MARYLAND PSYCHIATRIC SOCIETY

MPS NEWS

Volume 31, Number 5 | Editor: Heidi Bunes | September 2017

In This Issue

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, September 12th in the MPS office

President's Column

I Don't Accept Your Insurance

Many private practice psychiatrists in Maryland do not accept insurance. Despite the federal Mental Health Parity and Addiction Equity Act (MHPAEA), insurers continue to routinely discriminate against psychiatric and SUD patients using administrative burdens, unreasonable contract requirements and low reimbursement rates to limit their networks and patient access to providers. As the insurance landscape becomes increasingly complicated, the MPS must continue to participate as a leader in shaping insurance policy.

To that end, this summer we have partnered with the APA and other Maryland advocates to take an active role in a growing number of issues. For example, we sent recommendations regarding proposed new regulations implementing 2016 legislation to ensure that insurance companies have accurate provider directories and acknowledge the reasons for lack of in-network providers (network adequacy—see page 5). We are also working with the Maryland Insurance Administration in its efforts to monitor Maryland insurers' adherence to MHPAEA, especially with respect to the growing use of prior authorizations for prescriptions (see page 3 and page 4).

Traditionally, the MPS Payer Relations Committee has been at the front line of our work addressing the many aspects of insurance coverage, and Steve Daviss, M.D. has been invaluable in his leadership on many of these efforts. However, because he has accepted a Senior Medical Officer position at SAMHSA, he is no longer as available to assist the MPS.

This is an exciting time for psychiatry to be able to influence how the insurance carriers treat mental health providers. The MPS has a critical need for more participation in the Payer Relations Committee and we welcome more members who want to have a say in the changes that are being implemented. If you are interested in learning about and contributing to our work on any or all these issues, please email Laura Gaffney, M.D. at lgaffney@sheppardpratt.org.

Jennifer T. Palmer, M.D.

Call for Volunteers

Having insurance benefits should actually make a difference in real life!

If you agree, the MPS could use some help! We have been working all summer on two major Maryland Insurance Administration initiatives: proposed network adequacy regulations and a market conduct survey assessing carrier compliance with the federal parity act (Pages 3 through 5 of this issue explain the results of these efforts.) This MPS work will continue as the MIA proceeds with implementation.

It has become apparent that we need more volunteers who are interested in holding insurance companies accountable. Join the MPS Payer Relations Committee and other advocates who are using this opportunity to improve our situation in Maryland! To find out more, please email Laura Gaffney, M.D. at lgaffney@sheppardpratt.org.

MPS Loss is SAMHSA Gain

Steve Daviss, M.D. has served in an essential leadership role at the MPS since the late 1990s when he began serving as Legislative Committee Chair. He was first elected to Council in 2001 and served as President in 2004-05. He stretched some more, and began his first term as APA Assembly Representative from the MPS in 2007. Steve connected more officially with MedChi as the MPS Delegate beginning in 2013. These are impressive roles, but keep in mind that he has also served in similar capacities in multiple other organizations!

On September 5, he begins a position as SAMHSA Senior Medical Officer reporting to MPS Past President and current APA President Anita Everett, M.D., the SAMHSA Chief Medical Officer. The APA requested that Steve resign his newly won position as Recorder of the Assembly, which he did along with resigning from several other positions that might create a conflict with his new responsibilities.

Please join us in wishing him well!

"I know you will continue to serve the important interests of our profession and our patients very well, and that it's a real sacrifice to give up your APA leadership position."
Brian Crowley

" It gives me great hope that people like you and Anita are participating in influential government positions at this very critical time. " Mark Komrad

" The Assembly just lost its most resourceful Member."
Roger Peele

This change creates a void in multiple positions at the MPS. Please see the box to the right for two areas in particular. We are seeking members interested in learning more about participating in these and other areas. Please contact Heidi Bunes for options and details.

2018 Dues Renewals

Late this month you should receive information by email regarding your 2018 membership dues. Paper invoices will be sent in early October.

As the largest source of income, member dues are critical to MPS viability. If you want to find out "what we've done for you lately," just read the next five pages. We can't do this without your support!

MPS Members Out & About

This summer, Barbara Young's photograph collection became a permanent part of the UMBC photographic collection. The Barbara Young Archive is for the use of the students.

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

2017-2018 MPS Membership Directory

Thanks to all members who have updated their practice information! The MPS directory is now in print and we expect copies to arrive in members' mailboxes this month.

The annual directory consistently ranks as one of the most valued member benefits. Enjoy!

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.

Crystal Han, M.D.
Patrick L. Jung, M.D.
Mark Kvarta, M.D., Ph.D
Jamie Spitzer, M.D.
Michael A. Stauber, M.D.
Ruth L. Young, M.D.

Transfer into Maryland
Suni N. Jani, M.D., MPH

Upgraded to General Member
Nicole Leistikow, M.D.
Traci J Speed, M.D., Ph.D.
Amanda R. Square, M.D.

Maryland News

MPS Recommends Questions for Third MIA Parity Survey

On August 16, the MPS submitted suggested questions for the Maryland Insurance Administration's (MIA) third market conduct survey regarding compliance with the Mental Health Parity and Addiction Equity Act (Parity Act).

Question 1 collects details about prescriptions and authorizations for mental health medications broken down into branded and generic, as well as the same for somatic medications. Our members report a significant increase in the use of medical management procedures, such as prior authorizations, for psychiatric and addiction medications, even for medications that are generic or inexpensive. These medical management policies create barriers to timely access to medications, and may result in worse outcomes. The MPS also submitted anecdotes from its listserv illustrating the problems in this area.

