

MPS NEWS

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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, February 14 in the MPS office

President's Column

2017 Is In Full Swing

I hope that 2017 has been treating everyone well and want to update you on some interesting developments. MPS is preparing for this month's 2017 Advocacy Days in Annapolis on February 8th and 9th. Members of MPS and Suburban Maryland Psychiatric Society are invited to come and meet with carefully selected legislators to weigh in on prospective legislation that may impact our profession. This is a great activity for residents and early career psychiatrists to consider, since it is interesting and important for us to be well-informed and proactive politically. We are very fortunate to have the professional input from our lobbyist, Philip Cronin, and the stellar leadership of our Legislative Committee Chair, Dr. Annette Hanson, to guide us through this process. During the General Assembly, the Legislative Committee conducts a Wednesday evening phone conference to strategize and review proposed legislation. [See [page 4](#) for bills of interest identified at the first meeting.] If anyone is interested in participating in any of these activities, I would urge you to contact [Kery Hummel](#) or Dr. Hanson for further details.

Another interesting event will be the Maryland Health Association of Maryland's Legislative Reception and Briefing beginning at 4:30 pm on February 8th. This is always a special occasion and a good opportunity for networking. Senator Barbara Mikulski will be receiving the Lifetime Distinguished Service Award, and familiar names will be on a panel to discuss "Health Care Reform at the Crossroads:" John Colmers and Drs. Anita Everett and Harsh Trivedi. This is an important fundraising activity for MHAMD, so go to their [website](#) for full details.

One housekeeping matter should be addressed. The staff and Council of the MPS have appreciated your efforts to adapt to our new calendar year dues and to our efforts to use centralized billing with the APA. In the long run, this change will be in everyone's best interest and allow our members greater flexibility in setting up their own payment plan. In the short run, we realize that the transition has been confusing for some. Our staff and Membership Committee (under Dr. Susan Lehmann's leadership) have compiled a list of members owing dues and, along with members of Council, will continue the rather cumbersome process of contacting them directly regarding the outstanding balance. We ask that you respond to our entreaties ASAP. It is very important to realize that MPS did bill dues for the last 6 transition months in 2016. In order to maintain membership in both MPS and the APA, the bill for 2016 MPS dues and the bill for 2017 MPS + APA dues must be paid before the end of March 2017. If you have any questions about your payment status, you should call MPS directly at 410-625-0232 for clarification.

In a grim update, DHMH has released figures for 2016 Maryland [overdose deaths](#) that continue to show a sharp spike, mostly due to heroin and fentanyl. The number of intoxication deaths has nearly doubled since 2010, and this epidemic should be considered a public health priority. Our patients may require our help in seeking treatment. Resources include the website [MdDestination-Recovery.org](#) and the Maryland Crisis Hotline that provides 24/7 support at 1-800-422-0009.

Merle C. McCann, M.D.

MPS Best Paper Awards Deadline February 15

To recognize outstanding scholarship by young psychiatrists in Maryland, the MPS established annual "best paper" awards in 2013. The Academic Psychiatry Committee is currently soliciting nominations in two categories:

- **Best Paper by an Early Career Psychiatrist (ECP):**
Eligible psychiatrists are ECPs who are first authors of papers published or in press in 2016.
- **Best Paper by a Resident-Fellow Member (RFM):**
Eligible psychiatrists are residents or fellows who are first authors of papers that were written, in press, and/or published in 2016.

Scholarly work of all kinds (e.g., scientific reports, reviews, case reports) will be considered. If you would like to nominate a paper and author, please email or mail the paper to the appropriate address below by **February 15**. Please include a brief explanation of why you believe the work is worthy of special recognition.

Robert P. Roca, MD, MPH, MBA
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Sheppard Pratt Health System
6501 North Charles Street
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2017 End of Life Legislation

[HB 370](#), the Richard E. Israel and Roger "Pip" Moyer End-of-Life Option Act has been introduced by Delegate Pendergrass with 42 cosponsors. The bill proposes to allow assisted suicide/death with dignity in Maryland.

If enacted, this law could affect anyone who treats geriatric patients, people with HIV, people with Parkinson's disease or other neurodegenerative diseases, and psychiatrists who work in state institutions.

The bill has been introduced twice before. This year's bill is identical to last year's version.

There will be a hearing on this bill on Thursday, February 16 at 1:00 PM in the Health and Government Operations Committee.

The MPS Council will discuss the legislation at its next meeting, Tuesday February 14 at 8 PM in the MPS office. All members are welcome.

MPS Seeks Nominations for Lifetime of Service Award

At the March Council meeting, nominees will be considered for the Lifetime of Service Award to be given at the April 27, 2017 MPS annual meeting. Council would appreciate member suggestions as to who should be selected.

The award is given annually to a senior MPS member who has shown a consistent, career-long pattern of unwavering dedication, commitment, and leadership to the organization. Other qualities to be considered include significant contributions to the mental health of our community through clinical work, teaching, administration, or research. View past recipients [here](#).

