

MPS NEWS



Volume 31, Number 7

Editor: Heidi Bunes

November 2017

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

MPS News Design & Layout
Meagan Floyd

The next MPS Council meeting will be held at 8 PM Tuesday, November 14th in the MPS office

President's Column

Duty To Warn

A new book entitled *The Dangerous Case of Donald Trump: 27 Psychiatrists and Mental Health Experts Assess a President* was published recently. Sheppard Pratt psychologist Dr. John Gartner is one of the mental health professionals arguing for the removal of President Trump under the 25th Amendment. Dr. Gartner and the others do so in contradiction of the American Psychiatric Association's Goldwater Rule prohibiting psychiatrists from diagnosing public figures we have not examined.

I listened to Dr. Gartner in an [October 11 discussion on WYPR's Midday](#) with host Tom Hall and Dr. Allen Dyer, a psychiatrist at GW, in an effort to parse the various arguments. Dr. Dyer argued that while he is similarly concerned with what he observes in the president's behavior, we have agreed as a profession that it is unethical for us to weigh in about a public figure we have not met. Dr. Gartner countered that our expertise compels us to comment, and expressed support for a bill being introduced by Jamie Raskin, the U.S. Representative for Maryland's 8th congressional district, that would require President Trump to undergo evaluation. Dr. Gartner also stated that an interview with a "malignant narcissist" would be misleading by definition, and asserted that he could predict President Trump's future behavior based on what he knows of this personality type. Dr. Gartner supported his contention with the retrospective diagnosis of Adolf Hitler as a malignant narcissist, stating that it is the mental health profession's "duty to warn" the public about the likelihood of our president behaving similarly.

My problem with Dr. Gartner's argument is the notion of predicting dangerousness. The duty to warn concept was codified - by

Maryland psychiatrists - in the Tarasoff law requiring us to discharge a duty to warn authorities or the target of an explicit threat of harm made by a patient we have interviewed. The president himself has already warned us of his thoughts about military action against North Korea, the prime example of a threat Dr. Gartner cited. The threat is known. What is not known is the likelihood of the threat being carried out. It is well known from the forensic psychiatry literature that we are correct less than 50% of the time when predicting who will be dangerous. We therefore put ourselves in a precarious position if we claim we can predict the behavior of a public figure based on our expertise and ability to diagnose mental illness by observation.

What this really does is further stigmatize the mentally ill as more likely to be dangerous, which we also know to be untrue. The MPS Legislative Committee used this fact in the gun debate before the General Assembly several years ago when we argued against denying only those with psychiatric diagnoses their Second Amendment rights. (A discussion about gun control is beyond the scope of this column.)

Furthermore, we have no basis for claiming expertise about what makes a good president - or for that matter, a good Vice President, Representative, lawyer, dentist or plumber. Claiming expertise beyond the scope of our training undermines our professional credibility and weakens our stance on issues such as prescribing by non-psychiatrists.

If we feel so strongly about our place in discussions of the dangerousness of public figures, we should first revisit the Goldwater Rule as a profession before a few of us decide to ignore it as misguided.

Jennifer T. Palmer, M.D.

Update on Ethics Action Paper

As reported in the [October issue](#), Anne Hanson, M.D. has authored an APA [Action Paper](#) to address problems identified by the MPS Ethics Committee. The District Branch (DB) ethics committees are delegated the responsibility for reviewing and investigating ethics complaints. However, there is no formal policy for the APA to provide expenditures for litigation or other expenses related to a DB ethics investigation. There is implied liability coverage for DBs through the APA's D&O policy, however the policy deductible is \$100,000, far more than most DBs can afford to pay. The Paper calls on the APA to:

1. Make a copy of the APA Directors & Officer Liability policy available in electronic form to all district branches through the APA web site;
2. Amend the APA bylaws to include information regarding indemnification of district branches for liability related to ethics investigations; and
3. Develop a written policy and protocol to provide expenditures to district branches specifically to support ethics investigations.

To date, the Paper has been sponsored by six MPS and two Area 3 individual leaders, in addition to being endorsed by the Southern Psychiatric Association, the Greater Long Island Psychiatric Society, the New Jersey Psychiatric Association, the Pennsylvania Psychiatric Society, the Psychiatric Society of Delaware and the Washington Psychiatric Society. The MPS is hopeful there will be a similar positive reception when the Paper is presented at the Assembly meetings November 3 – 5.