Question 2 gathers data on MH/SUD providers who have submitted claims for outpatient visits within the past 6 months, separated by in and out of network. The results will provide an estimate of actual availability to patients who need an appointment with a new provider. If MH/SUD providers are less available than somatic providers, this may be evidence of a Parity Act violation. Additionally, high proportions of out-of-network claims suggest the lack of adequate access to in-network outpatient services.

Along with the two survey questions above, we offered recommendations related to the MIA role in ensuring the Parity Act is fully implemented:

1. We encourage MIA to regularly monitor all commercial plans for parity compliance.
2. We suggest that MIA add checkboxes for Mental Health Parity, Substance Use Disorder Parity, and Network Adequacy on its consumer complaint form.
3. Remove the "evidence of harm to consumers" threshold as a requirement for sanctions to be issued.

Thanks to several members who contributed to this effort, including Steve Daviss, Laura Gaffney, Jennifer Palmer and the MPS Executive Committee. Also, we appreciate the support of APA Director of Parity Enforcement and Implementation Sam Muszynski, who assisted with the written comments and also presented oral comments at the August 21 MIA Parity stakeholder meeting.

MPS Signs on to Questions for Third MIA Parity Survey

On August 16, the MPS signed on to recommended questions prepared by a group of advocates for the Maryland Insurance Administration's (MIA) third market conduct survey regarding compliance with the Mental Health Parity and Addiction Equity Act (Parity Act). This is in addition to the recommendations we submitted on behalf of psychiatrists alone (see column at left.)

The questions are designed to uncover disparities in the application of key NQTLs and lead to an investigation of underlying implementation standards that may violate the Parity Act. We also made a general request that the MIA gather data from the carrier's third party vendors, as applicable, to evaluate all carrier representations of compliance with the Parity Act. Carriers may not be monitoring the processes of their managed behavioral health organizations and may not be aware of network, reimbursement rate or medical management standards that are implemented by their third-party vendors.

The questions address a broad range of concerns, including facility contracting, reimbursement rates, utilization management standards and their application, adverse decisions and external review. The link above includes the detailed suggestions submitted by the group.

No More Step Therapy on Smoking Cessation for Medicaid

In a July 28 letter, the Maryland Department of Health reported that the concern MedChi expressed for Medicaid participants who wish to quit smoking would result in a change of policy effective August 31. Maryland Medicaid has decided to remove the step therapy requirement of a 90-day trial of Nicotine Replacement Therapy and is working internally to update its business processes.

Congrats to MedChi!

First Quarter 2017 Fatal Overdoses

The Maryland Department of Health announced on August 4 that there were 550 overdose-related deaths in the state, including 372 fentanyl-related deaths from January to March of 2017. The news release describes the multiple efforts underway to manage this statewide epidemic. Please click here for details.

Maryland News

Second MIA Parity Survey

This summer, the Maryland Insurance Administration (MIA) summarized its second market conduct survey of insurance companies' compliance with aspects of the Mental Health Parity and Addiction Equity Act (MHPAEA) in a letter to Senator Middleton. MIA reported that a number of issues were identified and corrected during its investigation; however it decided not to issue orders. The issues involved violations such as medical necessity guidelines, in-network facilities for mental illness, site visit requirements associated with credentialing and prior authorization for scheduled admissions. In addition, the MIA survey showed that some carrier networks were inadequate for patients needing treatment for opioid abuse and for bipolar disorder.

In August, the MPS signed on to a response letter regarding the second survey that was sent by a group of mental health advocates led by Ellen Weber of the Legal Action Center. The group raises concern about the MIA decision to not issue orders to address serious gaps in network adequacy despite the problem persisting over three years with two of the carriers. It also questions this decision being based in part on there not being proof of harm to patients resulting from the inadequacy. The group notes that the second survey has taken over 18 months and is not yet complete for the predominant carriers, UnitedHealthcare and CareFirst. It recommends a pre-market compliance tool along with four other steps to improve coverage and access to mental health and substance use disorder benefits in the commercial market:

- Provide a summary of quantitative data, for example on prescription drug coverage and fail first requirements, inpatient and residential treatment, etc.
- Disclose the carriers whose parity violations were corrected after being identified by the MIA. (The group vigorously contested the MIA conclusion that patients experienced no harm as a result of the violations.)
- Issue orders requiring corrective action and giving an incentive to improve compliance.
- Offer technical assistance to providers to improve network adequacy.

The letter also includes several attachments related to access to medications for treatment of substance use disorders. Click here to view the 14 page document.

Thanks in particular to Steve Daviss, Jennifer Palmer and the MPS Executive Committee. Also, we appreciate the support of APA Director of Parity Enforcement and Implementation Sam Muszynski,

Referring Patients Out of Network when a Carrier's Network Is Inadequate

Responding to a question about the second survey (see article in left column), MIA MHPEAEA Special Assistant Darci Smith, J.D. reported that **some carriers stated that they approve members/insureds to access treatment from an out-of-network provider when it is determined that the carrier's network is inadequate**. This was not described as an automatic exception allowing members to access out-of-network providers without first contacting the carrier and requesting a referral. The insureds must follow the terms of their policies and contact their insurance company and receive approval before accessing an out-of-network provider to confirm that the out-of-network treatment will be covered and what the out of pocket cost sharing will be.

Maryland Insurance Article Section 15-830(d) requires that carriers have a process in place for referring members to out of network providers when the carrier's network is inadequate. This provision also establishes how the insured's out of pocket costs should be determined.

If an insured is denied a referral to an out-of-network provider where the out-of-network care is medically necessary because there is no in-network provider with the appropriate training available, or treatment by an in-network provider would require unreasonable travel or delay, the insured must appeal that denial in writing with the insurance company. If there is a compelling reason, the internal grievance process does not have to be exhausted.

