MARYLAND PSYCHIATRIC SOCIETY

MPS NEWS

Volume 31, Number 2 | Editor: Heidi Bunes | June 2017

In This Issue

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

The next MPS Council meeting will be held at 8 PM Tuesday, June 13 in the MPS office

President's Column

Changing Of The Guard

It is the end of an era. Kery Hummel served as the MPS Executive Director in glorious technicolor for over 10 years. During his tenure, which overlapped to a great extent with my own, we streamlined our legislative process, overhauled our website and converted our budget to a calendar year, putting us in sync with APA and most other district branches. One benefit of this last change was to allow the APA to take over most our dues billing and free our staff for other endeavors. (Centralized billing kinks are still being smoothed out.)

Kery's extensive experience in health policy and unique talent for fostering relationships helped make the MPS a model district branch. Our relationship with other Maryland stakeholders, including DHMH, MHAMD and MedChi flourished under his stewardship. He was also instrumental in the evolution of my personal involvement in the MPS, from Legislative to Executive Committee. I am thrilled that we will still be able to cross paths with Kery intermittently, as he will be working with APA District Branches on behalf of APA, Inc.

I am also very excited about the new era we are entering. Pending input from Council, the Executive Director's role will be resumed by Heidi Bunes, a long-time staff member and former MPS Executive Director. Meagan Floyd, who has overseen our CME activities and the overhaul of our website, will be taking over as the Associate Director. I am delighted that Heidi and Meagan are here and, with their experience and professionalism, in the unique position to make our transition seamless. The Executive Committee and I look forward to working through these exciting changes with you in the coming year.

Plus ça change, plus c'est la même chose —
Jean-Baptiste Alphonse Karr

Jennifer Teitelbaum Palmer, M.D.

Member Updates and Survey

The MPS sent member information update forms as well as the 2017 member survey at the end of May. Please watch your US mail and return your information promptly!

The MPS membership directory will be published in late Summer and we depend on you to make sure our information is up to date. If you opt in, this data is also used for the online Find a Psychiatrist and the telephone patient referral service. **We are adding many more insurance participation options**, so be sure to indicate all networks you're part of.

Survey results will be published in a fall issue of *MPS News*, and MPS leadership will consult this member input as the year progresses. This is the easiest way for you to play a role in the organization, so don't miss this opportunity! Please click here to take the survey online.

Please call the MPS office at 410-625-0232 or email mps@mdpsych.org with questions.

2017-2018 Meeting Dates

June 13, 2017	Council Meeting, 8PM
September 12, 2017	Council Meeting, 8PM
September 16, 2017	Physician Assisted Suicide CME
No October Meeting	
November 11, 2017	Psychopharmacology CME
November 14, 2017	Council Meeting, 8PM
No December Meeting	
January 9, 2018	Council Meeting, 8PM
February 13, 2018	Council Meeting, 8PM
March 13, 2018	Council Meeting, 8PM
April 10, 2018	Council Meeting, 8PM
April 26, 2018	MPS Annual Dinner
No May Meeting	

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.

Ketankumar V. Bodarya, MBBS
Michael Bushey, M.D., Ph.D.
Taranjeet S. Jolly, M.D.
Barbara A. Kim, M.D.

Reinstatement
Brian J. Grady, M.D.

MPS Members Out & About

On May 10, Drs. **Dinah Miller** and **Annette Hanson** participated in the Writers LIVE program in downtown Baltimore discussing their book, *Committed: The Battle over Involuntary Psychiatric Care*.

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

Daviss Wins Assembly Recorder Election

At their May 20 meeting, members of the APA Assembly chose Steven R. Daviss, M.D. (the MPS representative) to be Recorder. This position puts him on the path to become the Speaker of the Assembly, which represents the APA District Branches and recommends actions to the APA Board of Trustees. The new Assembly officers begin their terms at the close of the APA annual meeting.

New APA President Anita Everett

APA President Anita Everett, M.D. is encouraging members to step up their involvement with APA and continue the engagement and connections from the annual meeting in San Diego. The APA exists to help members meet their aspirations. "I encourage each of you to take just one more step to deepen your involvement with APA," Everett said in an annual meeting address. "It could be as simple as following APA's accounts on social media or taking one of the free member courses available each month. You could get more involved with your district branch or join the next phase of the PsychPRO registry." She outlined goals for her presidential year, emphasizing three areas—developing innovative systems for improving access to care, team-based care for first-episode psychosis, and initiatives regarding physician wellness and burnout. Everett urges, "Become what you aspired to be. You can make a difference, and I hope that in my term as president I can initiate a few things that enhance your professional lives, too. This is an exciting time for psychiatry, and I can't wait to see what we can accomplish together."

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

Death With Dignity:
Examining The Physician Assisted Suicide Issue
MedChi's Osler Hall
Saturday September 16, 2017
MedChi is a joint provider for this activity.
Registration information will be sent Summer 2017.

Psychopharmacology Update
Saturday, November 11, 2017
The Conference Center at Sheppard Pratt, Towson

Maryland News

Maryland Board of Physicians Cannot Require MOC

Following unanimous votes in the Senate and House, Governor Hogan approved HB1054/SB0989, a law that forbids MOC as a requirement for licensure in Maryland. It also prohibits any requirement for board certification. The law, which Governor Hogan signed on May 4, becomes effective October 1, 2017.

Bills Going Into Effect June 1

The 2017 legislative session ended on April 10. MPS considered over 85 pieces of legislation this year. Below is a list of new laws that go into effect on June 1st.