What to Expect During the 2018 Session of the Maryland General Assembly

Plan to attend this FREE event on **Tuesday, November 7, 2017 at 8:30AM** at the Renaissance Baltimore Harborplace Hotel, 202 East Pratt Street, Fifth Floor, Baltimore, Maryland. Saul Ewing Arnstein & Lehr and the government relations law firm of Harris Jones & Malone will co-host this breakfast program regarding the 2018 Session of the Maryland General Assembly. The featured speakers will share their predictions/insights and identify the major issues that will influence business and politics in Maryland in 2018. A continental breakfast is included. [REGISTER HERE](#)

The program will feature remarks from:

- Thomas V. Mike Miller, Jr., President of the Senate
- Michael E. Busch, Speaker of the House of Delegates
- Christopher B. Shank, Chief Legislative Officer, Governor's Office

CRISP Presentation on November 14

The Chesapeake Regional Information System for our Patients (CRISP) is working to engage more mental health and substance use disorder (SUD) treatment providers in their system, which offers four services, the most basic of which is the Prescription Drug Monitoring Program (PDMP). Beginning July 1, prescribers will be required to check the PDMP when prescribing a controlled substance, which can help identify patients at risk of SUD. CRISP's other capabilities are also useful. For example, access to lab data, such as creatinine, thyroid tests, cholesterol, drug levels, and EKGs, is a service available through CRISP. Others are encounter notification, which alerts physicians when their patients access hospital services, EHR integration and financial support that is available to practices. [Click here](#) for more details about CRISP services.

All MPS members are invited to hear a presentation by Sheena Patel, M.D. on CRISP services for behavioral health providers on **November 14 at 8 PM in the MPS office**. The MPS hopes to help members learn more about CRISP and decide how much they want to use it. The presentation will take place before the Council meeting, which is also open to any members who would like to stay. Please [RSVP](#) if you plan to attend the presentation so we can accommodate everyone who is interested.

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.

Carol Ka-Lap Chan, MBCh
Elliott Gauer, D.O.
Matthew Van Winkle, M.D.

Transfers into Maryland

Yubaraj Bhandari, M.D.
Martin S. Chin, M.D.
Stephen Goldman, M.D.
Karanjit Singh Parihar, M.D.

Overdose Deaths Continue to Soar in Maryland

Fentanyl and carfentanil are increasingly involved in fatal overdoses. [Click here](#) for more details.

Maryland News

MIA Parity Enforcement Updates

The MPS has worked with other parity advocates to [communicate enforcement concerns](#) to the Maryland Insurance Administration (MIA). This informal group of advocates will meet with MIA officials on November 17 to discuss the results of its second market conduct exam regarding insurer compliance with the Mental Health Parity and Addiction Equity Act. The MIA has recently completed its review of United Healthcare's plans, which had been pending following release of the other second market conduct survey results. It is not clear when the MIA will release the United results. The MIA is still working on its review of CareFirst plans and on one outstanding issue identified in its response to our letter.

The [third MIA market conduct survey](#) regarding compliance with the parity act was issued October 6. In August, the [MPS submitted recommendations](#) for possible survey questions, and also signed on to suggestions [prepared by the advocate group](#). It appears that most if not all of our questions are included in the survey in some way. In particular, the MIA will examine whether prior authorizations are required for psychiatric medicines more often than for other medicines, which would violate the parity act. Also, questions related to provider networks will illuminate their adequacy for mental health and substance abuse treatment compared with other medical treatment, which could also be a violation. The MIA aims to complete its third exam by summer 2018. Please [click here](#) for a copy of the survey.

Maryland Health Connection Updated 2018 Plans and Costs

Following the federal government's decision to end cost-sharing reduction payments to insurance companies, the Maryland Insurance Administration allowed carriers to increase premiums. As a result, the Maryland health insurance exchange [updated its 2018 plans and costs](#) on October 26. Visitors who browsed before then should return to the site to see the updated rates and get a new estimate of 2018 financial help.

For those already enrolled, 2018 costs may have changed. Look for a notice with updated 2018 plan information. Shopping for a new plan during open enrollment may save money on next year's premiums.