Member nominations should be submitted no later than **March 10** for this year's award. Names and any supporting reasons you wish to include can be submitted by phone (410) 625-0232, email khummel@mdpsych.org or postal mail Maryland Psychiatric Society, 1101 St. Paul Street, Suite 305, Baltimore, Maryland 21202-6407.

Nominees for 2017 Anti-Stigma Advocacy Award

The annual Maryland Foundation for Psychiatry Anti-Stigma Advocacy Award recognizes a worthy piece published in a major newspaper that accomplishes one or more of the following:

- Shares with the public their experience with mental illness in themselves, a family member, or simply in the community.
- Helps others to overcome their inability to talk about mental illness or their own mental illness.
- Imparts particularly insightful observations on the general subject of mental illness.
- A Maryland author and/or newspaper is preferred.

The award carries a \$500 prize. To nominate a piece for consideration for the 2017 award, email it to mfp@mdpsych.org no later than **February 8**. The article should be published during the period of February 1, 2016 to February 9, 2017. The 2016 winner was Amy Marlow, whose article "[My dad killed himself when I was 13. He hid his depression. I won't hide mine.](#)" was published February 9, 2016 in the *Washington Post*.

New Resource

[August 2016 Maryland Attorney General opinion](#) on a health care provider giving information to the parents or custodian of a person over the age of 18 who is having a mental health crisis.

January 10th Council Highlights

Executive Committee Report

Dr. McCann reported on several topics:

- The Executive Committee continues to meet with MPS committee chairs individually in lieu of the single annual meeting of all chairs. This allows for more direct contact with the chair and the committee's needs. In February, the legislative and PAC chairs will meet with the EC.
- MPS and SMPS leadership will meet January 12 to discuss legislation of mutual interest. End of Life Options will be reintroduced this year. The Executive Committee will discuss this issue with Council and request input from members.
- Centralized billing with the APA is moving forward. Many MPS members still owe the 6-month 2016 dues to MPS, and both APA and MPS 2017 dues through centralized billing.
- A residents' luncheon will be held at University of Maryland on January 26.
- During the November 2016 Council meeting, in accordance with the MPS policy of reviewing the Executive Director's salary annually, Council asked the Executive Committee to perform this task and report back at the January Council meeting. Dr. McCann reported on the review of the Executive Director's current salary which covers 4 days of work (.8FTE). The salary is comparable to that of similar positions in the area. Council unanimously approved Mr. Hummel's compensation.

Executive Director's Report

Mr. Hummel discussed the following items:

- On February 8, the Maryland Mental Health Association will have its annual legislative briefing and reception in Annapolis. The MPS Council agreed to sponsor a table at the event. We will be seeking RFMs and ECPs to attend the event, especially if they have attended the Advocacy Days.
- The MPS database continues to be refined. Council encourages all members to register on the website so they can update personal information, pay dues and access the online MPS directory.
- Staff has been attending the Maryland Insurance Administration's Network Adequacy work group meetings. This group will develop Maryland regulations for network adequacy in accordance with legislation passed in 2016. The final meeting is in February. Dr. Ellen Weber with the University of Maryland School of Law worked with a group to examine regulations that have been developed in 23 states. They include standards for time and distance, essential community providers, interpreters and physician to population ratios. Dr. Weber has agreed speak to Council at the March meeting to give her perspective.

Secretary-Treasurer's Report

The end of year report for 2016 is currently being developed. This short year report will reflect the MPS revenues and expenditures for July 1, 2016 through December 31,

2016. Following this transition period, MPS financial reports will be based on a calendar year.

Membership Committee Report

Dr. Palmer presented the Membership Report as Dr. Lehmann was unable to attend. A dues relief request was reviewed and unanimously approved by Council.

Council received a list of members owing MPS dues for the 6-month period through the end of 2016, along with those who owe 2017 dues for APA and MPS through centralized billing. The email message divided the list among Council members for them to follow up. The drop date for non-payment of both MPS and APA dues is March 31. Council received a packet that explained the drop list, including sample emails to send to members.

In discussing billing, Council raised concern that the late fees assessed are punitive. Council voted unanimously to no longer assess late fees for MPS dues since we have moved to centralized billing with APA for non-lifers.

Council also discussed the cost of certified letters that are used to be sure members have received 30-days' notice before they are dropped. MPS bylaws currently state that email and phone calls can be utilized to contact members regarding their dues, and that certified letters are used only as a last resort if there has been no verified contact. Staff was asked to review the bylaws regarding "Dismissals and Resignations" and provide wording to replace the certified letter requirement with a regular postage letter with "return service requested" while maintaining the provisions for telephone, email and a verified response from the member that they have been contacted. This change will be reviewed by Executive Committee for the February Council meeting and, if approved, will be included on the MPS election ballot.

New Business

Dr. Zimnitzky asked Council to nominate members for the MPS Lifetime of Service Award. [See page 2 for details.] Anyone who has a question about whether an individual meets the criteria for the award should contact Kery at the MPS office (410-625-0232). Council will vote on the recipient at the March meeting.

There's Still Time to Renew!