PLEASE NOTE: Unless otherwise indicated, the bills below have not been signed by the Governor, but they will become law automatically after 30 days of presentment to the Governor. In all likelihood, all passed bills which have NOT been signed will become law.

HB 580/SB 476- Behavioral Health Community Providers - Keep the Door Open Act- Requiring, except under specified circumstances, the Department of Health and Mental Hygiene to adjust the rate of reimbursement for community providers each fiscal year by the rate adjustment included in the State budget for that fiscal year. **Update:** This bill was rolled in to another piece of legislation targeting the opioid epidemic, the Heroin and Opioid Prevention Effort (HOPE) and Treatment Act of 2017 **HB 1329/SB 967** which passed. The amended bill provides a 3.5% rate increase for community providers for fiscal years 2019 and 2020. The bill further requires DHMH and the Behavioral Health Administration to conduct a study on community provider reimbursement and implement a payment system that reflects the actual costs of providing community behavioral health services. Governor Hogan signed this bill on May 25. **Most provisions take effect June 1, 2017.** The prior authorization provision takes effect January 1, 2018.

HB 1127/SB s968- Health Insurance - Coverage Requirements for Behavioral Health Disorders – Modifications- Altering specified coverage requirements applicable to specified health benefit plans for the diagnosis and treatment of mental illness and emotional, drug use, and alcohol use disorders (makes explicit additional SUD levels of care in the basic insurance benefit requirements). This legislation was signed by Governor Hogan on May 25.

*** Important PDMP Reminder ***

This is the last month to comply with the new requirement for prescribers of controlled dangerous substances (CDS), who must register with the Maryland Prescription Drug Monitoring Program (PDMP) no later than July 1. Whether your CDS license is up for renewal or not, or before obtaining a new or renewal registration from DHMH, every health professional with a CDS license must register. It can take about two weeks after online signup for a request to be approved, so register now to avoid the last-minute rush. Please visit the PDMP webpage on the MPS website for details.

Maryland Patient Referral Law – Exemption for Compensation Arrangements

A Maryland Insurance Administration bulletin issued May 19 advises health care practitioners regarding a new law affecting compensation arrangements. The 2017 General Assembly enacted Senate Bill 369, which amended the patient referral law in § 1-302 of the Health Occupations Article, Annotated Code of Maryland. With certain exemptions listed in § 1-302 (d)(1)-(11), current law prohibits a health care practitioner from referring a patient, or directing an employee under contract with the health care practitioner to refer a patient, to a health care entity in which the practitioner or an immediate family member owns a beneficial interest or has a compensation arrangement.

Effective June 1, § 1-302(d)(12) creates a new exemption for compensation arrangements funded by or paid under certain accountable care organization models authorized under 42 U.S.C. § 1395JJJ and 42 U.S.C.§1315A, or an alternative payment model approved by CMS. However, the exemption is subject to limitations. Among other things, Senate Bill 369 establishes a procedure for submitting a Participation Agreement to the Maryland Insurance Commissioner for review to ensure that the compensation arrangement does not constitute the business of insurance and does not violate the Insurance Article or regulations. Arrangements that are fully funded or paid under Medicare or Medicaid do not require filing with the Commissioner prior to implementation. For specifics, please click here.

Maryland News

Update on Residential Treatment Coverage for SUD

DHMH received CMS approval to waive the institutions for mental diseases requirements related to bed number and age restrictions and allow Maryland to provide the full continuum of substance use disorder (SUD) services for adults. All levels of care are based on American Society of Addiction Medicine (ASAM) criteria.

As of July 1, 2017, Maryland will implement these levels of care:

- 3.7 WM – Withdrawal management service under 24 hour medically supervised services;
- 3.7 – residential program with a planned regimen of 24 hour professionally directed evaluation, care and treatment
- 3.5 – Residential high intensity program that provides services in a highly structured environment with moderate to high intensity treatment and ancillary services to promote recovery
- And 3.3 – Residential medium intensity program, similar to 3.5 but requires a medium intensity or number of hours of treatment and ancillary services to support and promote recovery.
- Plans are in development to add 3.1 level of care beginning 1/1/2019.

Providers of these services must be licensed by the Office of Health Care Quality for each level of service.

Under the waiver, Medicaid will reimburse providers for individuals who meet ASAM criteria for placement for up to two 30-day stays within a rolling year. Room and Board for all stays will be reimbursed through state dollars, but the services will be managed under the administrative service organization (ASO), Beacon Health Options. (If a person attends residential treatment for 2 days and then leaves and returns a month later, that original Medicaid covered stay is exhausted. Regardless of the number of days used within that 30 day period, a stay equals up to 30 days with no discharge.) After a 2nd – up to 30 day stay is used, then, if the patient continues to meet ASAM criteria, state only dollars, as managed through the ASO will cover the rest of the stay.

Authorization rules and practices are in development, but the goal is to be minimally burdensome. Regulations should be posted soon.

DHMH is working on regulations for residential SUD services. In addition, telehealth regulations will be changed to allow SUD providers to become distant sites. Regulations have also been written for presumptive eligibility for individuals leaving correctional facilities. These regulations will be finalized shortly.

In addition, the Department rolled out the Opioid Maintenance Therapy Rebundling Program on **May 15**, which is expected to improve quality of services by separately reimbursing for individual and group counseling and medication management of visits by clinicians. Medicaid now has a re-bundled methadone reimbursement rate that includes a $63 per-week-per-patient bundle for methadone maintenance, and the ability for Opioid Treatment Programs to bill for outpatient counseling separately, as clinically necessary.

