Maryland State Medical Association, with support from the Maryland Foundation for Psychiatry. [Click HERE](#) for tickets.

2016-2017 MPS Committees and Chairs

The MPS Executive Committee has decided to meet individually with committee chairs this year in lieu of the traditional October committee chairs meeting. As a result, there are no highlights of that meeting, which have normally appeared in the November issue. Instead, the following description of the committees as well as contact information for the chairs is provided. Members with concerns related to these committees can contact the chair directly or call the MPS office at 410-625-0232 for guidance. Members who would like to volunteer for a committee should contact [Kery Hummel](#).

Academic Psychiatry

Robert P. Roca, M.D., M.P.H., Chair (410) 938-4320

This committee works to enhance collaboration between MPS and the academic community, focusing on the needs and highlighting the accomplishments of the academic community.

APA Assembly Delegation

Robert P. Roca, M.D., Co-Chair (410) 938-4320

Steven R. Daviss, M.D., Co-Chair (410) 782-0077

Annette L. Hanson, M.D., Co-Chair (410) 724-3149

This group of MPS members serving in the APA Assembly is co-chaired by MPS's Assembly Reps. The delegation coordinates MPS representation in the APA and is a forum for MPS members with concerns they would like APA to address.

Book Club

C. Elizabeth Beasley, M.D., Chair (410) 823-3444

Book Club members meet quarterly to discuss a book, fiction or non-fiction, chosen by the group in advance. It attracts members who want to get together socially for a stimulating discussion and light refreshment, whether or not they have been active in MPS activities.

Diversity

Theodora G. Balis, M.D., Chair (410) 383-4914

This committee advocates for integrating the elements of diversity into the MPS. Because psychiatrist members treat a diverse population and the MPS represents a diverse membership, the committee acts as liaison to other community groups with related interests both clinically and academically.

Distinguished Fellowship

Mark J. Ehrenreich, M.D., Chair (410) 328-6325

This committee selects the MPS nominees for APA Distinguished Fellowship each year in accordance with APA Guidelines. Its members must be Distinguished Fellows or Distinguished Life Fellows.

Early Career Psychiatrists

Jessica V. Merkel-Keller, M.D., Chair (443) 444-4050

ECP members of this committee plan and implement educational, career planning, and social events for ECPs to engage them in MPS activities and convey MPS information.

Editorial Advisory Board

Nancy Wahls, M.D., Editor (410) 938-5252

The Editorial Advisory Board is responsible to the Council for supervising and advising the Editor of *The Maryland Psychiatrist* regarding policies, article selections, and general management of the publication.

Ethics

Joanna D. Brandt, M.D., Chair (410) 321-1525

This committee reviews ethical dilemmas in psychiatric practice, and provides leadership and guidance to members. The committee also investigates ethical complaints against members following action by the Maryland Board of Physicians. It is constitutionally limited to eight members, three of whom must be past presidents.

Legislative

Annette L. Hanson, M.D., Co-Chair (410) 724-3149

Jennifer T. Palmer, M.D., Co-Chair (410) 235-0005

This committee pursues the Society's interests in all mental health matters, initiating and responding to proposed state and federal legislation. Liaison with other MPS committees, the Suburban Maryland Psychiatric Society, our common lobbyist, MedChi, and other patient and professional advocacy groups is integral to this committee's work. This is a very active committee, particularly during the legislative session from January to April each year. Members critique bills and may testify in Annapolis on bills the committee feels are most important.

Membership & Recruitment

Susan W. Lehmann, M.D., Co-Chair (410) 955-3917

Jennifer T. Palmer, M.D., Co-Chair (410) 235-0005

This committee recruits and evaluates applicants for membership, in accordance with the MPS Constitution and By-laws, and APA policy. It is also active in member retention.

Payer Relations

Laura R. Gaffney, M.D., Chair (410) 938-5252

This committee represents the Society's interest and concern on issues relating to Third Party Payers and healthcare management. Its activities range from gathering information on and assisting with complaints, to recommending Society positions, to legislative, regulatory and public awareness initiatives.

(Continued on next page)

Program & Continuing Medical Education

Jason H. Addison, M.D., Chair (410) 938-4332

This committee plans and organizes the MPS scientific programs, and ensures that programs qualify for CME credit.

Public Psychiatry

Ann L. Hackman, M.D., Chair (410) 328-2564

This committee represents the MPS on all issues related to public psychiatry, including the proper use and role of psychiatrists in public settings and ensuring quality psychiatric care for patients treated in the public sector.

Residents & Fellows

Paul Nestadt, M.D., Co-Chair (410) 955-6114

Chinenye Onyemaechi, M.D., Co-Chair (667) 401-2890

This committee, made up of RFMs from the accredited training programs in Maryland, plans and implements educational, career planning, and social events for RFMs, brings RFM concerns to the attention of the MPS Council and conveys Society information to residents and fellows.

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.

Rebecca Sokal, M.D.

Jennifer Yoon, M.D.

Transfers From Another District Branch

Patricia Caraballo Osorio, M.D.

Sarah Thayil, M.D.