Let MPS and APA help you with a fresh start for the new year! We are working toward new opportunities and initiatives to support members at every stage of their careers, and look forward to your continued membership. If you haven't paid dues already, it's not too late but you need to act quickly since drops are next month. Renew today [WITH APA](#) and [with MPS](#). Call the MPS office at 410-625-0232 or [email us](#) if you are not sure what you owe. Let's keep building on the successes we have achieved together.

Maryland News

2017 Legislative Update

Following are bills that are of interest to the psychiatry in Maryland, along with the action that MPS has chosen to take on each bill. If you have any questions, please do not hesitate to contact [Kery Hummel](#) or our lobbyist, [Philip Cronin](#).

SB 135- Crimes - Child Abuse and Neglect - Failure to Report- This bill makes it a misdemeanor for a person to knowingly fail to provide a required notice or make a required report of suspected child abuse or neglect. A violator is guilty of a misdemeanor and subject to a maximum penalty of up to one year imprisonment and/or a \$1,000 fine.

Notes: MPS/SMPS will reluctantly oppose this legislation. While we fully support efforts at improving reporting of suspected cases of childhood physical and sexual abuse, but we must oppose for the following reasons: (1) Currently, physicians have a duty to report suspected cases of abuse or neglect. If a physician does not make a report of suspected abuse or neglect, he/she is potentially subject to: disciplinary action by the Board of Physicians, and civil liability in a malpractice lawsuit. We don't believe that adding criminal penalties is necessary or would lead to increased reporting.

(2) The current statute states that a mandated reporter "who has reason to believe that a child has been subjected to abuse or neglect, shall notify the local department or the appropriate law enforcement agency." In 1993, however, the Attorney General wrote an opinion that interpreted the law as requiring a mandated reporter to make a report of any suspected abuse/neglect, *no matter when that abuse had occurred or whether the alleged victim is a child or an adult*. This broad interpretation would mean that psychiatrists would be required to report possible abuse that occurred decades earlier, even if the alleged perpetrator is deceased. This would have a chilling effect on the treatment of our patients, as many people have taken years to develop the courage to discuss abuse with a psychiatrist. To tell them that we need to make a report would often lead them to avoid treatment altogether.

While we fully support reporting of suspected abuse and neglect, education about reporting for mandated reporters is key. We believe that it would be far more effective to focus on education for rather than criminalization of mandated reporters.

SB 193- Physicians - Professional Liability Insurance Coverage - Notification and Posting Requirements- Requiring physicians licensed to practice medicine in the State to notify patients in writing and on each visit of specified information relating to professional liability insurance coverage; requiring the notification to be signed by the patient and retained by the physicians as part of the patient records; requiring the physician to post specified information in a specified location

in their place of practice; requiring the State Board of Physicians to develop specified language for the notification.

Notes: MPS/SMPS will follow MedChi on this bill as it is broadly applicable to all physicians in the State. A similar bill failed to pass in 2009.

SB195- Physicians - Licensure - Liability Coverage (Janet's Law)- Requiring licensed physicians to maintain specified minimum amounts of professional liability insurance or attest to specified coverage as a condition of licensure and comply with specified regulations; requiring a licensed physician to notify the State Board of Physicians of the cancellation of the insurance or coverage within a specified time period; requiring a physician to provide the Board with specified verification or documentation on a specified application and at any other time on request of the Board.

Notes: MPS/SMPS will follow MedChi on this bill as it is broadly applicable to all physicians in the State.

HB 189- Hospitals - Substance Use Treatment Demonstration Program – Requirements- This bill authorizes up to five hospitals in the State to participate in a substance use treatment demonstration program to find best practices to (1) identify patients who may be in need of substance use treatment; (2) screen patients using a standardized process and screening tool; and (3) refer patients in need of substance use treatment to appropriate health care and support services. A hospital seeking to participate must apply to the Health Services Cost Review Commission (HSCRC). HSCRC, or an entity authorized by HSCRC, must select program participants and develop a methodology to evaluate the effectiveness of the program, including an analysis of the effect of the program on total cost of care.

Notes: MPS/SMPS will support this legislation. MPS/SMPS supported a similar measure in 2016, HB 908 (2016), but the bill unfortunately stalled in the Senate late in session and was never passed.

2017 MPS Advocacy Days

On **Wednesday February 8 and Thursday February 9**, we hope to have several members attend meetings in Annapolis with House and Senate leadership. MPS lobbyists set up the meetings to discuss current and future legislation that affects psychiatry and mental health in Maryland. Interested members should contact Kery at the MPS office (410-625-0232) or email khummel@mdpsych.org. The Suburban Maryland Psychiatric Society has also been invited to participate since they represent Prince George's and Montgomery Counties in Maryland.