Open enrollment begins **November 1** at [MarylandHealth-Connection.gov](#). This year's open enrollment is cut in half to just 45 days, and will close on December 15.

Maryland Board of Physicians FY17 Annual Report

The Maryland Board of Physicians (the "Board") is the agency charged with the regulatory oversight of the practice of medicine in the State, including licensing physicians and allied health professionals. The various allied health professionals are physician assistants, radiographers, radiation therapists, radiologist assistants, nuclear medicine technologists, respiratory care practitioners, perfusionists, psychiatrist assistants, polysomnographic technologists, athletic trainers, and naturopathic doctors. In FY 17, the Board regulated approximately 45,000 licensees. In addition to establishing qualifications for licensure, the Board is authorized to investigate complaints against licensees and discipline those who violate the Maryland Medical Practice Act.

The [2017 Annual Report](#) is available online. Some highlights of this year's update include:

About 17,500 physicians are licensed by the Board.

Number of Resolved Allegations Involving Physician Licensees Investigated in FY17:

- 101 CME deficiency (total fines exceeding \$43K, the highest category of fines)
- 439 Unprofessional conduct
- 338 Failure to meet standard of care

In FY17, of 186 total disciplinary actions involving physicians, 35 of them entailed total loss of license and 43 involved restrictions of license such probation, terms and conditions.

Although there were 108 positive results out of 2283 total, no physicians were denied initial or renewal licensure due to criminal history records checks.

MPS Legislative Committee Is Recruiting New Members – We Need You!

The MPS is looking for members to join its active, fun and engaging Legislative Committee. The Committee meets by phone once a week during the session and reviews, comments and acts on many bills during the short, but busy Maryland session. If you want to take an active role in how Maryland legislation affects your practice and your patients we want you! [Email Meagan Floyd](#) with questions or to sign-up. January will be here before we know it!

Maryland News

Maryland Medicaid's New Provider Enrollment Portal

This Fall, Maryland Medicaid will introduce a new, self-service, electronic Provider Revalidation and Enrollment Portal (ePREP). [ePREP](#) will be the one-stop shop for provider enrollment, re-enrollment, revalidation, information updates and demographic changes. Maryland Medicaid will also launch a Call Center to coincide with ePREP's Fall go-live. Automated Health Systems (AHS) will operate the Call Center and ePREP through its subcontractor, Digital Harbor.

There are two phases of ePREP implementation. Phase I in Fall 2017 includes physicians, most solo practitioners, rendering only providers and group practices. Phase II go-live in Spring 2018 includes hospitals, clinics, other medical facilities, and long-term services and supports waivers providers.

The MPS is waiting for an article with complete details about how members can use the portal. Please watch for a follow up in the next issue.

On a related note, new [physician-reported data](#) reveal how the Affordable Care Act has affected practices in terms of patient mix by insurance status. Fewer patients lack insurance, with the improvement seen most in states that expanded Medicaid under ACA.

MPS Input on Draft Change to Regulations for Insurance Denials

The MPS reviewed the [draft proposed regulations](#) for Subtitle 10 Health Insurance – General, 31.10.18 Denials of Coverage Based on Medical Necessity. The draft adds use of intoxicating substances and severe withdrawal symptoms to the [existing regulation](#) for filing a complaint without first going through the insurer's internal grievance process, a positive change. However, a new definition of danger to self or others is also proposed.

On October 25, the MPS sent [comments](#) encouraging the Maryland Insurance Administration to use the current language of Maryland's involuntary treatment laws, which do not require "imminence," and which already allow for inability to care for self. Since both HG 10-601 and HG 10-632 simply state, "presents a danger to the life or safety of the individual or of others," the MPS requested that the dangerousness definition proposed in item .11 B be removed before publishing proposed regulations in the *Maryland Register*.

MPS Signs on to Maryland Medicaid Recommendations

In October, 100+ organizations, including the Maryland Psychiatric Society, signed on to a letter to Secretary Schrader outlining a strategy to improve behavioral and somatic health integration in the Maryland Medicaid Program. The Maryland Behavioral Health Coalition recommendations are intended to help the Maryland Department of Health prepare reports on integration to be submitted to CMS and the Maryland General Assembly. Following are highlights of the coalition's suggestions. [Click here to view](#) the complete letter.