The Heath Education and Advocacy Unit ("HEAU") of the Maryland Attorney General's Office is available to assist in preparing a grievance to file through the carrier's internal grievance process or a complaint with the Insurance Administration. HEAU can be contacted by phone: 410-528-1840 or by email: heau@oag.state.md.us. If the appeal is not successful, the insured can file a written complaint with the Maryland Insurance Administration online at http://insurance.maryland.gov/Consumer/Pages/FileAComplaint.aspx.

Finally, the insured (or the provider on the insured's behalf) may contact the MIA Life and Health Complaint Department (410-468-2244 or LHcomplaints.mia@maryland.gov) if the carrier fails to respond to the insured's request for a referral.

Maryland News

MPS Submits Comments on Proposed Network Adequacy Regulations

On August 21, the MPS sent comments on the proposed new COMAR 31.10.44 Network Adequacy regulations to the Maryland Insurance Administration, noting that the problem of inadequate provider networks is a longstanding concern among our members that has been exacerbated over the years by administrative burdens, contract requirements and low reimbursement rates.

The proposed regulations would implement House Bill 1318 / Senate Bill 929 from the 2016 legislative session. They would apply to health insurance carriers that use provider panels, requiring them to file an annual access plan that documents how they meet various network sufficiency standards, including distance, appointment wait times, and provider-to-enrollee ratios. The proposed standards specify different distance maximums based on specialty and urban (10 miles) vs suburban (25 miles) vs rural area (60 miles). (Numbers in parentheses are for psychiatry). Urgent appointment wait time for psychiatry is proposed as 72 hours and non-urgent as 30 calendar days. Provider-to-enrollee ratio is proposed as 1:2,000 for mental health and SUD care. There is a provision that carriers can use to request a waiver from network adequacy for up to a year.

The MPS suggested the definition of "urgent care" for psychiatric issues be revised to be defined as a condition that is likely to deteriorate to an emergency situation within 72 hours.

We pointed out that the proposed travel distance standards apparently inadvertently failed to include a specific substance use disorder (SUD) provider category, although that group was referenced earlier.

We noted a possible conflict in the proposed distance standards with the existing emergency petition regulations, and suggested an additional definition to resolve it.

The MPS brought conflicting language for Psychiatry in the appointment waiting time standards to the MIA's attention and recommended that all psychiatrists be included in the 10 calendar day wait time for mental health/SUD providers.

Finally, we pointed out that the numbers associated with the wait times and distance calculations that these regulations propose can be easily manipulated by the carriers to show that on paper they comply. Therefore, we recommended adding two items to the waiver request requirements, including:

1. *A calculation by Provider Type of the ratio of out of network claims to total claims for each CPT code processed for that Provider Type during the preceding year.*
2. *All information associated with a carrier's network adequacy waiver request will be available to the public.*

With these additional requirements, carriers will hopefully begin to make every effort to establish provider networks that are adequate for enrollees in practice.

The comments that we submitted have been posted along with those from other interested groups on the MIA Network Adequacy Regulations webpage. Click on the Proposed Regulations heading to view the comments.

Thanks to several members who contributed to this effort, including Steve Daviss, Laura Gaffney, Anne Hanson, Elias Shaya, Jennifer Palmer and the MPS Executive Committee.

Behavioral and Substance Abuse Programs and Services in Maryland Schools

In 2017 the Maryland General Assembly enacted Senate Bill 1060 - The Heroin and Opioid Education and Community Action Act of 2017 (the Start Talking Maryland Act). The legislation creates a workgroup to review behavioral and substance abuse disorder services in Maryland Public Schools. The workgroup which meets at the Department of Education in Baltimore, will report on its findings and recommendations to the Maryland General Assembly by December 1, 2017.

This workgroup of local health officers, behavioral and substance abuse disorder counselors and therapists, representatives of the Maryland Association of Boards of Education, the Public School Superintendents Association of Maryland, the Maryland State Education Association, AFTMaryland and other interested stakeholders began meeting in August. Their charge is twofold. They will evaluate (review) programs that provide behavioral and substance abuse disorder services in the public schools in the State. They will also develop proposals to expand the programs evaluated (reviewed) to other jurisdictions (school systems), if appropriate, including recovery schools. Albert Zachik, M.D., Deputy Director for Child, Adolescent and Young Adult Services at the Behavioral Health Administration, is a member of the workgroup.

For more details, including meeting minutes, visit the workgroup website. MPS members who would like to be involved in this effort to address the school setting should contact Executive Director Heidi Bunes by email or at 410-625-0232.

Maryland News

MPS Supports Principles to Strengthen Maryland Progression Plan

On August 17, the MPS signed on to a draft of "Key Principles to Strengthen and Support the All-Payer Model 2.0" being led by MedChi. The participating organizations support the aim of improved healthcare quality and underscore that physicians must be collaborators in the redesign to ensure their voluntary participation. Specific recommendations regarding MACRA-eligibility as an Advanced APM, reimbursement, benchmarking and liability are included.

On August 24, Maryland announced the release of draft terms for its Progression Plan, based on a pilot launched in 2014, that expands its decades-old all-payer agreement to include doctors and other providers. Touted as a "First in the Nation Maryland Model," the plan aims to improve access to care while reducing costs. After public feedback and discussion, the final plan must be negotiated with and approved by CMS. The Baltimore Sun notes that under the new proposal, other health care providers would be eligible for financial incentives and additional resources if they work as a team with hospitals to improve patients' health and reduce Medicare expenses. The proposal would not regulate doctors' pay, but it aligns with new federal regulations that are similarly shifting doctors to payments based on the quality of care they provide. MedChi believes this could create new opportunities for physicians to not only comply with new rules, but to allow them to benefit from new partnerships with hospitals that may not be available in other states.