Maryland News

Other Mental Health Legislation

The Mental Health Association of Maryland has several other bills on its 2017 list. A few of them are included here. [SB35](#) provides that a mental health program intended to divert youth from the juvenile justice system may exceed 90 days without a court order. [HB 60](#) establishes a Commission to sell, transfer, or otherwise dispose of the Crownsville Hospital Center property. [HB 184](#) requires DHMH to develop a notice explaining CDC guidelines for treating ADHD, and requires the notice be posted online and displayed in offices of clinicians who treat children and adolescents. [HB 331](#) restricts the use of physical restraint and seclusion in public and private schools and outlines safeguards and other requirements related to the use of seclusion. [HB 352](#) regulates the use technology for the remote delivery of clinical behavioral health services.

[See [page 4](#) for the initial bills on the MPS Legislative Committee's list.]

Proposed Maryland Regulations on Outpatient Civil Commitment

On January 6, DHMH proposed regulations for a pilot program for outpatient civil commitment to allow for release of individuals who are involuntarily committed for inpatient treatment. Please [click here](#) for the proposal, which may need some added protections for patients who resist treatment for reasonable reasons or lack capacity to make these decisions. Suggested changes: .02: remove requirement for board certification. .05 E & G: modify so reasonable reasons for refusing treatment are not used against individuals. .05 J: guidance is needed to improve how this test should be interpreted. .05 K and .09 D(4)(a): Add that individual must be able to competently refuse. .07 A & .09 A: typos, should be 3 days and 10 days. 10 A: Specify consequences of failure to follow the treatment plan. Email [Steve Daviss](#) for details.

Public comments are being accepted until **February 6**. Send to Michele A. Phinney, Director, Office of Regulation and Policy Coordination, DHMH, 201 W. Preston Street, Room 512, Baltimore, MD 21201, or call 410-767-6499, or email dhmh.regs@maryland.gov, or fax to 410-767-6483.

As many as [46 states](#) have measures for assisted outpatient treatment (AOT).

Maryland Behavioral Health Coalition Rally

Thursday February 23, 2017

from noon to 1 PM. Lawyer's Mall in Annapolis.

Visit www.KeepTheDoorOpenMd.org for more information.

Mandated Reporting to MBP

Psychiatrists who have privileges or are employed by hospitals or related institutions, or who employ physician assistants, should be aware of regulations that went into effect in November, [COMAR 10.32.22](#) (scroll to the bottom for this regulation and click the section(s) of interest). Hospitals and similar institutions must now report to the Maryland Board of Physicians (MBP) within 10 days of any change taken by the entity with respect to a physician or other practitioner. The 10-day period applies from the date of the action, not after the appeal process. This applies for any action that denies, restricts, limits, changes, removes, terminates, suspends, or places any conditions or restrictions on privileges and/or salaried or contractual employment for reasons that might be grounds for disciplinary action as determined by the MBP. However, termination of a physician assistant for quality of care issue is reportable within 5 days. Certain changes are not reportable, for example, maternity leave.

The [reporting form](#) must be sent to the MBP intake manager. The MBP can investigate any failure to report, impose fines and file a public notice.

CDS Prescribers MUST Register with PDMP by July 1

Reminder: ALL CDS prescribers MUST be registered with the Maryland PDMP by 7/1/2017, at which time issuance of a new or renewal CDS permit will be dependent on successful completion of PDMP registration.

Registration must be completed by the prescriber her/himself, but if you have an existing CDS permit number, you can use the streamlined auto-registration. Details about who is eligible for the streamlined auto-registration and what to have on hand to register is in the [Quick Reference](#) and on the PDMP Registration homepage, <http://crisphealth.org/services/prescription-drug-monitoring-program-pdmp/pdmp-registration/>. This last link is a central hub of information about PDMP registration, including step-by-step registration guides for [new](#) and [renewing](#) prescribers, links to the statute, Fact Sheets, and clinical resources, as well as buttons that lead providers into the Standard and Auto-Registration workflows.

For more information, visit www.MarylandPDMP.org or the CRISP website, <https://www.crisphealth.org/services/prescription-drug-monitoring-program-pdmp/>, and review the [PDMP Legislation Fact Sheet](#) and the [Quick Reference](#), which explains exactly who is impacted by the PDMP mandate.

*Kate Jackson, M.P.H.
DHMH PDMP Manager*

HHS Updates Guidance on Disclosing PHI

The Department of Health and Human Services Office of Civil Rights (OCR) recently released a series of clarifying guidance documents on how the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule permits disclosures of protected health information (PHI). [HIPAA FAQs for Professionals](#) are organized into several searchable categories.

In addition, OCR and the Office of the National Coordinator for Health Information Technology (ONC) released a [fact sheet](#) explaining how HIPAA permits disclosures of PHI to support public health activities conducted by public health agencies, as authorized by state or federal law. It provides examples of how to exchange PHI for scenarios such as:

- Reporting of disease
- Conducting public health surveillance
- Public health investigations and interventions
- Exchanges subject to Food and Drug Administration jurisdiction
- Identifying patients exposed to a communicable disease
- Supporting medical surveillance of the workplace
- Using certified electronic health record technology

The AMA [toolkit on related aspects of HIPAA](#) includes requirements around privacy and security.

From [January 25 AMA Wire post](#)

To learn more about the ways HIPAA supports the sharing of information, view the [HealthIT.gov HIPAA Blog Posts and Fact Sheets Series](#).