A. Program Enhancements

1. Enhance the Medicaid Chronic Health Home Program.
2. Implement Comprehensive Primary Care Model for People Dually Eligible for Medicare/Medicaid.
3. Require Primary Care Providers and Managed Care Organizations (MCO) to Implement Collaborative Care Practice Protocols for Individuals with Mild to Moderate Behavioral Health Conditions.

B. Strategies to Improve the Sharing of Health Information

1. Implement Strategy for Using Health Information Exchange (HIE) to Share Both Behavioral and Somatic Health Data.
2. Require MCOs to Provide Relevant Somatic Health Data to the Administrative Services Organization (ASO) and Implement Performance-based Standards for MCOs to Share this Clinical Data.
3. Address MCO Concerns about Behavioral Health Data.

C. Additional Strategies to Improve Integration

1. Implement Shared-savings and/or Performance-Based Payments for Providers of Behavioral Health and Somatic Health Services that Further Incentivize Clinical Integration.
2. Implement Incentives for Providers to Co-locate Primary Care Services in Behavioral Health Facilities.

2% Rate Increase Proposed for SUD

The Maryland Department of Health proposed a two percent rate increase for substance use disorder (SUD) treatment by community behavioral health providers who are enrolled with Maryland Medicaid and bill services through H codes. This change, to become effective as of July 1, 2017, is estimated to increase combined state and federal spending for these SUD services by over \$3 million in fiscal year 2018. [Click here](#) and scroll down to page 1003 to view the proposed new rates. Comments will be accepted through **November 13**.

MPS Members Nominated for Ethics Award

Last month, upon the recommendation of the MPS Ethics Committee, the MPS nominated **Drs. Dinah Miller and Anne Hanson** for the APA's Carol Davis Ethics Award for their book, ***Committed: The Battle Over Involuntary Psychiatric Care***. Their widely lauded book addresses one of the thorniest ethical issues in psychiatry, and indeed, in society at large - the question of involuntary commitment to psychiatric hospitals and to mandated outpatient treatment. Our ethical principles, as APA members, require us to adhere to ideals that may at times seem to come into conflict: respecting the rights of patients, other health professionals, colleagues, safeguarding patient confidences, privacy, and dignity, while providing competent care, and respecting the law -- it can be a dizzying array of responsibilities. Their book is a valuable companion for thinking through some of the most complex medical - and human - dilemmas. It presents an exceptionally balanced exploration of an emotionally charged subject. Putting the tools of psychiatry to work, the authors listened carefully to an array of actors -- patients, families, judges, police, activists, and many others -- and present their stories in an engaging and humane journalistic voice. The volume is a unique tour de force, though, because the authors are not journalists -- they are psychiatrists with decades of experience -- and their wisdom and knowledge infuse every page.

The [Carol Davis Ethics Award](#) promotes the educational role of the ethics process and is presented to an APA member who has authored an outstanding publication on ethics. The APA Ethics Committee will announce the winner of the award in January. The award will be presented in May at the APA annual meeting in New York City.

Attention Residents - Apply for APA/APAF Fellowships

APA and the APA Foundation support fellowships for residents in many areas, such as public psychiatry, child psychiatry, diversity leadership, leadership in general, advocacy, and psychiatric research. The online application is scheduled to open November 1. The deadline is January 31, 2018. The APA is encouraging applicants to include a DB recommendation, so please [notify the MPS](#) as soon as possible if you intend to apply, or if you would like support from a mentor who may be available through the MPS Diversity Committee. We would like to support members throughout this process. [Click here](#) to learn about the full list of fellowships and start work on your application today!

Physician Well-Being

The [APA website](#) states that an estimated 2 out of 5 psychiatrists have professional burnout. Addressing this problem has become one of the most pressing issues for medicine. The APA is committed to helping psychiatrists achieve well-being, as well as addressing the individual and system-level challenges that contribute to professional burnout. The APA site offers a self-assessment as well as resources for addressing burnout and achieving a better work-life balance.

In Maryland, MedChi has devoted an entire [issue of Maryland Medicine](#) to this topic. While a Mayo Clinic study cited indicates Psychiatry has one of the lower burnout rates by specialty, still close to half of the psychiatrists surveyed in 2014 reported being burned out. The issue covers several angles of this multi-faceted problem, and is worth a read for members who are interested.