The MPS would like to take a more active role with this initiative, especially in the areas of complex and chronic care management and enhancing behavioral health services and integration, including financing and system structure. **We hope to identify members who want to be involved in the evolution of Maryland's all-payer system** as it moves from a hospital-based fee-for-service system into a hospital+community practitioner based alternative payment system (APM). Please email Heidi Bunes for more information.

MPS Delegates to the MedChi House

The MPS has appointed **Robert Roca, M.D.** as MedChi Delegate and **Elias Shaya, M.D.** as Alternate Delegate. Our delegates represent the MPS within the house of medicine and report back to the MPS on topics of interest to psychiatry. The next MedChi House of Delegates meeting will be held **September 23** at the Hotel at Arundel Preserve in Hanover, MD. Click here for more about the House of Delegates, including reports, resolutions, CME, etc.

The Results Are In!

Thank you to the 167 members who responded to the 2017 MPS member survey! The survey was sent by US mail as well as by email so that members had options for participating, as well as multiple reminders. Since the total is down 23 from last year, extending the overall downward trend, we continue to remain open to member input throughout the year. Please contact Executive Director Heidi Bunes any time with suggestions, complaints and questions. Some highlights of the responses are as follows.

Members provided input regarding their CME needs, including specific suggestions for future programming, with the predominant educational need being psychopharmacology (about 30%), and substance use disorder a distant second (about 7%).

Over 55% of respondents have visited the MPS website in the past year and noted that events, licensure information, news and advocacy are of most interest to them. Just over a third have registered for a member account that they used most frequently to update their profile, pay dues and view the online member directory. Another third plan to register but haven't found time yet.

This year's survey included a question about end-of-life options and assisted suicide legislation. Of the 154 responses to this question, 35% were unsure whether they support such a bill. Support and opposition were essentially the same with 26% each. Several concerns were raised about ethics, the slippery slope, potential abuse, etc.

Over 95% of members are satisfied or very satisfied overall with the MPS. *MPS News* and influencing how psychiatry is practiced in Maryland continue to be what those who responded value most about being a member, with the annual membership directory ranked third.

Congratulations to Helen Bellete, Mary Cutler and Parviz Sahandy, who were selected randomly to win a $100 credit each toward MPS dues or an MPS event. The complete results are posted on the MPS website.

Maryland News

MPS Comments on Telehealth Regulations Proposal

On August 7, the MPS submitted comments to the Maryland Department of Health (MDH) on the proposed amendments to 10.09.49 Telehealth Services regulations. The changes would expand Medicaid coverage of mental health and substance use disorder treatment delivered remotely via telehealth services.

Although we support most of the proposed changes, the MPS expressed concern about the reference to clinical appropriateness and requested that the proposed language in .05.A(3) "*Clinically appropriate to be delivered via telehealth*," be removed. The rationale is that the proposed language already addresses the standard of care (.05.B) and licensing board standards (.05.D).

Furthermore, retaining the language in A(3) would add confusion. What is and is not "clinically appropriate" is not spelled out, and does not lend itself to definition through regulation. The requirement would predispose coverage decisions to unnecessary debate and could be used to arbitrarily exclude some services from coverage, which could lead to adverse consequences for patients.

The MPS reached out to three other organizations whose members would be affected by this regulatory change, asking for support of our position. The Maryland-DC Society of Addiction Medicine and the Maryland Psychological Association both sent letters to MDH echoing our concerns. Thanks in particular to Steve Daviss who was instrumental in this MPS effort.

Lecture on Pharma Transparency

MedChi's Ethics and Judicial Affairs Committee will host a lecture on Pharma Transparency on **September 13** at 6:30 PM at MedChi in Baltimore. This free lecture is sponsored by Dr. & Mrs. Thomas Allen. Guest speakers include Mariana Socal, M.D., Ph.D. and Michael Ybarra, M.D. To RSVP, please contact Erin Krell at ekrell@medchi.org.

National Suicide Prevention Week September 10-16

Suicide Prevention Week is the Sunday through Saturday surrounding World Suicide Prevention Day, September 10th. Click here for some ways to participate.

Psychopharmacology Update: 2017

Saturday November 11 from 8:30am to 3:30 pm
The Conference Center at Sheppard Pratt
5 CME/CEU hours. Don't miss this outstanding conference!
Topics/Speakers include:

Problem of Psychiatric Diagnosis: Still a long way from biology
Scott Aaronson, M.D.

Management of Mood & Anxiety Disorders in Pregnancy and Lactation
Lauren Osborne, M.D.

Recognition of Childhood Onset Bipolar Disorders
Robert Post, M.D.

Psychosis and Schizophrenia in Clinical Practice
David Pickar, M.D.

Neurostimulation 2017: ECT, TMS & VNS
Scott Aaronson, M.D.

Registration information will arrive later this month.

Medicare News

CMS Releases Hospice Compare Website to Improve Consumer Experiences, Empower Patients

On August 16, CMS unveiled the Hospice Compare website, which displays information in a ready-to-use format and provides a snapshot of the quality of care that each hospice facility offers to its patients. CMS is working to make healthcare quality information more transparent and understandable for consumers to empower them to take ownership of their health. Giving patients the information they need to understand their options allows them to make informed healthcare decisions for themselves and their families. The site allows patients, family members, caregivers, and healthcare providers to compare hospice providers based on important quality metrics. Currently, the data on Hospice Compare is based on information submitted by approximately 3,876 hospices. For more Information, please review the Fact Sheet. The Hospice Quality Public Reporting webpage and the Press Release have more details.