For more information, please see the Maryland Medicaid press release.

Renaming the Department of Health and Mental Hygiene

As a result of HB180/SB82, which passed in the General Assembly this year and was signed by Governor Hogan on April 18, Maryland's Department of Health and Mental Hygiene (DHMH) will be renamed the Maryland Department of Health. Renaming DHMH reflects the fact that mental health services are now within the purview of the somewhat recently established Behavioral Health Administration. This change will begin on **July 1**.

MedChi House Sets Policy

At its April 30 meeting, the MedChi House of Delegates (HOD) adopted a number of reports and resolutions. The HOD passed two resolutions to promote that the State link the marijuana registry to the prescription drug monitoring program (PDMP). It also passed policy reaffirming MedChi's strong support of Medicaid funding, and other policies related to Medicaid administration. Resolution 6-17 was adopted to promote that scientific knowledge, data, and research continue to be protected and freely disseminated in accordance with the US First Amendment, and that the AMA work with Congress and the Trump Administration towards this goal. Resolution 9-17 addressed "Care of the Dying Patient" and had a resolution "that MedChi oppose legislation to legalize physician assisted suicide and euthanasia". After much debate on both sides, this language was rejected by the HOD, leaving only a neutral statement supporting education about end-of-life care. To read these and other resolutions and policies, please visit www.medchi.org/HOD.

Steven R. Daviss, M.D.
MedChi Delegate

Maryland News

Maryland Physicians are Writing Fewer Opioid Prescriptions

MedChi, The Maryland State Medical Society released a study that show Maryland physicians are writing fewer opioid prescriptions. Maryland opioid prescriptions have dropped 13.3% in the last four years from 4,229,380 in 2013 to a total of 3,664,825 in 2016. Maryland has prescribed fewer opioid prescriptions than the national average each year from 2013 to 2016. In 2016, Maryland prescribers wrote 0.6 prescriptions per capita, which is below the national average of 0.7 per capita. The study concluded that each U.S. state saw a decrease in opioid prescribing during this time frame. While there are many hypotheses and correlations that can undoubtedly be made concerning the data, one is clearly that physicians have been more judicious in their prescribing decisions.

Even so, according to the Washington Post, "In Maryland, the number of heroin-related overdose deaths rose 72 percent, to 918, during the first nine months of last year, compared to the same period in 2015. Fatal overdoses related to prescription opioids jumped 17 percent, to 270, during that span." Hopefully the July 1 requirement to register with the PDMP combined with CME and increased public awareness, will help continue this downward trend in prescribing and have a positive impact on the epidemic.

From May 8 *MedChi News*

CME on Reducing Unhealthy Alcohol and Drug Use Among Patients

MedChi's Center for a Healthy Maryland is facilitating regional trainings for Behavioral Health System Baltimore to familiarize physicians with the Screening, Brief Intervention, and Referral to Treatment (SBIRT) program and the Prescription Drug Monitoring Program (PDMP). SBIRT is a proven, effective public health approach to identifying and providing early intervention among individuals at risk for developing substance use and other behavioral health disorders. All physicians with a controlled dangerous substance (CDS) license must sign up for the PDMP by July 1, 2017 at this site. The trainings feature Maryland addiction medicine specialists and experts from the Center for the Private Practice of Medicine. All trainings are free of charge, will be held from 5:30 to 9:00 PM, and include dinner and continuing medical education credits. The remaining dates this month include:

June 20, Meritus Medical Center, Hagerstown
June 22, Union Hospital, Elkton

Maryland Medicaid Pharmacy Program OUD Testimony

On May 4, I testified before the **Maryland Medicaid Pharmacy Program's P&T Committee**, which meets twice annually to determine changes in the medications on its preferred drug list (PDL). Preferred drugs do not require prior authorization (PA), while nonpreferred drugs do require a PA. I served on the P&T Committee for 5 years from 2008-2012.

Drugs used to treat opioid use disorder (OUD) were among the categories addressed at the meeting, and I testified in support of open access to all opiate addiction medications. As of the meeting date, the Medicaid PDL includes methadone, naloxone, buprenorphine tablets, and oral naltrexone, but does not include buprenorphine film or long-acting injectable naltrexone (Vivitrol).

Besides the opioid overdose epidemic statistics, a key plank in my testimony was House Bill 887 by Delegate Pena-Melnyk, which garnered bipartisan unanimous support in both houses for prohibiting PA restrictions on OUD medications for private insurance. I pointed out the tragic unfairness of a situation where people with private insurance have unrestricted access to these life-saving drugs, while those with Medical Assistance must overcome hurdles to receive them. While there was some debate about the need to save money, the lack of clear superiority of film over tablets, and the risk of diversion of film into the jails, it was the private-public insurance equity argument that seemed to be most persuasive.

They voted for open access to all forms of OUD meds, so that all are to be included on the PDL (including two forms of buprenorphine film and Vivitrol). This is a big win for those of us who treat OUD and will no longer need to spend precious time getting PAs and being concerned for lapses in access to medication due to delays from the PA process. The Secretary must still sign off on this, but with Governor Hogan's support on the opioid crisis, I presume this won't be a problem.

Steve Daviss, M.D., DFAPA

Md Medicaid Pharmacy Program Update

Effective May 16, **brand Metadate CD® capsules is no longer be preferred over its generic equivalent.** Claims for brand Metadate CD capsules require prior authorization on an approved Medwatch form. No prior auth is needed for the generic. For a complete list of the Preferred Drug List (PDL) click here.