In addition, the [Maryland Physician Health Program](#) offers confidential assessment, referrals and support to physicians experiencing a variety of concerns, including emotional health. The [Montgomery County Medical Society](#) also offers resilience and well-being resources.

Free Online SBIRT Training

A training program on alcohol and drug use Screening, Brief Intervention and Referral to Treatment (SBIRT) is available [here](#). After watching all six 15-minute videos, physicians may request 1.5 CMEs. SBIRT is an evidence-based early intervention strategy used in primary care and other settings to identify and reduce risky substance use among patients. An SBIRT Pocket Guide and patient education materials are also available on the website. For more information contact Bonnie Campbell at 410-637-1900 x7790 or bonnie.campbell@bhsbaltimore.

Attention Residents - You are Eligible for a Free MedChi Membership!

Did you know that residents receive free membership to the Maryland State MedChi Society (MedChi)? Find out what perks come with joining this organization by contacting Yelena Shapiro at yshapiro@medchi.org.



Psychopharmacology Update: 2017

Saturday November 11 from 8:30am to 3:30 pm

The Conference Center at Sheppard Pratt
5 CME/CEU hours.

Mood disorders are complex conditions. They are challenging to diagnose even for experienced health care professionals. Delays in diagnosis and treatment lead to poor outcomes for patients as they suffer from effects on mental and physical health.

About 30% of people report depression as one of their symptoms when they see their doctor. But fewer than 10% actually have severe depression. Nearly 4% of the U.S. population have a bipolar disorder.

We are honored to welcome several national thought leaders and investigators in mood disorders to present on this topic.

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 is **\$90.00 for MPS Members** and **\$130.00 for Non-members**.

Registration fee includes breakfast, lunch, snacks, program material and 5 CME/CEU hours.

Fees are non-refundable.

[CLICK HERE TO REGISTER!](#)

APA News & Information

October APA Board of Trustees Meeting Highlights

The APA Board of Trustees met in New Orleans in juxtaposition to the Institute of Psychiatric Services. Some highlights are listed below. Please keep in mind that this list is unofficial and incomplete.

1] The Board of Trustees voted to waive APA 2018 dues for members in Puerto Rico and the Virgin Islands due to the total devastation that those on the islands have experienced during the hurricane season. In addition, the APA has advocated for federal aid to the islands.

2] The IPS Mental Health Services Conference was recently held in New Orleans. The scientific program featured almost 100 sessions. The attendance in New Orleans was over 1000 individuals.

3] APA began the third year of the CMS Support and Alignment Network grants on October 1, which fund training for psychiatrists to implement evidence-based, population-focused, integrated behavioral healthcare programs. Prior to the beginning of the IPS Mental Health Services Conference meeting, 1,890 healthcare providers had already been trained by the APA in the collaborative care model. This number includes 1,794 psychiatrists and 96 primary care physicians.

4] The ABPN is currently developing a pilot project, which will be an alternative to the Maintenance of Certification (MOC) 10-year exam. Details of this program are still forthcoming.

5] The Scientific Program Committee has completed the scoring of over 2,000 abstracts for the 2018 Annual Meeting in New York City. The theme of the meeting centers on wellness and innovation. Acceptance notifications will be sent in early November.

6] For the eight months ending August 31, 2017, net income was \$12.0 million, compared to \$14.9 million in 2016. APA is projected to be within budget for 2017.

7] The new APA home at 800 Maine Avenue in Washington, D.C. is progressing in construction and on schedule. The APA ribbon-cutting ceremony will take place in March 2018 (Board of Trustees) and repeated in November 2018 (Assembly).

8] APA continues plans to address burn out among psychiatrists. Psychiatric News is featuring articles on the issue and a work group is updating the APA Position Statement on physician burnout and developing toolkits for members to use in addressing burnout at their local institutions. [See [page 5](#) for more.]

9] The Work Group on Access through Innovation is developing a series of recommendations on how the APA can accelerate the adoption of innovation solutions by psychiatrists to increase access to care, as well as best payment and reimbursement strategies for these solutions.

Please note that this list is incomplete.