Bullying - It's Different Now

In recognition of last month's bullying prevention campaign, it is important to note that the bullying suffered by kids today is very different from in the past. When I was growing up, there was bullying, and it could certainly make life difficult, but it was not constant. There were always periods of relief for the victims – such as evenings, weekends, holidays, and summer vacation. This is not true in today's electronic world – cyber-bullying can literally be non-stop, every day and night, 24/7. Also, in the past, kids knew who the bully was. While there certainly remains in-person bullying today, cyber-bullying can be done anonymously, enabling bullies to hide behind a screen and do things that they would otherwise not do in person.

As stated by [AACAP](#), "Bullying is a serious form of mistreatment manifested by the repeated exposure of one person to physical and/or relational aggression where the victim is hurt with teasing, name calling, mockery, threats, harassment, taunting, social exclusion or rumors. Bullying is prevalent on a global scale, across the lifespan, and it can be simultaneously present in different social settings, both in and beyond the school milieu."

The problem is extensive. The [CDC notes](#) a 2015 survey of high school students that determined 20% reported being bullied on school property in the 12 months preceding the survey, and 16% reported being bullied electronically in the 12 preceding months.

There are significant consequences, as described by [AACAP](#), "All individuals involved in bullying as victims, perpetrators and/or bystanders, are at significantly increased risk for multiple problems when compared to their uninvolved peers. Children involved in bullying suffer from a wide spectrum of physical and emotional symptoms, including depression, irritability, anxiety, sleeping difficulties, headaches and/or stomachaches. Furthermore, the consequences of bullying increasingly include such serious problems as eating disorders, school absenteeism, running away, alcohol and drug abuse, and above all, self-inflicted, accidental injuries and suicidal behavior."

Please click the link below to read the complete article.

From [October 20 LinkedIn post](#)
by Donna Vanderpool, M.B.A., J.D.
VP, Risk Management at [PRMS](#)

Pentagon Expands Mental Health Care for Troops, Families

In October, the Department of Defense issued a [final rule](#) expanding access to mental health and substance use disorder treatment for 9.4 million active and retired military service members and their families under TRICARE. The rule eliminates quantitative and nonquantitative limitations on mental health and substance use disorder care. All inpatient mental health day limits were eliminated, as were annual and lifetime limitations on outpatient services and substance use disorder treatment. Copayments for mental health visits were cut from the current \$25 to \$12, the existing standard for general medical and surgical care. For more details, see the [October 4 Psychiatric News Alert](#).

Maryland News

Criminal History Record Checks for Licensure Began October 1

The Maryland General Assembly passed legislation in the 2015 session – [SB 449 \(CH 34\)](#) – that requires applicants and licensees of the State Board of Physicians (MBP) to submit to criminal history records checks (CHRCs) as a condition for licensure, and creates new grounds for disciplinary action if a licensee fails to submit to a required CHRC. **CHRCs are required for all reinstatements, renewal, and initial license applications for ALL licensees beginning October 1, 2016.**

Private commercial fingerprinting services are authorized by [COMAR Regulation 12.15.05](#). To view a list of authorized services with their location and phone number, [click here](#). Some of these have "preregistration" which can significantly reduce wait time by filling out the Criminal Background Application form and paying the required fees in advance. There is also an option to request the Criminal Background Application from the [Department of Public Safety and Correctional Services](#).

Please do not contact the MBP to verify receipt or submit receipts. The MBP receives electronic CHRC notifications within 72 hours. To check the status of a current background history request, please contact the Criminal Justice Information System Call Center at 410-764-4501 or 1-888-795-0011, Monday-Friday 8:00 AM - 5:00 PM.

Network Adequacy Hearing November 3

The Maryland Insurance Commissioner is tasked, in consultation with interested stakeholders, with adopting 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. The next in a series of hearings is scheduled for November 3 from 10:00 A.M. to 12:00 P.M. The topics to be discussed are:

- The volume of technological and specialty care services available to service the needs of enrollees requiring technologically advanced or specialty care services. §15-112(D)(2)(IX)
- Other health care service delivery system options, including telemedicine, telehealth, mobile clinics, and centers of excellence. (repeat based on relevance to agenda topic). §15-112(D)(2)(VIII)

Click [here](#) for more information.

Other Medical License News

To print a copy of your renewal license, renewal receipt, or renewal application, please click on [Physician Renewals - 2016](#) to access the renewal site. From there, enter your credentials and click the Logon button. A link will display to download and print your renewal materials.

Effective July 1, 2016, all routine license verification requests must be completed online via the Maryland Board of Physicians website. Licensees must request and pay for a verification of their license online. The license verification will be immediately e-mailed to the indicated state board. The verification letter contains primary source information that is accepted by all other licensing boards. To start a verification request, visit www.mbp.state.md.us/mbp_ah/verification.aspx. *Entities or third parties requiring primary source verification can verify a license status on the Board's website by selecting the [Look Up A Licensee](#) or [Practitioner Profile](#) links.*

Reminder: Md. Code Ann., Health Occupations, §12-102 [Drug Dispensing Permit Law](#) became effective July 1, 2013. (Complete the [Application Form for a Permit to Dispense Prescription Drugs](#) and consult the [Frequently Asked Questions](#), if you need more information.) This law requires *all individual licensees with dispensing permits* to complete ten continuing education credits over a 5 year period relating to the preparing and dispensing of prescription drugs, offered by the [Accreditation Council for Pharmacy Education](#). In addition, the Secretary of DHMH has approved the [Board Approved Continuing Education Courses-Preparing and Dispensing Prescription Drug Courses](#), which the Board will periodically review and update. ***Please note that giving samples and starter doses to patients to take home does not require a dispensing permit.***

Maryland Forensic Services Work Group

The [Forensic Services Workgroup](#) is charged with developing specific strategies to address the current hospital capacity issue. Specifically, the Workgroup's task is to review the current admissions, treatment, discharge and aftercare processes and identify specific strategies to enhance our capacity to meet the current demand for psychiatric in-patient care for both civil and forensically involved citizens.