Maryland News

Maryland Continues Work on Medicare Waiver

The State of Maryland is in negotiation with the Federal government on the next phase of Maryland's all-payor model contract, which has been in place in Maryland for over forty years. The contract will end in 18 months unless an agreement is reached. DHMH continues to meet with MedChi, the insurers, and the Maryland Hospital Association to gather input while negotiating almost weekly with CMS officials.

MedChi sees the process as an opportunity to improve the waiver for physicians, and has set the following goals:

- MACRA Compliant - MedChi wants to make sure whatever is created is compliant with Federal rules. In a perfect world, CMS would give credit to Maryland physicians for the risk inherent in the waiver and consider the entire waiver an Alternative Payment Model (APM).
- APMs – MedChi does not want physicians to be at a disadvantage with respect to Alternative Payment Models. Other states have been allowed to implement programs that Maryland cannot adopt because of the waiver.
- No Rate Setting – We do not want a hospital-like rate setting program for Maryland physicians. MedChi will fight to ensure physicians have flexibility that allows for innovation.
- Protect Patient Rights - Whatever systems or programs that are created should focus on patients' rights. Patients should not have to worry that they are not getting the best healthcare because of a payment system.
- Checks and Balances - Fairness for all parties, including patients, physicians, and hospitals.

Learn more about the Maryland all-payor contract by visiting the Law and Advocacy Section of MedChi's website. The State has said that it hopes to complete the entire negotiation, clearance, and approval by the end of this year. MedChi sees this process as an opportunity to improve physician payment under this unique system.

From May 15 *MedChi News*

Reimbursement of Problem Gambling Treatment Services

Starting May 1, the BHA has partnered with Behavioral Health System Baltimore (BHSB) to reimburse Substance Use Disorder (SUD) providers who provide treatment for problem gambling. Funding comes from revenue collected by Maryland casinos. This is a state-only program and reimbursement is only available when the service provided is not already covered by Medicaid. Reimbursable services include: an Assessment, Individual Outpatient Therapy, Group Therapy and Intensive Outpatient. The rates are the same as for provider type 50 (SUD program) and type 32 (opioid treatment program). Click here for more information.

APA News & Information

APA Opposition to AHCA

On May 4, the House of Representatives passed H.R. 1628, the American Health Care Act (AHCA), by a vote of 217 to 213. This legislation repeals and replaces key provisions of the Affordable Care Act, and makes foundational reforms to Medicaid. The APA joined a broad spectrum of health advocates (e.g., provider groups, patient groups, disease groups, etc.) to oppose H.R. 1628 and used its Engage platform for a grassroots initiative involving over 600 members who contacted their representatives in the House expressing opposition.

APA and Other Medical Groups Denounce Health Care Vote

Following passage of AHCA, the APA joined a physician coalition with ACP, AOA, AAFP, ACOG, and AAP, releasing a statement denouncing the legislation stating, "Regrettably, the AHCA, as amended and passed by the House, violates our principles, dramatically increasing costs for older individuals, resulting in millions of people losing their health care coverage, and returning to a system that allows insurers to discriminate against people with pre-existing conditions." The medical organizations called on the Senate to "do the right thing for patients..."

Urge Your Senators to Start Over on AHCA

Our work has not ended. While the AHCA, as drafted, cannot currently pass the Senate, there is concern regarding the Senate GOP leadership's efforts to modify H.R. 1628 and create its version of an overhaul health care bill. This is not a solution.

The American Health Care Act will need to be significantly improved, particularly with respect to mental health and substance use disorders. Meaningful improvements to the Affordable Care Act require establishing new legislative initiatives that focus on stabilizing and strengthening the existing insurance marketplaces. The AHCA contains several provisions that would seriously jeopardize access to mental health/substance use disorder treatment.

Your voice is needed. APA members are urged to contact their senators to express opposition to the AHCA and instruct the Senate to set aside the House bill and start over on new legislation that does not put at risk health care for people with mental health/substance use disorders.

To quickly send such communication, go to the **APA ADVOCACY CENTER**.

APA News & Information

May APA Assembly Highlights

First, the Area 3 news. We said farewell to Bob Roca as he finished his last stint as Assembly Rep, and also to Steve Daviss following his election to the position of APA Recorder. We expressed thanks to Kery Hummel for his contribution to the Area, particularly his role in creating a program to review requests to fund educational programs. Representatives from each district branch have formed a program review committee to consider proposals for the use of these funds.

In the Assembly, Saul Levin reported that the new APA building is scheduled to open in Washington, DC on January 1st. Bob Batterson (PA district branch rep) was elected Speaker-Elect. President-elect Anita Everett spoke about the themes of her upcoming administration: aspiration, innovation, and physician wellbeing. The treasurer's report documented a net income of $6.4 million and net assets of $87.3 million

Action papers were considered on a wide variety of issues. The Assembly passed papers calling on the APA to develop a position statement on the use of civil commitment for substance abuse treatment, to oppose prescribing privileges for psychologists, and to work to simplify EMR and billing codes. Steve Daviss' paper encouraging the APA to use neuroscience based nomenclature when referencing medication also passed, and also his paper to modify the APA web site to make voting easier to access. Hitting on a hot button issue, the Assembly unanimously voted for the APA to adopt a position in opposition to the use of maintenance of certfication for licensure, hospital credentialing, or panelling with insurance companies.