Musicians & Mood Disorders: A Conversation with Midori and Dr. Kay Redfield Jamison

On **February 7** from 9:30 to 11:00 AM in Cohen-Davison Hall at The Peabody Institute, acclaimed violinist Midori joins Dr. Kay Redfield Jamison, writer and Professor of Psychiatry at Johns Hopkins, in a conversation about the complicated relationship between creativity and mental illness in performing artists. It will be moderated by Dr. Karen Swartz, Clinical Director of the Johns Hopkins Mood Disorders Center and Director of the Adolescent Depression Awareness Program. The event is free of charge; however, seating is limited. Please **reserve your seat by February 3** by contacting the Peabody Box Office at 667-208-6620.

21 Principles for Reforming Prior Authorizations

The utilization management (UM) requirements that gobble up physician and staff time while interrupting or delaying appropriate care need to be reshaped to ensure they are clinically valid and implemented in a way that is transparent, timely, efficient, flexible and standardized. That is the message set forth in a comprehensive set of 21 principles released in January 2017 by the AMA and a coalition of 16 other organizations, including the American Academy of Child and Adolescent Psychiatry and groups representing physicians, medical groups, hospitals, pharmacists and patients. The coalition is reaching out to health plans, benefit managers and utilization-review entities, along with accreditation organizations, to adopt the [21 principles](#) to slash the administrative burden and protect patients, while encouraging proper use of medical interventions. The principles are divided into five broad categories:

- Clinical validity.** This includes concepts such as UM criteria being based on up-to-date clinical criteria and never cost alone. This category also highlights the need for flexibility to meet patient-specific needs.
- Continuity of care.** This set of principles is designed to ensure that patients' care isn't disrupted by prior authorization requirements. An example is patients who are stable on a treatment regimen upon enrollment should have a minimum grace period for during which medical treatments or drug regimens continue while UM requirements are addressed.
- Transparency and fairness.** The principles in this category address the need for detailed explanations for denials and full public disclosure of all coverage restrictions in a searchable, electronic format. For example, incorporating accurate formulary data and prior authorization and step therapy requirements into electronic health records (EHRs) is critical to ensure that providers have the requisite information at the point of care.
- Timely access and administrative efficiency.** This includes principles that establish maximum response times for UM decisions and seek health plans' acceptance of electronic prior authorizations. An example is coverage determinations should be part of the prior authorization process, which should be a commitment to payment of the claim.
- Alternatives and exemptions.** This category includes a call for health plans to offer at least one alternative to prior authorization, such as a "gold card" program. For example, a provider who participates in a financial risk-sharing payment plan should be exempt from prior authorization and step therapy requirements for covered services.

From [January 25 AMA Wire post](#)

APA News & Information

Federal Confidentiality Rule Updated Regarding Substance Use Treatment

Federal regulations regarding the confidentiality of patient records on treatment for alcohol and other substance use disorders have been updated to account for the evolution of integrated care and other changes. The update appears in the form of a final rule published in the [Federal Register](#).

The previous regulations governing the confidentiality of substance use disorder records (referred to as "42 CFR Part 2") were promulgated in 1975 to protect the confidentiality of patients receiving services for alcohol and other substance use disorders through programs that receive federal assistance. Major provisions in the final rule include the following:

- SAMHSA will allow any lawful holder of patient identifying information to disclose Part 2 patient identifying information to qualified personnel for purposes of conducting scientific research if the researcher meets certain regulatory requirements. SAMHSA also permits data linkages to enable researchers to link to datasets from data repositories holding Part 2 data if certain regulatory requirements are met. These will enable more needed research on substance use disorders.
- SAMHSA will allow a patient to consent to disclosing their information using a general designation to individuals and/or entities (such as "my treating providers") in certain circumstances. This change is intended to allow patients to benefit from integrated health care systems while retaining patient choice, confidentiality, and privacy; patients do not have to agree to such disclosures.
- SAMHSA has added a requirement allowing patients who have agreed to the general disclosure designation the option of receiving a list of entities to whom their information has been disclosed.
- SAMHSA has made changes that outline the audit or evaluation procedures necessary to meet the requirements of a CMS-regulated accountable care organization or similar CMS-regulated organizations. This change will ensure CMS-regulated entities can perform necessary audit and evaluation activities, including financial and quality assurance functions critical to accountable care organizations and other health care organizations.
- The final rule addresses both paper and electronic documentation.

APA staff are analyzing the final rule.

From [January 17 Psychiatric News Alert](#)

Victory on Aetna-Humana Merger

On January 23, Federal Judge John D. Bates blocked the long-proposed merger of Aetna and Humana for the Medicare Advantage product market and for commercial products sold on exchanges. In his ruling Judge Bates found that the merger would have substantially lessened competition in certain counties in the United States.