On August 31, the work group's [recommendations](#) for state psychiatric forensic services were submitted to DHMH Secretary Van Mitchell. Any regulations or legislation that are developed from these recommendations will be monitored by the MPS Executive Committee through the Behavioral Health Administration meetings as well as the Legislative Committee, if legislation is proposed for the 2017 General Assembly.

Maryland News

Update for CDS Prescribers

The new Registration Requirements for the Maryland Prescription Drug Monitoring Program (PDMP), which monitors the prescribing/dispensing of controlled dangerous substances, have been modified. **DHMH has decided to delay the link between the CDS license and PDMP registration until July 1, 2017.**

- Approval of applications for a new or renewal CDS license received before July 1, 2017 will not be contingent upon completion of the PDMP registration.

- NOTE: MedChi strongly urges all prescribers to register as soon as possible with the PDMP and not to wait until the above triggers.

Please see [THIS FLYER](#) for the updated details. For questions regarding the PDMP, or to sign up for any of the free CRISP Services, please contact [Rachel Hennick](#) at 410-539-0872 X3321.

From [October 10 MedChi News](#)

Open Enrollment for 2017

Open enrollment for 2017 plans starts November 1. Head to [MarylandHealthConnection.gov](#) to browse health and dental plans and prices, and enroll or change coverage. Last year, nine in 10 people who enrolled received financial help to make health coverage more affordable. It's important that enrollees update income and household size each year to determine whether financial assistance is available.

Administrative Simplification at 20 Years

Twenty years ago, the [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#) required HHS to adopt [national standards](#) to improve the electronic exchange of health care data. This national standards mandate falls under the part of HIPAA called [Administrative Simplification](#). As noted in an August [blog post](#), in 1996 a considerable portion of every health care dollar was spent on administrative overhead for processes that involved:

- Numerous paper forms
- Telephone calls
- Nonstandard electronic commerce; and
- Delays in communicating information among different locations

Since the 1996 passage of HIPAA, HHS has implemented various [regulations](#) to adopt required [standards](#). Today 93.8% of all health care claims transactions are conducted in standard form, which has helped enhance the patient and provider experience. For more details about Administrative Simplification statutes and regulations, view the CMS [timeline](#).

APA News & Information

2017 Election for APA Secretary

The APA Nominating Committee has reported its slate of candidates for the 2017 election. **Former MPS President and current Assembly Representative Robert P. Roca, M.D., M.P.H., M.B.A. is running for APA Secretary** against Phillip R. Muskin, M.D. and Gail E. Robinson, M.D. (The slate is not official until the Board of Trustees approves it at their December 2016 meeting.) For more information, please visit the [election](#) section under the Board of Trustees on the APA website or email election@psych.org.

APA's Mental Health Clinical Data Registry

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

- Helping psychiatrists avoid payment penalties and instead achieve bonuses for meeting CMS quality reporting requirements, and
- Reducing 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](#). [Learn more](#).

APA to Assist with Health IT Playbook

The Office of the National Coordinator for Health Information Technology (ONC) recently launched its [Health IT Playbook](#), which highlights ways that providers can leverage health information technology to transform their practices and care delivery. One of the Playbook's goals is to help providers connect and share information with other providers and public health officials using EHRs and other certified health IT. Additionally, the "Specialists" section includes materials for behavioral health, and links to resources pertinent to integrated care, including AHRQ's [A Guidebook of Professional Practices for Behavioral Health and Primary Care Integration](#). The APA is providing feedback to ONC to help expand the behavioral health content, and hopes to identify additional resources for integrated care into psychiatric practice.

*Michelle Dirst, Director
APA Practice Management and Delivery Systems*

APA News & Information

November APA Assembly Meeting Preview

Following are the Action Papers being considered at the November 4-6 Assembly meeting. Please click [Assembly Action Papers](#) to download a document that includes links to the papers. The papers will also be available in the Action Item Tracking System on [Action Paper Central](#), which requires a member login. Alternatively, members can [email](#) for a copy of the full paper. The list below indicates the primary author, followed by the title of the paper.