*Roger Peele, M.D.
Area 3 Trustee*

APA Advocates for Insurance Supports

On October 13, the APA joined other front-line physician organizations to [raise concern](#) about President Trump's decision to eliminate the financial supports that help low-income families to afford health care coverage. The decision to discontinue cost-sharing reduction payments stands to hurt the most vulnerable individuals and families, raising cost for them and the federal government. [See [page 3](#) for a related article on Maryland's insurance exchange.]

The organizations called on the Senate and House of Representatives to restore the payments, noting that failure to address the matter will result in dramatic, if not catastrophic, increases in premiums across the country — resulting in millions of people losing their health care coverage due to either insurer departures from the market or their inability to afford coverage.

The groups called out the Administration's move as an effort to "deliberately undermine and destabilize our health care system. Such actions are inconsistent with the missions of our organizations and lack the basic elements of good governance and public policy."

Help Patients Avoid the Criminal Justice System

Psychiatrists need to understand how the criminal justice system works to ensure that they can help patients avoid future contact. The Judges and Psychiatrists Leadership Initiative is a partnership between the APA Foundation and the Council of State Governments Justice Center that offers resources and tools to increase judges' and psychiatrists' understanding of the latest research and best practices for people with mental illnesses involved in the justice system. Click to view [Supporting People with Serious Mental Illnesses and Reducing Their Risk of Contact with the Criminal Justice System: A Primer for Psychiatrists](#).

APA News & Information

Planning for Contingencies

Psychiatrists are sometimes advised to have a contingency plan in case they are suddenly unable to practice. The APA offers a valuable guide, [Closing a Practice on Short Notice](#). The guide can assist members, their family, and colleagues with planning and risk-management tips in the event of an unforeseen, emergency closing of a practice. The APA site includes a library of practice management guides. Member login is needed to access "Ending the Physician/Patient Relationship" and "Retaining and Discarding Psychiatric Records."

The APA advises speaking with your attorney and liability insurance carrier. MedChi is another resource, especially for Maryland-specific requirements. Call 410-539-0872 or 800-492-1056.

Free Members Course of the Month

Each month, members have free access to an online CME course on a trending topic. The November course discusses a model for short-term disaster mental health support which can aid psychiatrists treating patients after disasters. [Click here to access the Course of the Month and sign up for updates about this free member benefit.](#)

Join APA's Congressional Advocacy Network

Congressional Advocacy Network (CAN) members serve as "key contacts" for their federal lawmakers so that when important issues come up before Congress, APA can quickly get its message to targeted members of Congress through direct and personal contact from their constituents. APA provides CAN members with talking points and one-on-one support so that they can build a relationship with their federal lawmakers. [Learn more and join CAN.](#)

November is Alzheimer's Disease Awareness Month

[Click here](#) for events planned by the Greater Maryland Chapter of the Alzheimer's Association. Visit the national organization's [website](#) for information about the disease, research, navigating life with Alzheimer's and supports that are available.

Medicare News

Medicare News Briefs

Quality Payment Program Course

A new, online, self-paced course on the Quality Payment Program is available through the [Learning Management System](#). Receive information on:

- How to recognize who is a participant in a Merit-based Incentive Payment System (MIPS) Alternative Payment Model (APM)
- Benefits of the special APM scoring standard for MIPS APM participants
- Criteria for reporting on performance

The fifth in an evolving curriculum, this course offers CME credit.

Prohibition on Billing Dual Eligibles in the QMB Program

The CMS article, [Prohibition on Billing Dually Eligible Individuals Enrolled in the Qualified Medicare Beneficiary \(QMB\) Program](#), has been revised as follows:

- Provider Remittance Advice and Medicare Summary Notices identify QMB status of beneficiaries and exemption from cost-sharing for Part A and B claims processed on or after October 2.
- Recommendations on how providers can use these and other upcoming system changes to promote compliance with QMB billing requirements

Reporting Changes in Ownership

Some providers may not be informing CMS of ownership changes. Providers are required to 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 Medicare billing privileges. Please see the following resources for more details:

- [Timely Reporting of Provider Enrollment Information Changes](#) article
- [42 CFR 424.516](#)
- [Medicare: Vulnerabilities Related to Provider Enrollment and Ownership Disclosure](#) OIG Report
- [PECOS Enrollment Tutorial - Change of Information for an Individual Provider](#)
- [PECOS Enrollment Tutorial - Change of Information for an Organization/Supplier](#)
- [Updated Manual Guidelines for Electronic Funds Transfer Payments and Change of Ownership](#) article