I also attended the Council on Advocacy and Government Relations meeting. At this meeting I learned that there were 536 bills considered in 47 states related to prevention of prescription drug abuse. States also considered bills for involuntary commitment based upon substance abuse alone. Idaho passed a bill to allow prescribing privileges for psychologists, making it the fifth state to allow this (the other states are New Mexico, Iowa, Louisiana, and Illinois). A bill to lessen educational requirements for psychologists passed in New Mexico but was vetoed by the governor. The APA and the Council plan to keep MOC bills on the forefront of legislative efforts in the coming year.

Steve Daviss, M.D., Anne Hanson, M.D. and Bob Roca, M.D.
Assembly Representatives from the MPS

Updated Quality Care Measures for Dementia

A joint work group of the APA and the American Academy of Neurology has updated the quality measures for the care of patients with dementia to encourage physicians to disclose the diagnosis to patients and their caregivers. This addition to the measures of high-quality dementia care is potentially controversial because of some reluctance on the part of physicians to have this conversation due to the lack of definitive disease-altering treatments. The updated quality care measures were published online May 1 in the *American Journal of Psychiatry*. A summary is also available.

Accepting New Patients?

Opt-in to APA's Find a Psychiatrist database to help patients in your area connect with you. **Find a Psychiatrist** allows individuals to search by location for psychiatrists accepting new patients. Learn more and complete your online profile today.

Free Members Course Of The Month

Try the APA Learning Center's free online CME. Each month, members have access to an on-demand CME course on a popular topic. The June course is, "Violence Towards Mental Health Workers" by Michael B. Knable, D.O., Sylvan C. Herman Foundation.

APA Resources

The APA Committee on Telepsychiatry recently launched its Telepsychiatry Blog, which features topical news articles, telepsychiatry policy and advocacy updates, an "Ask the Expert" spot featuring members of the Committee offering practical tips when practicing telepsychiatry, and other content. The Blog will be updated monthly and APA members are encouraged to submit questions to practicemanagement@psych.org, which may be featured in a future update to the Blog.

The new HIPAA & HIT: A Primer can help members comply with HIPAA when using health information technology. It includes details on both the HIPAA Privacy and Security Rules, with an emphasis on integrating the Security Rule's Administrative, Physical, and Technical Standards into clinical practice. The tool outlines some reasonable safeguards that clinicians can adopt when using e-mail, mobile apps, and text-messaging with patients.

Medicare News

Determine Your MIPS Participation Status

Medicare Part B clinicians have been getting letters clarifying their status under the Merit-based Incentive Payment System (MIPS). Part of the Quality Payment Program (QPP), the MIPS replaces the Physician Quality Reporting System (PQRS), Meaningful Use (MU), and the Value-based Payment Modifier (VM). CMS has reviewed past Part B claims to see who falls within the MIPS "low-volume threshold." Clinicians or practices with no more than $30,000 in Medicare Part B allowed charges or 100 Part B enrolled patients per year will be **exempt** from 2017 MIPS reporting (and 2019 payment adjustments). Letters were sent in April and May by Medicare Administrative Contractors (Novitas) to clarify the status of each clinician (NPI) and practice (TIN).

If you are still unsure whether you are exempt from participation in MIPS this year, use the **interactive tool** on the Quality Payment Program website to determine your status. Enter your National Provider Identifier to find out whether you are exempt this year. Contact the Quality Payment Program Service Center at 866-288-8292 (TTY 877-715- 6222) or QPP@cms.hhs.gov with any questions.

Those who are new to Medicare in 2017 do not participate in MIPS. To learn more, review the MIPS Participation Fact Sheet. To get started, use the Quick Start Guide. If you are not in the program in 2017, you can participate voluntarily and you will not be subject to payment adjustments.

2017 Medicare Symposium

Novitas Solutions will hold its annual Medicare Symposium in Maryland on Tuesday, June 13 at the Double Tree by Hilton, 1726 Reisterstown Road Pikesville, MD 21208. This free, in-person educational event is for Part A and Part B Medicare providers, and their billing compliance representatives. Fifteen classes will highlight tools and information to avoid billing pitfalls and remain complaint. Spend the day or attend only the classes that interest you. To register, click here, scroll down, and click on 'Register' next to the event date/location you wish to attend.

New Videos for Small, Rural, and Underserved Practices

CMS created seven short videos from a recent webinar for clinicians in small, rural, and underserved practices that focused on Getting Started with the Quality Payment Program. Each video is 15 minutes or less.

Qualified Registries for MIPS Data Submission

Under the Medicare Quality Payment Program option, MIPS, there are several data submission methods, one of which is Qualified Registries. A qualified registry is a CMS-approved entity that collects clinical data from MIPS eligible clinicians (both individual and groups) and submits it to CMS on their behalf for purposes of MIPS. CMS has designated the qualified registries that can report data (measures and/or activities) for the Quality, Advancing Care Information, and Improvement Activities performance categories, on behalf of individual MIPS eligible clinicians and groups for 2017. Please click here to view the list of registries [the APA's **PsychPRO** registry—see next item—is included on page 88.]:

- These registries have self-nominated and demonstrated that they meet the applicable requirements outlined by CMS at 42 CFR §414.1400 and in the CY 2017 Quality Payment Program final rule with comment period.
- Each of the 2017 qualified registries has given detailed information, including their contact information, the measures, activities and performance categories they support, services offered, and costs incurred by their clients.

From May 22 *MedChi News*

Learn More About APA's PsychPRO Registry and Join

To help psychiatrists navigate the challenging landscape of quality improvement and measurement-based care, the APA has created a mental health registry called PsychPRO. The registry can help psychiatrists more easily (1) meet new quality reporting requirements and deliver high quality care; (2) avoid payment penalties and instead achieve bonuses for meeting CMS quality reporting requirements; and (3) automatically fulfill ABPN Maintenance of Certification (MOC) Part IV. To explain PsychPRO and help psychiatrists decide whether to sign up, the APA prepared this **VIDEO**.