In addition, CMS released its second annual Medicare Hospice Utilization and Payment Public Use File with information on hospice utilization, payments, submitted charges, diagnoses, and beneficiary demographics organized by hospice provider and state.

Death With Dignity: Examining Both Sides Of The Physician Assisted Suicide Debate

Jointly Provided by the Maryland Psychiatric Society and MedChi, The Maryland State Medical Society

Saturday September 16, 2017
9:30 am-1:15pm

Agenda

9:30AM-10:00
Registration & Continental Breakfast

10:00
Welcome/Introductions

10:05-10:50
Mr. Whitaker

10:50-11:35
Dr. Donovan

11:35-11:45
Break

11:45-12:30
Panel Discussion
Drs. Hanson, Komrad, Morrison, Riley, Donovan, Levin, Mr. Whitaker

12:30-1:15
Question/Answer/Discussion

Background: The topic of physician assisted suicide (PAS) is being debated throughout the country. Six states have established physician-assisted suicide via legislation, while 44 states consider PAS illegal. In 2017, legislation was filed (for the third year) in the Maryland General Assembly that would allow doctors to legally prescribe a lethal dose of medicine at the request of a patient who has been deemed mentally competent and who has received a terminal diagnosis. These bills — HB 370 and SB 354 — were both ultimately withdrawn from consideration. However, legislation will be filed again during the 2018 Maryland General Assembly.

Participants:

- **Kevin Donovan, M.D.** is the Director of the Center for Clinical Bioethics.
- **Annette Hanson M.D.** is a clinical assistant professor of psychiatry at the University of Maryland with a dual appointment at the Johns Hopkins Medical Institute.
- **Mark Komrad M.D.** is the Ethicist-in-Residence for the Sheppard Pratt Health Systems, where he chaired the Ethics Committee for over 20 years.
- **Michael L. Levin, M.D.,** specializes in internal medicine, infectious disease and HIV/AIDS.
- **Elizabeth Morrison, M.D., DLFAPA** has been in private practice in Chevy Chase, MD for 31 years.
- **Anthony Riley, M.D.** has been Medical Director of Gilchrist Hospice Care since its inception in 1994 and also serves as Medical Director for Gilchrist Greater Living.
- **Robert Roca, M.D. MPH MBA** (Moderator) has been Vice President and Chief Medical Officer of the Sheppard Pratt Health System since 2000.
- **Matt Whitaker** is a former clinician with extensive experience in health policy and advocacy. He most recently served as Compassion & Choices.

$60 for MPS/MedChi Members and $85 for Non-members

Fees are non-refundable.

Please send check or money order to:
The Maryland Psychiatric Society
1101 Saint Paul Street, Suite 305, Baltimore, MD 21202

For more details or to REGISTER & PAY ONLINE!

Please indicate if you require special accommodations.

Medicare News

CMS Correction - Explanation of Special Status Calculation

On July 24, CMS distributed an email update with an explanation for its special status calculation for the Quality Payment Program. The message, which was reported in the August *MPS News*, incorrectly stated that clinicians considered to have "special status" would be exempt from the Quality Payment Program. Special status affects the number of total measures, activities, or entire categories that an individual clinician or group must report. **Individual clinicians or groups with special status are not exempt from the Quality Payment Program because of their special status determination.**

To determine if a clinician's participation should be considered special status under the Quality Payment Program, CMS retrieves and analyzes Medicare Part B claims data. Calculations are run to indicate a circumstance of the clinician's practice for which special rules would apply. These circumstances are applicable for clinicians in: Health Professional Shortage Area (HPSA), rural, non-patient facing, hospital-based, and small practices. For more information, please visit the Quality Payment Program website.

Medicare Learning Network Events

Qualified Medicare Beneficiary (QMB) Billing Rules
Call to be held Tuesday, **September 19** from 1:30 to 3 PM
You must register. CMS experts will discuss the QMB billing rules and their implications. Find out about upcoming changes to the HIPAA Eligibility Transaction System and remittance advice to identify the QMB status of your patients and exemption from cost-sharing. Also, learn key steps to promote compliance. Medicare providers may not bill people in the QMB program for Medicare deductibles, coinsurance, or copays. Please review the Medicare-Medicaid General Information.

Physician Compare
Call to be held Thursday, **September 28** from 1:30 to 3 PM
You must register. Learn more about Physician Compare and find out about the upcoming 30-day preview period for the 2016 performance data targeted for release in December, as well as the future of public reporting. Learn how to review your performance information before it is published.

Hardship Exemptions for MIPS

Many psychiatrists with low Medicare Part B billings or patients ($30,000 or 100 Part B patients) have "special status" excluding them from 2017 Merit-Based Incentive Payment System (MIPS) reporting and related penalties. Others may qualify for a hardship exemption from the Advancing Care Information (ACI) category that measures the use of Certified Electronic Health Record Technology (CEHRT).

There are three grounds for ACI hardship exemptions:
- Insufficient Internet connectivity
- Extreme and uncontrollable circumstances
- Lack of control over the availability of CEHRT

"Extreme and uncontrollable circumstances" require specific dates and include a natural or other disaster affecting the use of CEHRT, closure of a practice or hospital, severe financial distress (like bankruptcy or debt restructuring), or EHR certification or vendor issues.

Click here to submit a MIPS Hardship Exception Application or call (866) 288-8292. You will need your National Provider Identifier (NPI) or Taxpayer Identification Number (TIN), contact information, hardship category, and supporting information. A confirmation email will state whether your application is pending, approved, or dismissed. If you are granted this exemption, your ACI score will be weighted 0% in your MIPS composite score.