This ruling is a victory for organized medicine. As you recall, APA joined the American Medical Association and other specialties in expressing opposition to this proposed merger. While echoing the competition and consumer choice arguments articulated by its sister organizations, APA also raised concerns about the merger's potential negative impact on the Mental Health Parity and Addiction Equity Act (MHPAEA), and the provision of quality evidence-based mental healthcare. In a 2015 letter to the Department of Justice, we asked federal regulators to thoroughly investigate both Aetna and Humana's compliance with MHPAEA, including their maintenance of an adequate MH/SUD provider network.

Aetna may still appeal the judge's ruling, and APA will continue to monitor developments. A ruling on another proposed merger between Cigna and Anthem (where APA voiced similar concerns) is expected soon.

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

DSM-5 Site Update

The APA's [DSM-5 website](#) was recently updated and expanded. You can now:

- Access a variety of online educational resources (fact sheets, webinars and more)
- Get help with reimbursement and transition to ICD-10
- Submit proposals for making changes to *DSM-5*
- Download updates to *DSM-5*
- Submit feedback and ask questions

Free Member Course of the Month

Each month, the APA gives members access to an online course on a trending topic at no charge. The February course is **Myths and Misperceptions of Opioids and Cannabis** with Nora Volkow, M.D. from the National Institute on Drug Abuse. [Access the course here.](#)

President Donald Trump issued a freeze on January 20 that requires federal agencies not to issue any new regulations or guidance documents, pull back any regulations or guidance under review by the Office of the Federal Register, and temporarily postpone regulations and guidance that have been published but have yet to take effect. APA is seeking information to understand the impact of the freeze.

Medicare News

Psychiatric Code Updates

On January 12, CMS published changes that reflect the annual CPT/CHPCS code updates for psychiatric and mental health services (L35101). Effective for dates of service on and after January 1, either the short and/or the log description was changed for codes 90832, 90833, 90834, 90836, 90837, 90846 and 90847. Please [click here](#) and scroll down to view the updated coding information.

Proposed/Draft Policy on Coverage of rTMS

Novitas posted a Draft Local Coverage Determination (LCD) for [Repetitive Transcranial Magnetic Stimulation \(rTMS\) in Adults with Treatment Resistant Major Depressive Disorder \(DL34998\)](#). The LCD includes coverage guidance, documentation requirements and coding information. The draft is open for comment until **March 9**. Please click to [submit comments](#).

Chronic Care Management

Register for the "[Understanding and Promoting the Value of Chronic Care Management Services](#)" MLN Connects® Call scheduled for 1:30 to 3:00 PM Tuesday, **February 21**. CMS experts will discuss the benefits of providing Chronic Care Management (CCM) services and changes for CCM in the Medicare Physician Fee Schedule, in addition to providing CCM resources and answering questions.

A new [Care Management page](#) is available with fact sheets, FAQs, and other information.

The [Chronic Care Management Services Changes for 2017](#) fact sheet has information about 2017 coding changes, included services and reduced requirements for initiating care.

The existing [Chronic Care Management Services](#) fact sheet has been revised, and addresses separately payable services for patients with multiple chronic conditions, codes and Physician Fee Schedule billing requirements and more.

Updated Open Payments Data

On January 17, CMS updated the Open Payments dataset to reflect changes that took place since the last publication on June 30, 2016. The updated dataset is now available for viewing at <https://openpaymentsdata.cms.gov/>. Every year, CMS updates the Open Payments data at least once to include updates from disputes and other data corrections made since initial publication. The updates affect all types of payments or transfers of value to physicians and teaching hospitals and physician ownership or investment interests.

Quality Payment Program Resources

CMS recently posted new resources to the Quality Payment Program [website](#) to help eligible clinicians prepare to participate in the program, including:

- [Quality Payment Program: Key Objectives](#)
- [Advancing Care Information Fact Sheet](#)
- [Alternative Payment Models](#) (APMs) in the Quality Payment Program
- [Improvement Activities](#) in MIPS APMs
- [APMs: Medicaid and All-Payer Models Fact Sheet](#)

Attest to 2016 EHR Incentive Program Requirements by February 28

The [Registration and Attestation System](#) is now open. Participants in the Medicare Electronic Health Record (EHR) Incentive Program must attest to the [2016 program requirements](#) by **February 28** to avoid a 2018 payment reduction. The EHR reporting period is any continuous 90 days between January 1 and December 31, 2016. If you are participating in the Medicaid EHR Incentive Program, please refer to your [state's deadlines](#) for attestation information. If you are eligible to participate in both the Medicare and Medicaid EHR Incentive Programs, you must demonstrate meaningful use to avoid the Medicare payment reduction. You may demonstrate meaningful use under either Medicare or Medicaid.

Resources:

[Registration & Attestation](#) webpage
 Attestation Worksheets for [Eligible Professional \(EP\)](#)
 Registration User Guides for [EP](#)
[Attestation Batch Upload](#) webpage

For questions, contact the EHR Information Center at 888-734-6433 (press option 1).

Medicare News

MedChi's MIPS Tutorial Series

MACRA replaced three Medicare reporting programs with the Merit-based Incentive Payment System (MIPS):

- Physician Quality Reporting Program (PQRS)
- Value-Based Payment Modifier (VM).
- Medicare Electronic Health Records (EHR) Incentive Program, also known as Meaningful Use.