Administrative Simplification Overview

Health care providers, health plans, payers, and other HIPAA-covered entities must comply with Administrative Simplification. The **requirements apply to all providers who conduct electronic transactions**, not just providers who accept Medicare or Medicaid. HIPAA includes Administrative Simplification provisions that the Affordable Care Act expanded in 2010. ACA introduced operating rules to standardize business practices. To learn more about Administrative Simplification standards for electronic transactions, visit the CMS webpage and check out the CMS fact

Medicare News

MIPS Group Web Interface and CAHPS Reporting: Registration Ends June 30

Physician groups who choose to participate in the CMS Merit-Based Incentive Payment System (MIPS) through the CMS Web Interface and/or the Consumer Assessment of Health Providers and Systems (CAHPS) for MIPS Survey have until **June 30** to register. The CMS Web Interface provides quality measures for completion by psychiatric group practices eligible for participation in MIPS, while the CAHPS for MIPS Survey is an optional quality measure that groups participating in MIPS can choose to administer. Like the CMS Web Interface, completion of the survey counts toward participation in the quality performance category, as a patient experience measure. For individual or group participation, registration is not required for any other submission method. If your group registered for the Group Practice Reporting Option Web Interface in 2016, you are automatically registered to use the CMS Web Interface in 2017. For more information:

- **QUALITY REPORTING 101: A HOW-TO GUIDE FOR PSYCHIATRISTS** APA Developed and Presented Webinar
- **APA PAYMENT REFORM TOOLKIT** Website
- **CMS WEB INTERFACE AND CAHPS FOR MIPS SURVEY** Registration Guide
- **MIPS: CMS WEB INTERFACE** Fact Sheet
- **CAHPS FOR MIPS SURVEY VIA CMS-APPROVED SURVEY VENDOR REPORTING** Fact Sheet

From May 3 *Psychiatric News Update*

Report Changes in Ownership

The Office of the Inspector General states that providers may not be informing CMS of ownership changes. Providers must update their enrollment information to reflect changes in ownership within 30 days. Owners are individuals or corporations with a 5 percent or more ownership or controlling interest. Failure to comply could result in revocation of your Medicare billing privileges. For more information:

- Timely Reporting of Provider Enrollment Information Changes
- Medicare: Vulnerabilities Related to Provider Enrollment and Ownership Disclosure and
- Guidelines for EFT Payments and Change of Ownership

Cross-state Licensing Process Now Live in Eight States

The Interstate Medical Licensure Compact (IMLC), an initiative designed to expedite state medical licensure for physicians who wish to practice in multiple states, is now live and accepting applications. Currently, eight of the 19 states in the compact can act as the primary state of licensure and source of verification through the compact. These are Alabama, Idaho, Iowa, Kansas, Mississippi, West Virginia, Wisconsin and Wyoming. Ten states—Arizona, Colorado, Illinois, Minnesota, Nebraska, New Hampshire, Nevada, Pennsylvania, South Dakota and Utah—are still preparing to accept applications for verification and background checks but currently cannot act as the state of principal licensure. Previously, physicians wishing to treat patients across state lines had to apply through separate, time-consuming processes. The IMLC makes it easier for experienced physicians with positive practice histories to apply and receive licenses in multiple states. The IMLC estimates that 80 percent of physicians meet the interstate licensure criteria.

The compact is a contract between states that promotes cooperation and adaptation, and operates on key principles:

- The practice of medicine is defined as taking place where the patient receives care, meaning that the physician must be licensed in that state and under the jurisdiction of that state's medical board.
- The commission, made up of representatives from each adopting state, will enforce rules made to expedite the licensing process. Participating state medical boards will retain regulatory authority.

All participation is voluntary for both physicians and states. The IMLC ensures that the language of the compact is identical in all states that have joined. This makes the process more efficient and helps ensure uniform safety measures across states. The first interstate medical license was issued in April. Please click the link below for more details.

From May 8 *AMA Wire* post

June is PTSD Awareness Month

During PTSD Awareness Month everyone is encouraged to raise public awareness of PTSD and effective treatments. After a traumatic event, most people have painful memories. For many, the effects fade over time. But for others, the memories, thoughts and feelings don't go away - even after months or years. If stress reactions do not improve over time and they disrupt everyday life, it is important to seek help to determine if PTSD is present. Some people develop PTSD and others do not. We can all help those affected by PTSD. Visit the National Center for PTSD website for more information.

Risk Management Tips on Data Protection

•Educate office staff on the importance of protecting patient information and discuss any obligations your practice may have under HIPAA. The government's online training resources, specifically a patient privacy course and privacy and security training games, may be helpful tools when training staff on a yearly basis. Also, consider having office staff sign a confidentiality agreement which acknowledges their obligation to maintain the privacy of patient information. Such an agreement can be reviewed with employees during annual training. A model employee confidentiality agreement may be found here.

•Avoid having patient information on portable devices. If patient information must be on a portable device, the information should be appropriately encrypted - consistent with the National Institute of Standards and Technology (NIST) guidance, using the Advanced Encryption Standard (AES). With appropriate encryption, in the event of a breach, the "safe harbor" would apply, meaning patients would not have to be notified.