- Barnett, Debra: APA as the Premier Provider of Psychiatric and Mental Health Information
- Barnett, Debra: Return of Interest for ABPN Continuous Pathways Payments
- Barnett, Debra: All Prescribers, not just Physicians, Shall be Subject to Open Payments
- Buhrmann, Louise: Continuity of Care
- Cabaj, Robert: Smart Guns as a Gun Safety Response to Gun Violence, a Public Health Hazard
- Daviss, Steven: Extension of Eligibility for the Ronald A. Shellow Award to all Voting Members of the Assembly
- Daviss, Steven: Exhibitor-Funded Scholarships for Consumer Presenters at Annual Meetings
- De La Gandara, Jose: Survey to Determine Maintenance of Certification Status of APA Members
- De La Gandara, Jose: Assembly to Study the Creation of APA Minority Branches
- De La Gandara, Jose: Presidential Appointments to the Council of Minority Mental Health and Health Disparities
- Fleming, James: Towards Universal Health Insurance in the United States
- Hart, Dionne: Protecting the Most Vulnerable Patients
- Hart, Dionne: Improving the Confidentiality of Prescription Drug Monitoring Programs
- Judge, Sheila: Ending Childhood Poverty
- Morrison, Elizabeth: Exercise: Too Little, Too Much
- Nelson, Adam: DB Involvement of Residents and Early Career Psychiatrists Involved With Psychiatry at the National Level
- Norian, Isabel: APA Assembly Plenary Sessions to be Limited to Business of Assembly
- Primary author pending: Regulation of Alcohol at the Federal Level
- Schaepper, Mary Ann: Mental Health Parity for Individuals with Intellectual and Developmental Disability (IDD)

- Sorel, Eliot: World Psychiatric Association Representation in the APA Assembly
- Tiamson-Cassab, Maria: Standards for the Practice of Medicine Pertaining to the Treatment of Patients with Mental Disorders
- Van Niel, Maureen: APA Position Statement on Screening and Treatment for Mental Health Disorders During Pregnancy and Postpartum
- Viswanathan, Ramaswamy: Task Force on Fighting Mental Health-Injurious Discrimination
- Viswanathan, Ramaswamy: Equity in Voting in Election of Assembly Officers

Members who are interested in advocating a position at the national level should contact the MPS representatives below for guidance.

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

APA Ethics Award

The Carol Davis Ethics Award promotes the educational role of the ethics process and is presented to an APA member who has authored an outstanding publication on ethics. The deadline for nominations is **November 15**, and the award will be presented at the APA annual meeting. [Click for more information.](#)

APA Course Of The Month

[Free Members' Course for November](#) - Advances in Therapeutic Interventions in Geriatric Psychiatry: Diagnosis and Treatment of Geriatric Depression

ECPs Receive Complimentary FOCUS Subscription

Early career psychiatrist members are eligible for a complimentary online subscription to "[Focus: The Journal Of Lifelong Learning](#)" (a value of \$569) as a benefit of membership. Current ECP subscribers must renew their subscriptions each year. To subscribe or renew, please call APA Customer Service at (800) 368-5777 or (703) 907-7322.

Medicare News

MACRA Update

On October 14, CMS [announced](#) its final rule implementing payment reforms in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). MACRA, which replaces the flawed sustainable growth rate (SGR) formula, establishes new quality reporting programs aimed at encouraging value-based care. The new regulations, which **go into effect in January 2017**, will change the way our members practice into the future. The APA's advocacy regarding MACRA's impact on psychiatric practice has paid off:

1) Many psychiatrists will be exempt.

Psychiatrists who have no more than 100 Medicare patients or no more than \$30,000 in annual Medicare billings will be exempt from quality reporting requirements in 2017. Because of these changes, CMS projects that 49% of psychiatrists who see Medicare patients will be exempt under the "low volume threshold;" another 8% will be exempt because they just enrolled in Medicare that year; and about 1% will be exempt because they qualify for the incentive for "advanced" alternative payment models. However, psychiatrists who are exempt can still choose to participate in the MIPS program – and potentially qualify for a bonus – if they wish to do so.

2) Flexible reporting period in 2017.

Psychiatrists who choose to participate in the MIPS program can ease into reporting in 2017 due to relaxed "[Pick Your Pace](#)" reporting for that year. They only need to report one quality measure or clinical practice improvement activity to avoid being penalized. The more reporting, the more opportunity to gain a bonus.

3) Fewer requirements to meet "full reporting" and earn a bonus for 2017.

Many of the different categories reporting on practice improvement activities and quality measurement reporting have been reduced by one third.

4) Psychiatrists will not be penalized for seeing sicker, economically disadvantaged patients for the first year.

As currently measured for the Value-Based Payment Modifier, negative adjustments have unfortunately tended to go to those physicians who care for the most vulnerable populations. The new cost performance category measures Medicare spending for all of a psychiatrist's Medicare patients. Contribution to the final score will gradually increase to 30% by 2021.

5) Psychiatrists can earn a bonus for some participation in alternative payment models (APMs).

Psychiatrists who have at least 25% of their Medicare covered services or 20% of their Medicare patients in certain "advanced" APMs are exempt from MIPS reporting in 2017 and can earn a 5% bonus in 2019.

Member education and guidance is coming! We will soon provide a MACRA Toolkit for Psychiatrists. The tentative schedule for a series of webinars to educate psychiatrists on these new programs and requirements, and more information is available at www.psychiatry.org/MACRA, where you can also download the APA's MACRA flyer.