Under the combination of the previous programs, providers would have faced a negative payment adjustment as high as 9% total in 2019, but MACRA ended those programs, reduced the potential negative payment adjustments in the early years, and streamlined the overall requirements. While these three programs will end in 2018, if you have participated in these programs in the past, then you will have an advantage in MIPS because many of the requirements should be familiar.

Who will NOT participate in MIPS?

- FIRST year Medicare Part B participants.
- Practitioners with total Medicare billing charges less than or equal to \$30,000 OR practitioners who provide care for 100 or fewer Medicare patients in one year.
- Participants in ELIGIBLE Advanced Alternative Payment Model.
- Hospitals and facilities.

Pick your pace in MIPS. The size of your payment adjustment will depend both on how much data you submit and your quality results. If you choose the MIPS track of the Quality Payment Program, you have these options:

- Don't Participate- Not participating in the Quality Payment Program: If you don't send in any 2017 data, then you receive a negative 4% payment adjustment.
- Submit Something- Test: If you submit a minimum amount of 2017 data to Medicare (for example, one quality measure or one improvement activity), you can avoid a downward payment adjustment.
- Submit a Partial Year- Partial: If you submit 90 days of 2017 data to Medicare, you may earn a neutral or small positive payment adjustment.
- Submit a Full Year- Full: If you submit a full year of 2017 data to Medicare, you may earn a moderate positive payment adjustment.

MIPS Categories are:

- Quality – 60% (Replaces the PQRS, Physician Quality Reporting System).

- Advancing Care Information – 25% (Replaces the Medicare EHR Incentive Program, also known as Meaningful Use).
- Clinical Practice Improvement Activities – 15% (New Category.)

Following are specifics about the **Quality category** of MIPS:

- Most participants will report up to 6 quality measures, including an outcome measure, for a minimum of 90 days.
- There are 271 measures from which to choose.
- CMS has a web-based tool to help choose which measures may be best for a practice: <https://qpp.cms.gov/measures/quality> (Note: The tool is for informational and estimation purposes only. You cannot use it to submit or attest to measures or activities.)
- Please click [THIS LINK](#) for an alphabetical listing of MIPS Quality measures.

The **Advancing Care Information category** ends and replaces the Medicare EHR Incentive Program (aka Medicare Meaningful Use.)

- Clinicians must use certified EHR technology to report.
- CMS has created a web based tool to help practices choose which measures may be best: <https://qpp.cms.gov/measures/quality>. (Note: The tool is only for informational and estimation purposes. You cannot use it to submit or to attest to measures or activities.)
- Please see this [attachment](#) for details regarding the Advancing Care Information Measures.

From [January 17 MedChi News](#)
[January 23 MedChi News](#)
 and [January 30 MedChi News](#)

Take Advantage of MPS Member Benefits - Join the MPS Listserv!

MPS members are encouraged to join the listserv to easily share information with colleagues. An email message sent to the listserv goes to all members who have joined. Posts can be questions, information, thought-provoking articles and more. To join the listserv, please go to: <http://groups.google.com/group/mpslist>. You will have to wait for membership approval and will be notified by email. If you have any trouble, please call the MPS office at 410-625-0232.

Congratulations!

Congratulations to the MPS members below on becoming 50 year members of the APA!

Sigmund A. Amitin, M.D.
 Alan N. Arnson, M.D.
 Huell E. Connor, Jr., M.D.
 Bernadine C. Faw, M.D.
 Rolfe B. Finn, M.D.
 Mayer C. Liebman, M.D.
 Chester W. Schmidt, Jr., M.D.

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

C. Elizabeth Beasley, M.D.
 Robert W. Buchanan, M.D.
 Sara G. Bull, M.D.
 Linda de Hoyos, M.D.
 Stephanie S. Durruthy, M.D.
 Andrew G. Feinberg, M.D.
 Alfred W. Forrester, M.D.
 Candis D. Grace-Lee, M.D.
 Lisa S. Hovermale, M.D.
 Allan L. Levy, M.D.
 Gerald Nestadt, M.D.
 David N. Neubauer, M.D.
 Robert P. Roca, M.D., M.P.H.
 Bruce S. Rosenblum, M.D.
 Veena Shashidharan, M.D.
 Dina R. Sokal, M.D.
 Scott A. Spier, M.D.
 Diane E. Stabler, M.D.
 Ellen M. Volkman, M.D.

MPS Members Out & About

Mark Komrad's [review](#) of Dinah Miller's and Anne Hanson's book, [Committed: The Battle Over Involuntary Psychiatric Care](#) was published in *Psychiatric Times*.

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

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.

Jana MacKercher, D.O.
 Brittany Varner, M.D.

Transfers Into Maryland from Another District Branch

Sonya N. Kaveh, M.D.

Member Accounts on MPS Website

Last fall, the MPS website was updated to allow members 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 must register with an email ID and password. The email message entitled "**MPS Rolls Out Online Member Profile, Directory and Bill Pay – Register Today!**" explains how to register, and includes your MPS Member ID.

