MARYLAND PSYCHIATRIC SOCIETY

MPS NEWS

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In This Issue

Deadline for articles 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 7:30 PM Tuesday, September 10th in the MPS office. All members welcome!

President's Column

Dog Days Update

Happy August to you all. I trust that everyone is surviving and even thriving during these dog days of summer. Time spent replenishing the body, spirit and mind are the best preventive medicine for us, and for the patients we serve.

The season has been a busy one for MPS even though the frequency of our formal meetings decreases during the summer months. There are new personnel and initiatives at the state level that will have significant impact on Maryland psychiatry and this will be a central topic of next month's newsletter. We have had discussions with the APA about ways to improve our connection with the Washington Psychiatric Society and we have firmed up our committees along with new interest groups (a group of members with similar interests that is less formal than our current committee structure) - examples include Child and Adolescent Psychiatry, Consultation-Liaison and Geriatric Psychiatry. We have also started a Health Policy Advisory Group co-led by Steve Daviss and Paul McClelland to provide input and insight on state initiatives that MPS needs to understand and weigh in on. We will have more to share about these efforts next month as well.

The other news you may have already heard is our decision to revert back to the MPS billing its own dues and away from the centralized process (where MPS dues were paid simultaneously with APA dues) administered by APA. This decision followed lengthy discussions that have included the MPS Executive Committee, Council members and administrative staff of both MPS and APA. In a nutshell, MPS' experience has been that, despite the advantages of centralized billing (e.g. members pay once rather than separately, APA pays the credit card fee rather than MPS), the disadvantages were greater. These include: an unacceptable error rate requiring extensive reconciliation by MPS staff; MPS reliance on external, often incorrect data for membership processes; delayed payments by APA to MPS; and the potential loss of other current advantages such as the MPS lifers policy. At the June 11th Council Meeting, there was an in-depth discussion and unanimous vote to not renew the centralized billing contract with APA for 2020. [See below for more. details] This decision is not irrevocable and will be reevaluated as circumstances warrant.

Have a fruitful August and we will reconnect in a month.

Marsden H. McGuire, M.D., M.B.A.

2020 MPS Dues Changes

The MPS will return to billing its own dues starting with the 2020 dues year.

- MPS dues amounts are unchanged for 2020.
- Members will receive two dues invoices in the early fall—one from the APA and one from the MPS.
- Members will pay APA dues to APA, and MPS dues to MPS.

Watch for more information in next month's issue. If you have any questions or concerns please call the MPS office at 410.625.0232 or email mps@mdpsych.org.

LAST CALL!!!

The MPS sent member information update forms as well as the 2019 member survey in May. Time has run out so please return your info now!

Member Update Form—Due Now
The MPS membership directory is going to print this month. Please make sure our information is up to date. If you opt in, this data is also used for the online Find a Psychiatrist and the telephone patient referral service. Be sure to indicate all networks you're part of. You can also log in to your member account on the MPS website to directly enter updates. **Directory changes are due immediately**.

Member Survey – Final deadline August 11
Please give input to help guide how MPS committees, Council and staff will work for you.
INCENTIVE: Three respondents who complete the entire survey and include their names will be chosen at random for a **$100 credit** that can be applied to MPS dues or an MPS event. **CLICK HERE** to start – this should take less than 5 minutes!

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

August 8 Credentialing Call
2:30-3:30 PM

The Finance and Funding Subcommittee of the Commission to Study Behavioral Health is holding a call **to hear from MH/SUD providers about participation concerns regarding private health insurance networks**. A copy of the call agenda is available here. Interested MPS members are encouraged to participate. Call 413-728-2929; PIN: 433 075 160# You can also send input for the subcommittee to mps@mdpsych.org.

Last Chance for Special Member Rate for 2019 MPS Directory Ad

MPS members can advertise their practice, change in office location, specialty, new book, etc. for a special members-only rate of $100 for a 1/3 page ad. The 2019-2020 directory will be out early in the fall.

Final deadline for orders is August 5. For details, contact Meagan Floyd at 410-625-0232 or mfloyd@mdpsych.org.