Medicare News

Physician Compare 30-Day Preview Period Ends December 1

On October 18, CMS opened the 30-Day Preview Period for the 2016 performance information that will be publicly reported on [Physician Compare](#) starting in December 2017. Use the CMS [Preview Period Toolkit](#) to preview your data before **Friday, December 1** at 8 PM. For assistance with accessing the provider information portal, or obtaining your EIDM user role, contact the QualityNet Help Desk at 866-288-8912 or qnetssupport@hcqis.org. For questions about Physician Compare, public reporting, or the preview period, please email PhysicianCompare@Westat.com.

Review Your 2016 Medicare Reports – 2018 Payments Possibly Affected

2016 Physician Quality Reporting System (PQRS) feedback reports and 2016 Annual Quality and Resource Use Reports (QRURs) were released on September 18. The PQRS feedback reports show your 2016 PQRS reporting results, including if you are subject to the 2018 PQRS payment reduction. (Those whose payments are adjusted should also receive a letter from CMS.) The 2016 Annual QRURs show how physicians and others in groups and solo practitioners performed in 2016 on the quality and cost measures used to calculate the 2018 Value Modifier, as well as their practice's 2018 Value Modifier payment adjustment. The payment adjustments shown in the reports are based on proposals that were included in the 2018 Medicare Physician Fee Schedule Proposed Rule (<https://federalregister.gov/d/2017-14639>). If the policies are not finalized as proposed, CMS will provide an update.

Access and review your 2016 PQRS feedback report and 2016 Annual QRUR now to determine whether you are subject to the 2018 PQRS payment reduction and your practice's 2018 Value Modifier payment adjustment. The [APA's guide](#) can help.

If you believe your payment adjustment status was made in error, you may request an informal review of your 2016 PQRS results and/or 2018 Value Modifier calculation during the informal review period **until 8:00 PM December 1, 2017**. Please use the following links for more information.

[2016 PQRS: 2018 Downward Payment Adjustment - Informal Review Made Simple Guide](#)
[2018 Value Modifier Informal Review Request Quick Reference Guide](#)

Please note that 2016 was the last program year for PQRS, which has transitioned to the Merit-based Incentive Payment System (MIPS) under the Quality Payment Program.

Medicaid Call regarding New Medicare Card

On **November 9** from 2 to 3 PM, Medicaid providers can learn about the change from Social Security Number-based Health Insurance Claim Numbers to new Medicare Beneficiary Identifiers. CMS will discuss:

- Background and implementation
- MBI format
- Timeline and milestones, including the transition period
- Beneficiary outreach and education
- How to get ready for the new number

A question and answer session will follow. To participate, use Dial-In Number: 800-837-1935; and conference ID #: 49255212. Click for more information about the [new cards](#).

MIPS Virtual Group for 2018

As explained in the [2018 Quality Payment Program proposed rule](#), solo practitioners and small groups can choose to participate in the Merit-based Incentive Payment System as a "virtual group" for 2018. To form a virtual group, physicians need to make an election by **December 1**. [Click here](#) for more information.

From October 25 *Psychiatric News Update*

HSCRC Report Shows Hospital Physician Costs

On September 13, the Health Services Cost Review Commission (HSCRC) issued a report that reviewed the two major categories of physician costs incurred by hospitals:

- Costs associated with physicians who provide non-Part B professional services in the regulated hospital
- Losses associated with the provision of physician services by hospital-employed physicians or by physician practices that are owned (at least 50%) by the hospital.

Effective FY2016, hospitals must report expenses and revenues according to the physician's practice (hospital or non-hospital based) and specialty. The HSCRC report includes some amazing data. According to the report, the net losses associated with hospital-based physician Part B professional services in FY2016 amounted to \$207,268,700. In comparison, the net losses associated with non-hospital based physician Part B professional services were \$337,721,420. The complete HSCRC report can be found [here](#).

From [October 2 MedChi News](#)

CLASSIFIEDS**EMPLOYMENT OPPORTUNITIES**

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.

Gladstone Psychiatry and Wellness of Baltimore is expanding with new offices in Columbia and Edgewater, 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

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.