Once logged in, users can check their personal information, payments and contributions, and use 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.

2017 Dues Drop Date Next Month!

MPS dues notices for July – December 2016 were sent in June. Dues for calendar year 2017 were sent in October. **Both 2016 and 2017 dues are payable within 90 days, so they are now past due.** Members who do not either pay both MPS and APA dues in full or schedule a payment plan before the deadline will be dropped as of March 31. Please [contact the MPS](#) with questions, or to discuss dues relief options or payment arrangements.

Save The Date!

The MPS annual dinner will be held on
 Thursday April 27 from 6–10PM
 at the Hopkins Club in Baltimore.

The family of Dr. **Clarence Schulz** will hold a memorial service in his honor on **May 13** from 1:30 to 3 PM, at the Towson Unitarian-Universalist Church in Timonium. There will be time to offer comments/memories/anecdotes, if you wish. All attendees are invited to a reception afterwards at the Sheraton Baltimore North at in Towson.

Bonus Offered! Chief Psychiatrist Positions – Baltimore and Hagerstown – Staff Psychiatrist Opportunities Also Available

Why explore a career in correctional healthcare?

Loan repayment available!

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



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

TWO OPENINGS FOR ADULT & CHILD PSYCHIATRISTS

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

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

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

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

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

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

CLASSIFIEDS**EMPLOYMENT OPPORTUNITIES**

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. To learn more about MMH visit our website: mymentalhealthtms.com.

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 Adult and Child and/or Adult psychiatrist to join its thriving practice in Towson. NEVER SPEAK TO INSURANCE COMPANY FOR PREAUTHS! Very flexible scheduling. Unlimited vacation time. 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.

Advanced Therapeutic Connections Clinic is seeking a BE/BC psychiatrist to provide psychoeducation, med management, and/or therapy to a small number of patients. We are a person-centered agency looking for a psychiatrist to join our dedicated team. Minimal time commitment, competitive compensation, and potential Student Loan Repayment. Please contact Medical Director, Paola Sansur, MD at psansur@tsiconnect.com or 443-869-6512.

CHILD PSYCHIATRIST—The Outpatient Psychiatry Clinic at MedStar Franklin Square Medical Center seeks a 20 hour child psychiatrist. We allow 75 minutes for evaluations and 25 minutes for medication management. We offer very flexible hours, CME reimbursement, 6 weeks paid time off, 403B match, medical benefits, and fully paid malpractice insurance. Please send CV to stephen.pasko@medstar.net or call 443-777-7925 for details.

Psychiatrist/Medical Director - New Vision Behavioral Health Services Inc, is an outpatient mental health clinic and PRP program located in Baltimore City. We are seeking a part-time child and adult psychiatrist to join our team. Work with therapists, counselors, and rehabilitation counselors. 20 hours a week is needed for this position to split between 2 locations. If you are interested, email Carmen Castang at ccastang@newvisionbehavioral.org or call 410-929-2950. Visit us at www.newvisionbehavioral.org.

FACULTY OPPORTUNITY ADULT OUTPATIENT PSYCHIATRY UNIVERISTY OF MARYLAND, BALTIMORE - The University of Maryland School of Medicine, Department of Psychiatry is seeking a two full time Adult Psychiatrists to work in an outpatient setting. Opportunities to provide evidenced based clinical care are available via tele-mental health, the Department of Psychiatry Faculty Group practice and in a collaborative care model with primary and specialty care clinics. The positions carry a faculty appointment at the University of Maryland School of Medicine and offers exciting opportunities for clinical care and teaching psychiatric residents, child fellows and medical students. Academic rank and salary are commensurate with experience. Send a letter of introduction and CV to: Jill A. RachBeisel, M.D., Associate Professor, Chief of Clinical Services, Department of Psychiatry, University of Maryland School of Medicine, Baltimore, 110 South Paca Street, 4th floor, Baltimore, Maryland 21201 or electronically to jrachbei@som.umaryland.edu. The University of Maryland, Baltimore is an equal Opportunity/Affirmative Action Employer. Minorities, women, individuals with disabilities, and protected veterans are encouraged to apply.

Update on Interstate Licensure Compact

Some states are expected to start issuing licenses to physicians after a delay that occurred when the FBI told Minnesota and Montana that its criminal background data could not be shared with the Interstate Licensure Commission. Other states are introducing legislation to address the FBI objection. The compact among state licensing boards and the commission that administers it are designed to make it easier for physicians to become licensed in multiple states. This will be especially beneficial for physicians who practice telemedicine or do locum tenens work.

From January 27 Medscape article

ROBUST RISK MANAGEMENT EDUCATION



Malpractice insurance coverage through PRMS is so much more than a policy – we offer psychiatry-specific risk management support you can count on. Some important benefits included with every policy are:



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DONNA VANDERPOOL, MBA, JD
VICE PRESIDENT, RISK MANAGEMENT



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Insurance coverage provided by Fair American Insurance and Reinsurance Company (NAIC
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