August Member Spotlight

Kevin D. Strouse, M.D. - I recently completed my psychiatry residency training at Johns Hopkins. I am excited to announce that I have opened a private practice at Green Spring Station in Lutherville, MD. I specialize in the treatment of mood and anxiety disorders for adults, age 18 and older. My practice website is www.kevinstrousemd.com. In addition, I am a part-time Clinical Associate at University Health Services at Johns Hopkins Hospital where I provide outpatient psychiatric care to graduate students, residents, and fellows at the Johns Hopkins Schools of Medicine, Nursing, and Public Health.

Have you recently worked on an exciting research project? Reached a milestone in your career and want to share it with other MPS members? Have some good advice for younger psychiatrists who are just starting their careers? Submit a short article and photo through this Google Form to showcase your experiences with the MPS community.

Attention Just-Graduated Residents

Now that you have graduated from your training program, it's time to advance your membership. Let us know if you're continuing in a fellowship or starting to practice! This will ensure you can access your benefits, including helpful early career resources. Your MPS dues are not affected by this change and the form takes less than 5 minutes to complete!

New MPS Interest Groups!

The MPS has a new way for members to connect around subspecialty areas of interest., i.e. **Child and Adolescent, Geriatric, Forensic, Addiction and Consultation-Liaison.** Most communication occurs over email, but other options are possible. This is not an appointment to a specific role, just an indefinite opt-in to receive information and the opportunity to share news, ideas and concerns with participating members, who can leave the group any time.

For example, the MPS may send proposed Maryland regulations or legislation for input so we can be more effective in influencing how psychiatry is practiced in our state. Participants might seek suggestions for where to refer patients or how to best approach a difficult clinical situation. There are other exciting possibilities that will depend on how participants engage with each other.

To join or ask questions, please email Heidi Bunes.

Maryland News

Update on Developing Changes to Maryland Behavioral Health

As reported last month, change is in the making with multiple initiatives underway in the state. The MPS is forming a Health Policy Advisory Group to help identify and prioritize when and how the MPS should act. Please contact Heidi Bunes if you can help or if you have concerns.

Subcommittees of the Governor's Commission to Study Mental and Behavioral Health have met multiple times, and the Commission issued its interim report on July 10. [See article in column to right] The full Commission met again on July 31 in Germantown.

In another development, the Maryland Department of Health (MDH) created a workgroup in response to HB846/ SB482 of the 2019 session. A Behavioral Health System of Care Workplan and a Behavioral Health System of Care Design Team has been established (see org chart) with the Workgroup and various Stakeholder Discussion Groups. These will result in recommendations about how to provide, administer and finance public behavioral health services. The Workgroup met July 31 and MDH held a System of Care Behavioral Health Community Discussion meeting on July 24.

The MPS and other behavioral health stakeholders are monitoring the evolving process. So far, participating MPS members include **Steve Daviss, M.D.**, Finance & Funding Subcommittee of the Commission, **Dinah Miller, M.D.**, Behavioral Health Discussion Group of the System Design Team, and **Harsh Trivedi, M.D.**, Crisis Services Subcommittee of the Commission and BH System of Care Workgroup. Again, please send any input to Heidi Bunes.

MIA Fines CIGNA for Parity Violation

As part of its third market conduct study on compliance with the federal parity law, the Maryland Insurance Administration identified differences in how CIGNA Health credentialed medical/surgical facility applicants vs. how it credentialed mental health/substance use disorder facility applicants. MIA found that by denying applications made by five MH/SUD facilities requesting credentialing for network participation based on "no network need identified," CIGNA violated parity requirements. CIGNA was fined $25,000 and must submit a plan of corrective action for its network admission practices to become compliant with the Mental Health Parity and Addiction Equity Act. The Order was final in June. Please click here and select "MIA-2019-06-012" to view the document.

Commission Issues Interim Report

Last month the Maryland Commission to Study Mental & Behavioral Health issued its Interim Report. The Commission will make recommendations to improve the continuum of mental health services, as well as, but not limited to (1) improving the statewide, comprehensive crisis response system; and (2) ensuring parity of resources to meet mental health needs. There are four subcommittees, as follows:

- Youth & Families
- Crisis Services
- Finance & Funding
- Public Safety/Judicial System

The report includes focus areas of each subcommittee, a list of members and its work to date. The initial recommendations are assessing reciprocity for Professional Counselors and Therapists, updating the "emergency facility" definition for individuals in crisis, and implementing parity according to the Mental Health and Addiction Equity Act.