•Regularly assess your practice for new threats to protected health information and address vulnerabilities. Have you determined what type of PHI you store and the way you store it? Do you know who has access to your PHI? These are two questions that would likely need to be addressed in a thorough risk assessment. The U.S. Department of Health and Human Services has provided guidance on risk analysis and offers a security risk assessment tool.

From LinkedIn posts *by the PRMS Risk Management Team*

Are you a General Member? Become an APA Fellow!

Are you ready to take the next step in your career? Fellow status is an honor that enhances your professional credentials. Dues rates remain the same. Members who apply and are approved this year will be invited to participate in the Convocation of Distinguished Fellows during APA's 2018 annual meeting in New York. **The deadline is September 1**. Visit the APA website for more details and a link to the application.

New Publications

SAMHSA released a series of fact sheets for the general public discussing anxiety disorder, attention-deficit/ hyperactivity disorder (ADHD), bipolar disorder, depression, first episode psychosis, and obsessive-compulsive disorder (OCD). These fact sheets provide the latest scientific information about symptoms and a range of treatment options, as well as peer support groups and services. They can be found at http://store.samhsa.gov/list/All+New+Products.

Termination of Anthem-Cigna Merger

The termination of the Anthem-Cigna merger on May 12 is a clear victory that preserves competition in the health insurance industry. Networks are already too narrow, and premiums are already too high. Competition, not consolidation, is the right prescription for health insurance markets. Following 21 months of advocacy before the U.S. Department of Justice, congressional committees, state attorneys general, insurance commissioners, and federal courts, the break-up of the proposed mega merger shows again that when doctors join together, the best outcome for patients and doctors can be achieved. For more information on the steps taken by the AMA and 17 state medical societies, view the AMA's timeline.

CLASSIFIEDS

AVAILABLE OFFICE SPACE

Prime Office space Available for Rent, Full-time or Part-time, in the Mt. Washington Village. (21209) In suite w 2 established psychiatrists. Shared Waiting Room. Please contact Larry Sandler 410-664-2909,l.d.sandler@gmail.com or Hinda Dubin 410-389-0739, HINDADUBIN@aol.com.

Station North District of Baltimore City: Fully furnished sublet suite available full-time, suitable for mental health professionals. The 1,125-sq. ft.-suite consists of a security window and door bordering the waiting area, three offices, a receptionist area, kitchenette and fourth open room that can be used as a medical records area, breakroom or additional office. If interested, call Donna at 443-226-8281.

TIMONIUM: ONE unfurnished office sublet available full-time, suitable for mental health professional, in a tastefully renovated 2-office suite shared by a part-time psychiatrist; and a SECOND office, furnished, available ONLY on Monday thru Thursday. Suite includes kitchenette, secretarial space and shared waiting room, located in an A-rated office bldg, the Timonium Corporate Center, with easy access to I-83 and ample parking. Call Cyndie @ 410-453-0901 if interested.

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

CHILD PSYCHIATRIST—The Outpatient Psychiatry Clinic at MedStar Franklin Square Medical Center seeks a 10 hour per week child psychiatrist to work in our School Based Mental Health Program. 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, and fully paid malpractice insurance. Please send CV to stephen.pasko@medstar.net or call 443-777-7925 for details.

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.

The Johns Hopkins University Counseling Center is seeking a part-time psychiatrist for up to 20-25 hours per week (more hours during the semesters and less during the summer). Our Consulting Psychiatrists provide psychiatric services to students including: evaluations, medication monitoring, and consultation with clinic staff. To apply, send a letter of interest with resume to Matthew Torres, PhD (Counseling Center Executive Director) via email (mtorres5@jhu.edu) or fax (410-516-4286). Alternatively, contact Dr. Torres via email or phone (410-516-8278) for more information.

PSYCHIATRIST---Outpatient Psychiatry Services at MedStar Franklin Square Medical Center is looking for an adult psychiatrist to work 24-36 hours per week. Evaluations are scheduled for 75 minutes, with 25 minutes for med checks. We offer flexible hours, CME reimbursement, 7 weeks paid time off, 403 B match, medical benefits and paid malpractice ins. Please email CV to stephen.pasko@medstar.net or call 443-777-7925 for details.

Joshi & Merchant, MD PA in Columbia, MD is looking for a Board Certified Psychiatrist full time work with adult Outpatients-evaluation and medication management. Full EMR & office support. Send resume via email: milanjoshi11@gmail.com or call (410)-299-8147.

Spring Grove Hospital Center (SGHC) is hiring full-time and part-time Psychiatrists to lead a team of professionals in treating complicated mentally ill and legally encumbered patients. At 377 beds, SGHC is the largest psychiatric hospital operated by the State of Maryland. We are located in Catonsville, previously named by Money Magazine as one of the best places to live! Convenient to DC, Baltimore, and BWI Airport, our 180-acre wooded campus feels more like a college setting. Our mission is to provide quality mental health services to patients from across the State. We offer flexible and adjustable work schedules. After hours on site call is NOT provided by psychiatry! Our salaries are competitive and we have a comprehensive benefits package; including generous vacation and retirement plans. This position would be an excellent choice for an early career psychiatrist on a medical-director track or a later career psychiatrist looking to scale back. Mentoring is readily available and continuing medical education (CME) is accessible on site. Don't worry about billing, call, limited time with patients or lack of support. Interested candidates may visit www.dbm.maryland.gov for more specific information and to apply online. Candidates may also send their CV to: Elizabeth R. Tomar, MD, Clinical Director, 55 Wade Avenue, Catonsville, Maryland 21228 410.402.7596 (phone) 410.402.7038 (fax) elizabeth.tomar@maryland.gov Spring Grove Hospital Center does not discriminate on the basis of immigration status, citizenship status, or national origin. EOE.