From August 8 *Psychiatric News*

APA News & Information

Free Members Course of the Month

Try the APA's **free** online CME. Each month, members have access to an on-demand course on a popular topic. Less than 30 minutes in length, this course can help you brush up on a trending topic over lunch. The September course of the month is "**Cancer-Related Treatments Relevant to Psychiatry**" by Virginia O'Brien, M.D., Duke University Medical Center. The course will be available for a fee after the month expires.

Opioid Use, Misuse, and Overdose in Women

In July, the U.S. Department of Health and Human Services Office on Women's Health released the Final Report: Opioid Use, Misuse, and Overdose in Women. The report examines prevention, treatment, and recovery issues for women who misuse opioids, have opioid use disorders, and/or overdose on opioids.

APA News & Information

Submit Proposals to Update DSM

The publicly accessible portal on the APA website for submitting proposed revisions to the text of *DSM-5* will turn a year old soon; however, proposed revisions have been few and relatively minor. The portal, launched in December 2016, was the first step in a process that allows incremental updates to the DSM text as new research evidence accumulates and become warranted by the weight of new evidence. This contrasts with the expensive, time-consuming development process that characterized past DSM editions. Visitors to the portal are guided through steps to submit proposals for the following specific kinds of revisions:

- Changes to an existing diagnostic criteria set that would markedly improve its validity.
- Changes to an existing diagnostic criteria set that would markedly improve reliability without an undue reduction in validity.
- Changes to an existing diagnostic criteria set that would markedly improve clinical utility without an undue reduction in validity or reliability.
- Changes to an existing diagnostic criteria set that would substantially reduce deleterious consequences associated with the criteria set without a reduction in validity.
- Addition of a new diagnostic category or specifier.
- Deletion of an existing diagnostic category or specifier/subtype.
- Corrections and clarifications, including changes aimed at improving the understanding and application of an ambiguous diagnostic criterion, specifier, or text.

For more information, see the August 14 *Psychiatric News* article "Process for Updating *DSM-5* Is Up and Running."

Free Series Helps Members Manage Practice Risk

What should you consider when using social media or technology in your practice? What are the most common malpractice claims brought against psychiatrists and how can you avoid them? Find answers in the Risk Management course series, featuring experts from APA's endorsed medical liability insurance provider and offered free to APA members.

Suggest Ideas for APA Action!

Are there problems you think the APA should address? With a little effort, you can put your idea before the APA Assembly for consideration and possibly point the APA in that direction. An Action Paper is the product of an idea about how the APA can work on behalf of its members.

Members of the Assembly, representing and informed by the members of their district branch (i.e. MPS members), formulate ideas into actionable tasks that the Assembly can review, debate, and vote on. The process for developing an Action Paper may first require determining what activities or policies are already underway at APA, or have been in the past. As the idea is developed, the Action Paper is honed and parsed into a subject, intent, problem, alternatives, recommendation, and implementation. These sections outline the details being brought forth.

Once an Action Paper is submitted to the Rules Committee, it may be assigned to a Reference Committee or Area Council. The Reference Committee hears testimony about the paper and discusses it, potentially making changes. The paper is then brought to the floor of the Assembly at which time the Assembly may make additional changes. The Assembly then votes on it.

If the Action Paper is approved, it is then typically referred to the Joint Reference Committee. The Joint Reference Committee may then refer it to the Board of Trustees for consideration, or to the appropriate component for additional information and work, or for implementation.

To review the complete details on the APA website, please click HERE. You need your member login to access the information.

The Action Paper deadline for the November 2017 Assembly is September 18.

If you want to suggest an idea for APA action, please contact one or both of the MPS Assembly Representatives, Anne Hanson, M.D. and Brian Zimnitzky, M.D., **by September 5** so that hopefully an Action Paper can be drafted before the deadline for the November meeting. The Assembly meets again in May if you need more time.

APA Practice Resources

The practice resource area of APA's website has been updated and redesigned to feature more of the information you need and help you find it faster. Explore resources for integrated care, telepsychiatry, PsychPRO: APA's Mental Health Registry, coding updates, practice management guides and more.

APA News & Information

Integrated Care News from APA

CMS Proposed Rule (July 13) **2018 Medicare Proposed Fee Schedule:** CMS released the 2018 Medicare Physician Fee Schedule proposed rule for comment. Several of the proposed policy changes represent good news - and potential increases in reimbursement - for psychiatrists and other mental health practitioners. CMS will publish their final rule in November 2017. The following proposals relate to the Collaborative Care Model (CoCM):

•CMS plans to adopt new CPT codes for CoCM services and Behavioral Health Integration (BHI) services to replace the current temporary codes (CoCM - G0502, G0503, G0504, and BHI - G0507). If finalized, CMS will increase payments for CoCM services by approximately $18.00 for the initial month and $2.50 for the subsequent months of care. The APA was instrumental in developing both the CPT codes and their adoption by the RUC.

•CMS is proposing to allow Federally Qualified Health Centers and Rural Health Clinics to receive separate payments for CoCM and BHI services, starting January 1, 2018. If finalized, the payment for CoCM services would be approximately $134.00 (the average of the payment for the initial visit and the subsequent visit).

CMS proposes to include payment for the CoCM and BHI services in the definition of "primary care services" that lead to assignment of beneficiaries to a Medicare ACO (accountable care organization). This may help encourage ACOs to adopt the CoCM.