*Saul Levin, M.D.
APA CEO and Medical Director*

Per the AMA, the only physicians who will experience payment reductions in 2019 are those who choose to report no performance data next year. Those who report for at least 90-days will be eligible for a payment bonus. The 2017 reporting timelines can be outlined very briefly as follows:

- If you're ready, you can begin January 1, 2017 and start collecting your performance data.
- If you're not ready on January 1, you can choose to start anytime between January 1 and October 2, 2017.
- Whenever you choose to start, you'll need to send in your performance data by March 31, 2018.
- The first payment adjustments based on performance go into effect on January 1, 2019.

Please review the [Overview Fact Sheet](#) or the [Executive Summary](#). More information and resources are available on the [AMA's MACRA webpage](#).

Quality Payment Program Call and Webinars

On Tuesday, **November 15** from 1:30 to 3 PM, CMS will host a call discussing the new Medicare Quality Payment Program, which allows clinicians to choose the best way to deliver quality care and participate based on their practice size, specialty, location, or patient population. Learn about the provisions in the recently released [final rule](#). **Participants should review the rule prior to the call.** A Q&A session will follow. To register or for more information, visit [MLN Connects Event Registration](#). Space is limited.

On **November 21** and **December 6**, the AMA will host educational webinars to help physicians prepare and understand what the final rule means for their practice. Register for November 21: <https://cc.readytalk.com/r/y70aavsqh5g0&eom>, or register for December 6: <https://cc.readytalk.com/r/j8d0v8kh1qr3&eom>. These sessions will cover the same material.

Medicare News

PQRS Payment Reduction Review Request Deadline November 30

CMS has sent letters regarding the 2017 Physician Quality Reporting System (PQRS) negative payment adjustment. The letter indicates that the recipient did not satisfactorily report 2015 PQRS quality measures or satisfactorily participate in a qualified clinical data registry and, therefore, all of their 2017 Medicare Part B Physician Fee Schedule (PFS) payments will be subject to a 2.0% reduction. The reduction applies **only** to payments to the entity associated with the Tax Identification Number (TIN)/National Provider Identifier combination noted within the letter.

If you believe that the 2017 PQRS negative payment adjustment is being applied in error, you can submit an informal review request. The informal review period opened on September 26 and **closes on November 30, 2016**. CMS will investigate the merits of your request and issue a decision within 90 days. All requests must be submitted via a web-based tool on the [Quality Reporting Communication Support Page](#).

Clinicians are encouraged to access and review their PQRS feedback reports and 2015 Annual Quality and Resource Use Reports (QRURs) prior to submitting an informal review request. The 2015 Annual QRUR provides information about your TIN's 2017 Value Modifier payment adjustment for physicians. [Click here](#) for more information about these reports, or go to the [2015 QRUR and 2017 Value Modifier](#) webpage. An [audio recording](#) and [transcript](#) are available for the September 29 [webcast](#) on the 2015 Annual QRURs, which provide an overview of the QRUR and explain how to interpret and use the information.

The new Quality Payment Program will replace PQRS and the Value Modifier program, as well as the separate payment adjustments under the Medicare Electronic Health Record Incentive Program, with a streamlined program that has reduced quality reporting requirements and a flexible design that allows eligible clinicians to pick their pace of participation in the first year. To learn more about the new Quality Payment Program, please see [page 8](#) or visit go.cms.gov/QPP. The best way to prepare for success in the upcoming Quality Payment Program is to review your PQRS feedback report and QRUR, and consider your options for joining a Qualified Clinical Data Registry.

The 2016 PQRS program began January 1, 2016. Reporting during 2016 impacts your 2018 PQRS payment adjustment. Please visit the [PQRS webpage](#) for complete information on how to participate in 2016 to avoid the 2018 payment reduction.

Additional Resources

- For details regarding the 2017 PQRS payment reduction, please see the [PQRS Payment Adjustment Information webpage](#).
- For information regarding other Medicare physician quality programs that apply payment adjustments, please see the [2015 QRUR and 2017 Value Modifier website](#) and/or the [EHR Incentive Programs website](#).

For additional questions, please contact the QualityNeHelp Desk at 1-866-288-8912 (TTY 1-877-715-6222) or via gnet-support@hcqis.org.

Supplemental QRURs Provide Clinician Feedback

On October 17, CMS made 2015 Supplemental Quality and Resource Use Reports (QRURs) available to all group practices and solo practitioners. These are confidential feedback reports provided to practices with payment-standardized, risk-adjusted cost information on the management of their Medicare patients based on episodes of care. An episode of care is defined as the set of services provided to treat, manage, diagnose, and follow up on a clinical condition or treatment. Supplemental QRURs are currently **for information only** and complement the per capita cost and quality information provided in the QRURs. Supplemental QRURs are not used to calculate payment adjustments. Learn more on the [Supplemental QRURs and Episode-Based Payment Measurement](#) webpage. Visit [How to Obtain a QRUR](#) to access your report.

Podcasts on New Medicare Quality Payment Program

The Quality Payment Program starts in January, so physicians need to educate themselves and prepare for its implementation. A podcast series produced by ReachMD in collaboration with the AMA features interviews with industry experts and physician leaders who take doctors "[Inside Medicare's New Payment System](#)." The series (8 podcasts so far) covers key aspects of the program and provides tips on what physicians can do now to get ready. For more details, see the [October 21 AMA Wire post](#).