The Commission has been working to identify the gaps and problems with the state's mental and behavioral health systems, investigate specific areas of concern and opportunity, and gather stakeholders to assist in finding long term, transformative solutions. Although its work will continue through the next three years, during the next six months the subcommittees and Commission are expected to recommend substantive solutions that will be considered for legislative and/or regulatory implementation.

Do You See Medicaid Patients Privately?

The Medicaid program now allows Ordering, Referring, and Prescribing (ORP) provider enrollment for those who contract privately with patients. This is instead of enrolling as a rendering provider (and accepting Medicaid contract terms). The ORP option accommodates psychiatrists who have private pay arrangements with patients while Medicaid pays for the prescriptions they order. This new option is somewhat like opting out of Medicare but, according to Medicaid Provider Services, there is no 2-year minimum requirement, i.e. someone can sign up for ORP one week and then change to a provider the next week. Also, there is no Medicaid requirement for a signed written agreement with the patient, although that would be best practice.

You must enroll as an ORP (or as one of the rendering provider options) for prescriptions to be paid by Medicaid after October 1, 2019. If you have not enrolled, payment for prescriptions will be rejected at the pharmacy. Please see more details on the MPS website.

Maryland News

2019 Network Adequacy Reports

On July 1, 2019, the Maryland Insurance Administration (MIA) received health insurers' network adequacy reports. In general, there was some improvement in behavioral health networks, with some exceptions, but none of the reports were fully compliant with the standards and most submissions were inadequate. The MIA only received one waiver request.

The MIA has identified problems with required information not being reported and issues with how the carriers are reporting. For example, one carrier submitted national wait time results instead of Maryland-specific results and another's enrollee to provider ratios are suspicious, stating a ratio of 2000:3598 while the standard is 2000:1. Several carriers did not submit substance abuse enrollee to provider or behavioral health enrollee to provider ratios. One carrier did not submit wait times for mental health. There are also concerns that carriers did not file separately for each provider panel, but rather submitted one report for all of them.

The MIA has posted Executive Summaries of the payer reports to its website. To review the reports, click here and select the top menu item "**Annual Filing**." The MIA will evaluate where carriers have failed to meet the reporting requirements and seek additional information. The MIA will then proceed with conducting a review of the reports and the methodologies employed and conduct investigations, where appropriate.

Interest Owed on Claims Not Paid Within 30 Days

Maryland law requires that insurers, nonprofit health service plans, health maintenance organizations, managed care organizations, and delegated agents pay interest on clean claims that remain unpaid 30 days after initial receipt. Last month, the Maryland Insurance Administration issued guidance on how to calculate the interest due. The guidance states, "Annualizing the 30 day interest rates yields daily rates that are lower than are provided by statute and are therefore noncompliant." Questions may be directed to the Compliance and Enforcement Unit at mc_filings.mia@maryland.gov.

Update on MHCC Acute Psychiatric Services Workgroup

As reported in the June issue, the Maryland Health Care Commission convened an Acute Psychiatric Services Workgroup to revise Certificate of Need (CON) regulations and the State Health Plan. State government uses CON to regulate the supply and distribution of certain types of health care facilities and services. The workgroup received recommendations of a Maryland CON Modernization Task Force and is developing proposed regulations for consideration by the MHCC in November.

During the May meeting, the group agreed that the acuity of psychiatric patients is increasing. Sometimes acuity dictates that psychiatric beds be blocked for a sitter, guard, etc., which explains why there may seem to be capacity, yet it may still be difficult to find beds for patients. Shifting to private rooms can help. The lack of crisis services, a potential alternative to an inpatient psychiatric bed for some patients, puts additional pressure on bed supply. The impact of voluntary vs involuntary status was discussed as well as the fact that state hospital beds are mostly occupied by committed patients.

At the June 17 meeting, the workgroup considered possible changes to COMAR 10.24.07, including some standards that have been determined to be outdated and others that could be revised or maintained. For example, MHCC staff are recommending that Joint Commission or other accreditation replace some of the standards, such as the required array of inpatient services. Workgroup input was requested on other standards related to handling psychiatric patients presenting at a hospital's emergency department, services required for acute psychiatric programs, access to acute psychiatric services, and staffing requirements, e.g. whether there should be specific training or board certification required for the psychiatrist who supervises clinical services, and whether staff of child and/or adolescent units must include staff with experience and training in child and/or adolescent acute psychiatric care.