CMS Announcement (July 20) **CMS Seeks to Launch Behavioral Health Pay Model:** CMS announced that its Innovation Center would like to design a payment or service delivery model to improve healthcare quality and access for Medicare, Medicaid, or Children's Health Insurance Program (CHIP) beneficiaries with behavioral health conditions. The model may address the needs of beneficiaries battling substance use or mental disorders. It could also target Alzheimer's disease and related dementias. The Innovation Center will be soliciting ideas at a Public Meeting on September 8 at CMS headquarters in Baltimore.

Legislation to Incentivize Integrated Care Press Release (June 30) Senator Ben Cardin (D-MD) introduced S. 1511, *Keeping Health Insurance Affordable Act*, to improve the Affordable Care Act. The legislation includes a provision to improve access to services for mental health and substance use disorders by providing a 100% enhanced Federal Medical Assistance Percentage to states that implement an evidence based model (in their Medicaid programs) that integrates behavioral health services in a primary care setting, including the CoCM.

Advancing Integrated Mental Health Solutions Center Collaborative Care Implementation Guide**:** This gives an introduction to the process of implementing Collaborative Care, from the first step of understanding the concept to monitoring outcomes once it is in place. Each step contains learning objectives and materials. Implementing Collaborative Care necessitates practice change on multiple levels. It is a new way of practicing medicine and requires an openness to doing things differently. This free guide helps explain the work involved and provides the tools to get started. The AIMS Center also offers in-depth coaching and training.

Getting Paid for Psychiatric Collaborative Care Services APA On Demand Archived Webinar: This free webinar provides coding and documentation requirements that enable primary care practices providing psychiatric collaborative care services to bill appropriately.

Legislation to Align 42 CFR Part 2 with HIPAA Congressman Tim Murphy (R-PA-18) introduced the Overdose Prevention and Patient Safety Act, H.R. 3545, to align the confidentiality of substance use disorder patient records, known as 42 CFR Part 2, with the Health Insurance Portability and Accountability Act (HIPAA). APA supports the legislation and is advocating for its passage to allow for better information sharing and treatment coordination for people with substance use disorders.

Michelle Dirst, Director
APA Practice Management and Delivery Systems

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

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 Psychiatrist using this link. https://workforcenow.adp.com/jobs/apply/posting.html?client=hch421&jobId=189289&lang=en_US&source=CC3

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

Psychiatrist - The Thomas B. Finan Center is seeking Psychiatrist to work 40 hours per week in modern JCAHO Accredited State Psychiatric Hospital, located in the beautiful mountains of Western Maryland. This position would serve as a unit physician for a 22-bed adult unit. This position would also serve as the leader of a multi-disciplinary treatment team including psychologists, social workers, occupational therapists and nurses. Position requires minimal contact with Managed Care Providers. This is a contractual position paying $155 per hour with the availability of health benefits and 401K plans. Additional income is available by working on-duty (evenings, nights and weekends) coverage if interested. Send CV to Thomas B. Finan Center, PO Box 1722, Cumberland, MD 21501-1722. Candidates working under J1 VISA's are not eligible for employment at the Finan Center. Interested psychiatrists may also inquire by calling John Cullen at 1-301-777-2240. Equal Opportunity Employer.

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.

Gladstone Psychiatry and Wellness of Baltimore is expanding with new offices in White Marsh and Annapolis, MD. Practice psychiatry like it should be: an hour or longer for initial intakes, and thirty minutes or longer for follow-up visits. Gladstone offers a warm collegial environment, generous benefits, and a holistic approach. Generous compensation is based on ethical medicine, not numbers. Your administrative load is lighter because a nurse case-manager handles pre-authorizations, and staff manage billing. Gladstone accepts BC/BS, Aetna and Cigna only. A limited number of full and part-time opportunities (including independent contractor) are available. For more, contact staff.director@gladstonepsych.com or call Anthony Massey, M.D. at 443-708-5856

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.

PRACTICE OPPORTUNITY—Established, busy Multidisciplinary outpatient practice in White Marsh is seeking an Adult Psychiatrist to work independently providing psychiatric evaluations and medication management for adult patients. This position is for a limited partner (not employee) with possible profit sharing. Medical/dental benefits are available. Collegial environment and pleasant staff — assistance with credentialing. Full-time and part-time hours are available. Come join our team. We look forward to speaking with you and ask that you send your resume and cover letter to dianne@whitemarshpsych.com and/or call George Strutt, PhD , President at 410-931-9280.

PSYCHIATRIST---Outpatient Psychiatry Services at MedStar Franklin Square Medical Center is looking for an adult psychiatrist to work24-36 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.

Our psychiatrist is retiring, and we are seeking another to take up his busy caseload, two days per week in our Towson office. The practice is highly managed care dependent. The office helps with the credentialing process and does all billing. E-mail curriculum vitae and letter of interest to Theo Lemaire, Ph.D. at tlemaire@associatedmentalhealth.com or fax to (410) 583-2377.

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.