Medicare News

Medicare Status and Reimbursement

Medical practitioners must have a status with Medicare for their Medicare patients' prescriptions or tests or referrals to covered. Being opted out is a valid status with Medicare, and Medicare will continue to cover all ordering and referring that is done by an opted out physician. Physicians who do not wish to either opt out or enroll in Medicare now have the option of enrolling just to be able to have their orders and referrals covered by Medicare. This new option is referred to as the [OPR option](#) (ordering, prescribing and referring).

*Ellen Jaffe, Director
APA Practice Management HelpLine/Medicare Specialist*

Medicare Opt-Out List

As provided in §4507 of the Balanced Budget Act of 1997, a "private contract" is a contract between a Medicare beneficiary and a physician who has "opted out" of Medicare for two years for all covered services he or she furnishes to Medicare beneficiaries. In a private contract, the Medicare beneficiary agrees to give up Medicare payment for services furnished by the physician and to pay the physician without regard to any limits that would otherwise apply to what he or she could charge. The list of providers who have opted out of Medicare has been updated as of October 24, 2016. To view the current list, sorted by last name, click on a state: [Delaware & the District of Columbia](#) or [Maryland](#). If you opted out of Medicare and cannot locate your information, please call 1-877-235-8073.

CMS Initiative to Increase Physician Engagement

In October, CMS [announced](#) a new initiative to improve the clinician experience with the Medicare program. This long-term effort aims to reshape the physician experience by reviewing regulations and policies to minimize administrative tasks and improve satisfaction. The initiative will be led by senior physicians within CMS who will report to the Office of the Administrator and work with the clinician community to reduce administrative hurdles and make the practice of medicine in Medicare more efficient and rewarding.

CMS Enforcing Requirement on Discrimination

CMS has begun enforcement of [Section 1557 of the Affordable Care Act](#), Final Rule, Nondiscrimination in Health Programs and Activities. Section 1557 prohibits discrimination based on race, color, national origin, sex, age, or disability in any health program or activity, **which, in any part, receives any type of funding from HHS**, such as Medicare (except Medicare Part B), Medicaid, meaningful use, PQRS) or any health program that HHS administers. Additionally, Section 1557 covers health insurance marketplaces and issuers that participate in the marketplaces. Section 1557 also prohibits sex discrimination in health care and requires covered health programs and activities to treat individuals consistent with their gender identity. [MedChi has prepared a [summary of the law](#) along with [one pagers](#) to post to ensure your compliance.]

For individuals with disabilities, the final rule requires (1) programs and activities be made electronic and information technology accessible, (2) physical accessibility of newly constructed or altered facilities, and (3) appropriate auxiliary aids and services for individuals with disabilities. Entities are also prohibited from using marketing practices or benefit designs that discriminate on the basis of any of the above protected classes.

Physician offices and other covered entities must take reasonable steps to provide meaningful access to each individual with limited English proficiency. Covered entities are strongly encouraged to develop and implement a language access plan to comply with this rule. There is no NEW religious exemption for this rule, but the rule keeps in effect the existing protections for religious freedom and conscience. Covered entities must post notices of nondiscrimination and non-English taglines that alert individuals with limited English proficiency to the availability of the language assistance services.

A notice of nondiscrimination and its taglines must be posted prominently in the practice. This rule does not necessarily require a practice to contract with a translator for each of the 17 different languages. HHS recognizes that practices in remote areas may not see many non-English proficient patients. However, HHS emphasized that it is important for practices to be prepared for non-English proficient patients and to know how to contact non-English language resources.

If you need help complying with this requirement call [Melanie Dang](#) at MedChi 1-800-492-1056.

From [October 17 MedChi News](#)

Medicare News

How to Document Psychotherapy Sessions

Although there are no official guidelines for documenting psychotherapy in patients' medical records, providing such documentation is as important as providing it for evaluation and management (E/M) services.

In May, a CMS contractor sent a document called a Comparative Billing Report (CBR) to more than 4,000 psychiatrists, comparing their billing practices for psychotherapy services with those of other psychiatrists in their state and across the United States. The CBRs cited previous reports on improper Medicare payments for psychiatry services and indicated that the reason the services were found improper was primarily due to insufficient documentation.

Although many of the errors found in earlier assessments were made by non-physician psychotherapists, the CBRs defined what constitutes appropriate documentation that all psychiatrists who treat Medicare patients will find useful. It is similar to guidance that APA has long given its members.

- Date of service
- Diagnoses
- The time spent providing face-to-face psychotherapy with the patient and/or family members (For an encounter that also includes medical E/M services, the psychotherapy time should be differentiated from the E/M time.)
- The type of therapeutic intervention (for example, insight oriented, supportive, behavior modification)
- Target symptoms
- Progress toward achievement of treatment goals (This means, of course, that the patient record must include a treatment plan, although you do not need to refer to it in the documentation for each session.)
- For psychotherapy lasting more than 52 minutes (90837, 90838), the reason the session required this length of time

Previously, these seven items fulfilled the requirements for psychotherapy documentation, and when all were present, psychiatrists have not had problems when audited.

Keep in mind that notes about personal information that emerges during the psychotherapy session beyond the seven points listed above should not be included in a patient's medical record. Personal notes taken during the session to guide future treatment should also be kept separate from the medical record. Under HIPAA, the patient's insurer and the patient can legally access the medical record, but they cannot access your record.