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, INDEPENDENT CONTRACTOR--Bluegrass Psychiatry LLC has an opportunity for a psychiatrist to establish a private practice in Columbia Town Center. We offer a large modern office with support staff for reception, scheduling, pre-auths and billing. Our current providers include psychiatrists, psychotherapists, and counselors. Your private practice may be self-pay or your choice of insurance (BCBS, Cigna, Aetna, Johns Hopkins). Please email CV to: operations@bluegrassmentalhealth.com. Please visit our website at www.bluegrassmentalhealth.com.

Holiday Office Hours

The MPS office will be closed **November 23rd and 24th** for Thanksgiving.

The office will also be closed **December 25th - January 2nd**.

Don't forget you can pay your dues, update your profile or find a referral for a patient on our [website!](#)

Happy Holidays!

Thank You!

The following members have paid additional MPS dues for 2018 even though they qualify for reduced dues because they have reached life status. We appreciate your financial support of the Maryland Psychiatric Society!

Jill Joyce, M.D.
Thomas Krajewski, M.D.
Daniel Storch, M.D.



Join the MPS Payer Relations Committee! The MPS needs help with two Maryland Insurance Administration initiatives: [network adequacy](#) regulations and a market conduct survey assessing carrier [compliance with the federal parity act](#). For more details, [email Heidi Bunes](#).

Are you active in Integrated Care? The MPS needs members to represent psychiatry in work underway to transform Maryland's All-Payer model for hospital care to an alternative payment system that includes physicians. MedChi is leading an effort to protect physicians and advocate for a configuration that ensures their voluntary participation. Please [email Heidi Bunes](#) for more information.

MPPAC is making changes! The Maryland Psychiatric Political Action Committee, which is affiliated with the MPS, is revising its board of directors. If you are interested in the political process and want to connect with legislators and help advocate on behalf of Maryland psychiatrists, the MPPAC wants you! Email mppac@mdpsych.org today!



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.

PSYCHIATRIST

Jewish Community Services (JCS) is a comprehensive non-profit human service agency of The Associated: Jewish Community Federation of Baltimore. JCS provides a broad range of services that meet the diverse, multi-dimensional needs of individuals and families throughout Central Maryland.

JCS is seeking a part time (salary or contract) Psychiatrist for our outpatient Mental Health center.

JOB SKILLS AND QUALIFICATIONS:

- Conduct psychiatric evaluations and medication management with children and/or adults under the supervision of our Director.
- Knowledge and sensitivity to Jewish values and customs preferred.
- Must have liability insurance.
- Minimum 2 years of related experience.
- Education: MD with Psychiatry specialization

Interested candidates should send resume and cover letter to recruitment@jcsbaltimore.org.

Full-time and Part-time positions available

Bonus offered!

We have an excellent staff positions currently available throughout the state of Maryland. Join MHM and experience the benefits of a career in correctional mental health.

Full-time and Part-time positions available

Why explore a career in correctional healthcare?

Regular daytime hours

NO insurance paperwork or managed care hassles

Reasonable caseloads and diverse patient population

Secure and supportive work environment

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

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

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

For more details, please contact me at **844-477-6420**

Or email CV to jane@mhmcareers.com

Thank you,

Jane Dierberger

**MHM In-House Physi-
Recruiter**



MHM Services, Inc

The Public-Private Partner for Healthcare®



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

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

EOE

Rewarding Opportunities for Child & Adolescent Psychiatrists Across Maryland



Sheppard Pratt
HEALTH SYSTEM

Sheppard Pratt Health System (SPHS) is seeking child & adolescent (C&A) 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

Child & Adolescent Service Chief

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

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.



REMY PALMER
SENIOR ACCOUNT MANAGER

EMERGING RISKS REQUIRE ENHANCED COVERAGE

**AS THE PRACTICE OF PSYCHIATRY EVOLVES,
SO SHOULD YOUR MALPRACTICE COVERAGE.**

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.
Visit us online or call to learn more and receive a free personalized quote.**

More than an insurance policy

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



Actual terms, coverages, conditions and exclusions may vary by state. Insurance coverage provided by Fair American Insurance and Reinsurance Company (NAIC 35157). FAIRCO is an authorized carrier in California, ID number 3715-7. www.fairco.com. In California, d/b/a Transatlantic Professional Risk Management and Insurance Services.