Full time Psychiatrist needed to join a unique community health center serving homeless individuals. Candidate should be interested in providing comprehensive outpatient mental health care in a multidisciplinary setting. Experience with dual diagnosis, strong interdisciplinary collaboration skills, and familiarity with harm reduction approach required. Buprenorphine waiver preferred. Health Care for the Homeless (HCH) is a non-profit Federally Qualified Health Center (FQHC) dedicated to preventing and ending homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. For additional information, we welcome you to visit our website www.hchmd.org. Comprehensive benefits offered include: malpractice coverage, health insurance, disability, life insurance, paid time off, CME allowance, retirement plans and dental insurance. One hour initial evaluations and half-hour follow-ups. No call or weekends. Eligible for loan repayment programs. Apply for position using this link.

Psychiatrists Needed to Serve on Medical Board

MARYLAND STATE RETIREMENT and PENSION SYSTEM

The Maryland State Retirement Agency (MSRA) conducts weekly Medical Board meetings to determine whether a member is mentally or physically incapacitated from performing his or her job duties and that the incapacitation is likely to be permanent. The Medical Board reviews medical documentation only and does not meet with the claimant.

Doctors serving on our Medical Board generally meet one time per month for three hours and receive a payment of $525 per meeting. The current boards meet either Wednesday or Thursday from 1:30 – 4:30 pm. The location is 120 E. Baltimore Street, Baltimore, MD. Parking is provided by the MSRA which is located in the SunTrust Building.

If interested, please send a copy of your curriculum vitae to the attention of Robin McClelland, Director, Member Services, at the MSRA. You may also fax your resume to Robin at (410) 468-1707, or e-mail her at rmcclelland@sra.state.md.us.

If you have any questions, please call 410-625-5500.

MHM has full-time Psychiatrist positions available in Hagerstown, Jessup and Baltimore.

Part-time and Per Diem positions also available.

Why explore working in correctional mental healthcare?

- Flexible schedules
- NO insurance paperwork or managed care hassles
- No weekend rounding ever required
- On-call is telephonic only and is shared among clinicians
- Moderate caseloads and diverse patient population
- Secure and supportive work environment
- Opportunity to make a real difference in the lives of those who need it most!

MHM offers:

- Highly competitive, guaranteed salaries – not production based.
- Health, life, dental & disability insurance just to name a few.
- Generous time off & paid holidays.
- 401(k) plan with employer match and immediate vesting.
- Paid malpractice insurance including tail coverage.
- CME money and additional paid days off to get your CME.
- Flexible spending accounts for healthcare & dependent care.

For more details or to arrange a tour of the facilities, please contact
Jane Dierberger at 844-477-6420 or jane@mhmcareers.com
MHM Services, Inc.

Sheppard Pratt
HEALTH SYSTEM

Now Hiring Child & Adolescent Psychiatrists Throughout Maryland

We are recruiting board certified and board eligible child and adolescent (C&A) psychiatrists at multiple locations throughout Maryland.

Opportunities in Towson and Ellicott City: Hiring C&A psychiatrists to work in one or more of the following service areas: inpatient, day hospital, outpatient, telepsychiatry, and crisis services. Diagnoses in this patient population may include mood and anxiety disorders, PTSD, impulse control disorders, conduct and learning disorders, and intellectual disabilities, among others.

Opportunities in Frederick: Hiring C&A psychiatrists to join the team at Behavioral Health Partners of Frederick (BHP), an outpatient joint venture between Sheppard Pratt Health System (SPHS) and Frederick Memorial Hospital. Diagnoses in this patient population include ADHD, complex affective disorders, and psychotic disorders, among others.

Opportunity in Jefferson: Hiring a part-time C&A psychiatrist to join a team of three psychiatrists at The Jefferson School Residential Program and Day School. Diagnoses in this student population include mood and anxiety disorders, PTSD, impulse control disorders, conduct and learning disorders, and mild developmental disorders.

All candidates must have a current license to practice in Maryland at the time of hire and have experience treating children and adolescents with challenging conditions. Individuals hired for inpatient, day hospital, and residential school services participate in a call schedule.

About Sheppard Pratt Health System

As the nation's largest private, non-profit provider of mental health, substance use, special education, and social support services, we employ more than 80 psychiatrists who all share a passion for providing the best care to our patients, students, and residents. Consistently ranked as one of the top ten psychiatric hospitals by *U.S. News & World Report*, we offer a generous compensation package and comprehensive benefits. To learn more about a career with SPHS, visit bit.ly/SPHScareers. *EOE and smoke-free campus.*

For more information contact Kathleen Hilzendeger, Director of Professional Services, at **410.938.3460** or **khilzendeger@sheppardpratt.org** or visit **bit.ly/SPHScareers.**

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The dedicated experts at PRMS® are pleased to bring you an enhanced insurance policy that protects you from the emerging risks in psychiatry.

MEDICAL LICENSE PROCEEDINGS

Psychiatrists are more likely to face an administrative action than a lawsuit.

Separate limits up to $150,000

HIPAA VIOLATIONS

HIPAA enforcement continues to increase at the federal and state levels.

Separate limits up to $50,000

DATA BREACH

The use of electronic media in psychiatric practice has increased.

Separate limits up to $30,000

ASSAULT BY A PATIENT

Violence by patients against psychiatrists is more common than against other physicians.

Separate limits up to $30,000

These are just a few of our enhanced coverages included at no additional cost.
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