Ellen Jaffe, Manager
APA Practice Management HelpLine.
From [September 14 Psychiatric News](#)

Medicare Revalidation Reminder

The Affordable Care Act requires all currently and actively enrolled providers and suppliers to resubmit and recertify their Medicare enrollment information under new enrollment screening criteria. CMS completed its initial round of revalidations in March 2015 and resumed regular revalidations in March 2016 with several process improvements. CMS has established revalidation application due dates for the provider to remain in compliance with Medicare's enrollment requirements. Due dates are posted on the CMS Medicare Revalidation Lookup Tool at: <http://go.cms.gov/MedicareRevalidation>.

If a provider fails to submit the revalidation application by the due date, or if the provider gives additional requested information after the due date (including an allotted time for US mail receipt), the provider enrollment record will be deactivated. **Deactivated providers must submit a full and complete application to reestablish their provider enrollment record and Medicare billing privileges.** An interruption in billing will occur during the period of deactivation, resulting in a gap in coverage. **Retroactive billing privileges back to the period of deactivation will not be granted.** Services provided to Medicare beneficiaries during the period between deactivation and reactivation are the **provider's liability.**

Any questions or concerns should be directed to Andrea King, Novitas Provider Outreach and Education, at: andrea.king@novitas-solutions.com or 717-526-6392.

Physician Compare Preview Period Ends November 11

The Physician Compare 30-day preview period ends November 11, 2016. The preview period provides clinicians and group practice representatives with an opportunity to preview their 2015 PQRS performance scores as they will appear on Medicare's [Physician Compare](#) website in late 2016. Learn more about the preview period and which measures are targeted for public reporting later this year:

- [Guide to Physician Compare Preview Period](#)
- [Physician Compare 2015 individual clinician measures](#) (including seven for behavioral health)
- [Physician Compare 2015 group practice measures](#) (including six for behavioral health)
- [Downloadable Database 2015 individual clinician measures](#)
- [Downloadable Database 2015 group practice measures](#)

For questions about Physician Compare, public reporting, or the preview period, email PhysicianCompare@Westat.com.

Medicare News

A new Medicare provider compliance [fact sheet](#) is available for Evaluation and Management (E/M) Services. In addition, the [E/M Services](#) Guide has been revised, and includes medical record documentation and E/M billing and coding considerations.

Popular Novitas Self-Service Tools

- [E/M Interactive Score Sheet](#) helps properly code E/M services.
- [Incident-To Decision Tree](#) explains "Incident to" guidelines and documentation requirements.
- [Part B Fee Lookup](#) allows search by code, or download a complete Fee Schedule by year.
- [Enrollment Status Tool](#) gives status on Medicare Provider Enrollment Applications, including revalidation.
- [Medical Policy Search](#) offers a fast alternative approach to searching the CMS Policy databases.

Novitas Behavioral Health Page

Novitas has created a central location for information relevant to behavioral health providers. This [page](#) provides direct access to up-to-date topics, resources, training and coverage information.

New MPS Billing Practices

With some exceptions, members have begun being billed by the APA for both APA and MPS membership dues. Paper invoices for 2017 dues were mailed in October. The APA will send two email reminders in November. The combined dues must be paid by March to avoid being dropped by both organizations. Dues can be paid by check, credit card or other arrangement with the APA.

The **exceptions** are members who have reached life status and Affiliate Members. These groups will both continue to be billed directly by the MPS for MPS dues only. Look for an emailed invoice this month.



Psychiatrist, University of Maryland Health Center College Park, MD

The UHC is seeking an additional half time psychiatrist to join our team. We are a Health Center providing comprehensive primary care and immediate care to students, faculty and staff. Mental Health services are available to students only. Our Mental Health team includes psychiatrists, a psychiatric nurse practitioner, counselors, drug and alcohol counselors, and a sexual assault response and prevention service. The UHC has a strong and active trans-health program and we have been recognized by the Human Rights Campaign as a Leader in LGBT Health. There are regular opportunities to interact with learners in a variety of mental health disciplines.

The University Health Center is proud to be nationally accredited for over 30 years by the Accreditation Association for Ambulatory Health Care, an independent organization that only places its seal of approval on medical facilities that meet the highest standards of quality. Less than 15% of all college health centers in the U.S. are accredited!

The University Health Center provides high quality, cost-effective health care and wellness programs to promote health and support academic success.

The University of Maryland is a vibrant community recognized for its diversity, with underrepresented students comprising one-fourth of the student population. The UHC sits within a strong and supportive Division of Student Affairs. College Park is a growing community close to Baltimore and Washington, DC. We hope that you'll consider joining us!

Please apply at <https://ejobs.umd.edu/postings/46027>

Physician Group at University of Maryland St. Joseph Medical Center Seeks Adult Psychiatrists

University of Maryland St. Joseph Medical Center is a member of the University of Maryland Medical System, a multi-hospital system with academic, community and specialty service missions reaching every part of Maryland and beyond. The CED, PA is contracted by St. Joseph to provide Psychiatry services to the hospital.