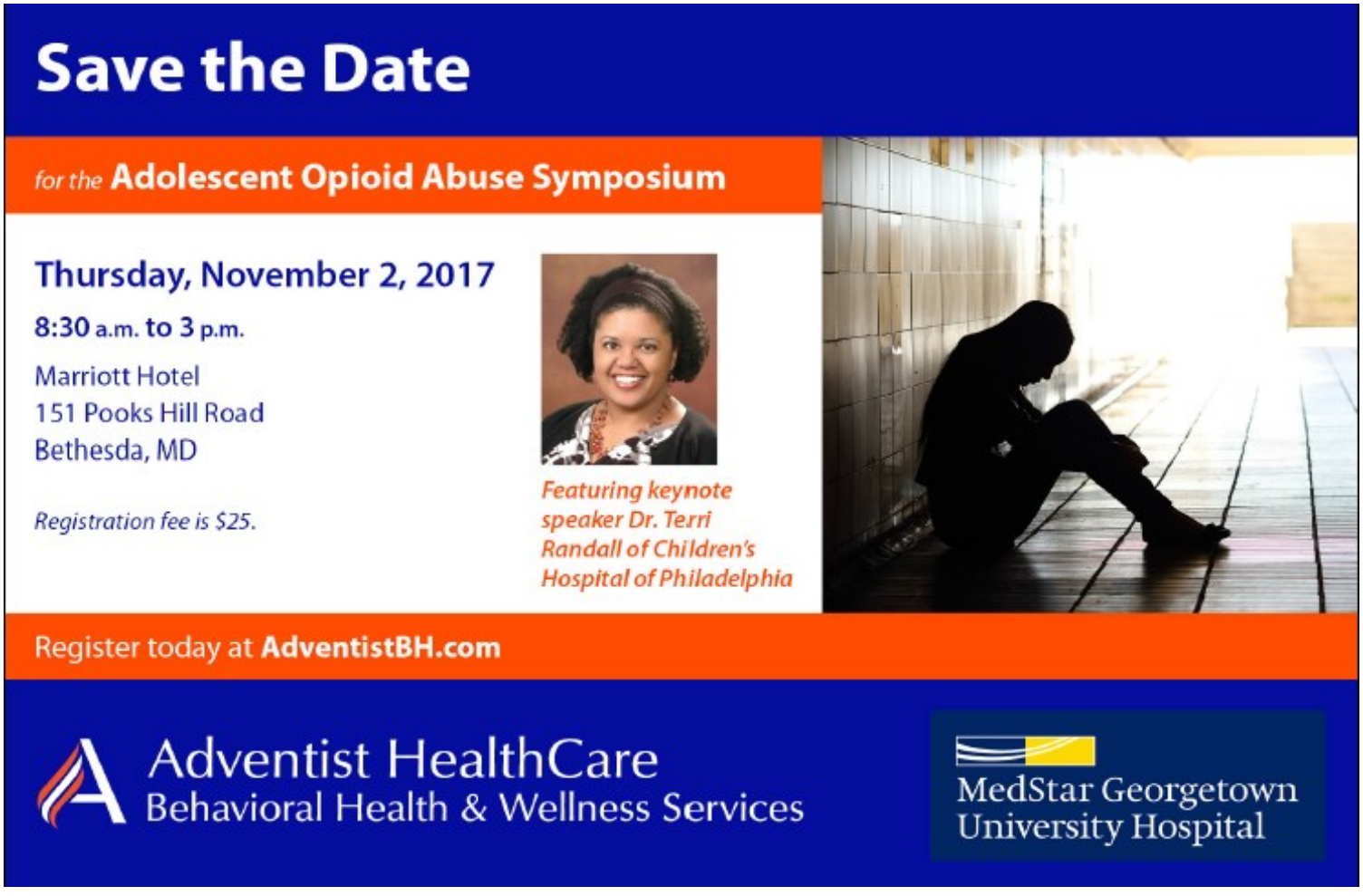
The OMHC is co-located with a Federally Qualified Health Center (FQHC), Community Clinic Inc. which creates opportunities for integration of behavioral health and primary care.

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.



Rewarding Opportunities for Psychiatrists Across Maryland

Sheppard Pratt
HEALTH SYSTEM

Sheppard Pratt Health System (SPHS) is seeking child & adolescent (C&A) and adult psychiatrists to work in multiple SPHS programs across Maryland.

Child & Adolescent Opportunities Include:

Medical Director for Child & Adolescent Service Line
Sheppard Pratt-Towson Campus
Baltimore County

Inpatient, PHP, outpatient, telepsychiatry and crisis services psychiatrists
Sheppard Pratt-Towson Campus
Baltimore County

Inpatient psychiatrists
Sheppard Pratt-Ellicott City Campus
Howard County

Outpatient psychiatrists
Behavioral Health Partners of Frederick
Frederick County

Part-time school psychiatrist
The Jefferson School & RTC
Frederick County

Adult Opportunities Include:

Addiction psychiatrist for observational service
Sheppard Pratt-Towson Campus
Baltimore County

Inpatient and PHP psychotic disorders psychiatrist
Sheppard Pratt-Towson Campus
Baltimore County

Inpatient psychiatrist
Sheppard Pratt-Ellicott City Campus
Howard County

Outpatient psychiatrist
Behavioral Health Partners of Frederick
Frederick County

Requirements:

- Must be board-certified or board-eligible
- Must have a current license to practice in Maryland at the time of hire
- Individuals hired for inpatient, PHP, and residential school services participate in a call schedule

Why Sheppard Pratt Health System?

- Physician-led organization
- Generous compensation package with comprehensive benefits, including medical, dental, vision, and life insurance, an extensive wellness program, and ample leave
- Relocation assistance
- Sign-on bonus
- Opportunities for student loan forgiveness
- Grand rounds, CME opportunities, on-site lectures
- State-of-the-art research and technology
- Cross-discipline collaboration

About Sheppard Pratt Health System

Consistently ranked as one of the top ten psychiatric hospitals by *U.S. News & World Report,* SPHS is the nation's largest private, non-profit provider of mental health, substance use, special education, and social services. We employ more than 95 doctors who all share a passion for providing the best care to those we serve. To learn more about our services, visit sheppardpratt.org. *EOE and smoke-free campus.*

For more information, please contact Kathleen Hilzendeger, Director of Professional Services, at **410.938.3460** or **khilzendeger@sheppardpratt.org**.

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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

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