Available Positions:

Psychiatrist – Emergency Room

Full-time psychiatrist needed for Emergency Room services. Position provides for opportunity to supervise U. of MD. Department of Psychiatry residents. Maryland MD license required.

Psychiatrist – Emergency Room and Inpatient/Partial Hospitalization Program Evening and Weekend Coverage

General Psychiatrist needed for weekend coverage providing services for a General Adult Inpatient/Partial Hospitalization unit/Emergency Room/Consultation Liaison. May provide coverage for one full weekend or one to two weekend days per month. We are also seeking a Psychiatrist to cover evenings in the Emergency Room. May provide coverage for a minimum of two evenings per month. Maryland MD license required.

Competitive Salary and Excellent Benefits

To Apply:

Please **FAX** resume and cover letter to 410-938-5250, or **MAIL** to:
Steven Crawford, M.D., 6535 N Charles St, Suite 300, Baltimore MD 21204

You may also **EMAIL** your resume to stevec@umm.edu

Chief Psychiatrist Positions - Hagerstown/Baltimore *Staff Psychiatrist Opportunities Also Available

Why explore a career in correctional healthcare?

Regular daytime hours

NO insurance paperwork or managed care hassles

Reasonable caseloads and diverse patient population

Secure and supportive work environment

The opportunity to make a real difference in the lives of those who need it most!

In addition to rewarding work and **highly competitive salaries**, we offer a **comprehensive benefits package** for employees working 30 hours per week or more.

- **Company-sponsored health, life, dental & disability insurance**
- **Generous time off, plus paid holidays**
- **401(k) plan with employer match**
- **Paid malpractice insurance**
- **CME reimbursement and additional paid days off**
- **Flexible spending accounts for healthcare and dependent care**
- **Same sex domestic partner benefits**

For more details, please call **844-477-6420** Or email CV to jane@mhmcareers.com

For details and a list of all our openings please check out our website:

<http://www.mhm-services.com/careers/index.html>

EOE



Nationally Recognized Program Seeks Adult and Child & Adolescent Psychiatrists

Competitive Salary and Excellent Benefits

Inpatient/Partial Hospitalization Attending

Psychiatrist will lead a multidisciplinary treatment team in the assessment and care of patients with eating disorders. This unique practice opportunity combines the excitement of an academic environment with training of fellows, post-doctorate psychologists, social work interns and University of Maryland residents. MD license will be required.

Outpatient

Services to be provided will include evaluations, level of care assessments, and pharmacological management. There is additional opportunity to provide individual, group and family therapy. MD license will be required.

Please **FAX** resume to 410-938-5250, or **MAIL** to:

Steven Crawford, M.D.
6535 N Charles St, Suite 300
Baltimore MD 21204

You may also **EMAIL** your resume to scrawford@sheppardpratt.org

Find out more about The Center for Eating Disorders by visiting our website: www.eatingdisorder.org



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.

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

Physician, Expanding Psychiatry Alliance In Northeast Maryland, to support a robust and expanding partnership between Union Hospital of Cecil County and University of Maryland Upper Chesapeake Health System (3 hospitals total), we seek a qualified Physician of Psychiatry. Experience should include outpatient therapy, medication management, Intensive Outpatient Program (IOP), Partial Hospitalization Program (PHP) and development of collaborative care models. We offer the full range of benefits and bonuses customary for physician openings. Reply in confidence to: mtwum-danso@uhcc.com. Phone: 410-620-3715. EOE

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.

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.

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.

AVAILABLE OFFICE SPACE

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

New Member Accounts on MPS Website

In September, the MPS launched new website features for members only that allow them to pay MPS membership dues and other charges, access an up-to-the-minute online membership directory, view/change their member profile, and more. To use these 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 logged in, users can see their personal information, payments and contributions, and check the directory to find contact information for other MPS members.

- **Profile** includes tabs with biographic information, practice information and addresses. Click "Edit" to make changes.
- **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.
- **Contributions** to the Maryland Foundation for Psychiatry and/or the Maryland Psychiatric Political Action Committee are listed with the most recent shown first.
- **Membership Directory** includes **all** active MPS members, which is more than the [Find A Psychiatrist](#) search on the home page that is open to the public.

We hope this will become a highly valued benefit.

NO MATTER THE SIZE OF YOUR PRACTICE WE HAVE YOU COVERED



WE PROTECT YOU

All providers in your practice - psychiatrists, psychologists, social workers and other behavioral healthcare providers - can be covered under one medical professional liability insurance policy, along with the entity itself.

- ✓ Access to a comprehensive professional liability insurance policy
- ✓ Simplified administration - single bill and one point of contact
- ✓ Custom rating leverages the best premium for your practice
- ✓ Coverage for multiple locations even if in different states
- ✓ Entity coverage available
- ✓ Separate and shared limits available



When selecting an insurance partner, consider the program that puts you and your group practice first. Contact us today.



REMY PALMER
SENIOR ACCOUNT MANAGER

More than an insurance policy

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



PRMS[®]
the psychiatrists'
program[®]

Actual terms, coverages, conditions and exclusions may vary by state.

Insurance coverage provided by Fair American Insurance and Reinsurance Company (NAIC 35157). FAIRCO is an authorized carrier in California, ID number 3175-7. www.fairco.com

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