The next meeting will be August 19. If you have input, please contact Stephanie Knight, M.D. who represents the MPS on the workgroup.

New SHIP Website

The Maryland State Health Improvement Process (SHIP) has a new website. SHIP data is now housed in Maryland's Open Data Portal, which offers machine-readable, public health data that is easy to find, accessible, and usable. SHIP uses 39 measures (one of which is Suicide Rate) to highlight the health characteristics of Marylanders.

Maryland News

BHA Audit Reveals Deficiencies

A July 2019 report about a fiscal compliance audit of the Behavioral Health Administration reveals substantive issues regarding BHA's monitoring and verification. Since July 1, 2014, BHA has been responsible for Maryland's public system providing mental health and substance use disorder services.

The report states that, in some cases, BHA did not ensure that services were provided or recover grant funds when established performance measures were not met. It did not monitor some vendors, even those who had been cited for deficiencies in the past. Further, BHA did not require the contractor who compiled data from pharmacies and providers collected in the Prescription Drug Monitoring Program to have comprehensive independent security reviews to ensure that the data were safeguarded.

In addition, the report points to questionable interagency agreements between BHA and two Core Service Agencies and to concerns with the use of grant funds from the Opioid Operational Command Center. These matters were referred to the Criminal Division of the Attorney General's office; however, that does not mean a criminal act occurred.

To read the complete report, click here and select the MDH-BHA report dated July 9.

Board of Physicians Has Absolute Immunity

In a decision filed June 26, the Maryland Court of Special Appeals ruled the Board of Physicians has absolute immunity., stating "... the Board is not a "person" that can be held liable for damages under § 1983. All of the individual defendants who were sued under § 1983 have absolute immunity under federal law because they performed adjudicative or prosecutorial functions and the applicable provisions of State law afforded adequate procedural safeguards to restrain unconstitutional conduct by agency officials." The Court went on to explain that "under Maryland common law, the 25 individual defendants also have absolute immunity from the tort claim against them... " The Court justified this ruling by explaining that "anything less than an absolute immunity would subject "all officials, the innocent as well as the guilty, to the burden of a trial and to the inevitable danger of its outcome." The full opinion can be found here.

MedChi's Board of Physicians Task Force will review this seminal ruling and determine its meaning for the board in Maryland.

From July 8 MedChi News

Renewals Underway for Licenses Expiring 9/30/2019 (Last names M-Z)

There is a yes/no question on the renewal about whether the physician maintains Medical Liability Insurance. The answer will be posted on the Practitioner Profiles. Practitioners can also edit their yes/no question within their profile. Physicians must use the following Board-supplied forms to comply with the new law:

- Notice to Individual Patients
- Notice to All Patients
- Informed Consent to the Patient

The language in the documents was drafted and approved by the Board in compliance with Maryland Code. Alteration of the language in the documents may result in non-compliance with the law.

Free CDS CME Series

Maryland law requires all new and renewal applicants for CDS Registration issued by Office of Controlled Substances Administration (OCSA) to attest to completing 2 hours of CME related to the Prescribing or Dispensing of Controlled Dangerous Substances. MedChi is working with the Maryland Department of Health's Division of Drug Control to offer physicians and other practitioners a convenient opportunity to complete this training. The following live trainings are being held around the state, with more to be scheduled this fall:

• Baltimore City	August 14
• Mid-Eastern Shore	August 21
• Baltimore County	September 9
• Calvert County	September 11
• Cecil County	September 19
• Frederick County	September 25

There is no charge to attend for members or nonmembers. Visit www.medchi.org/CDSroadshow for details. To RSVP, contact Amalia Rivera-Oven at ariveraoven@medchi.org or call 800.496.1056.

Opioid Taskforce Needs Your Help

The MedChi Opioid Task Force is trying to understand what insurance company hurdles may be impeding non-opioid treatments. They have created a two question survey to get feedback on the burdens around non-opioid treatments. Click here for the survey.

Maryland News

NAMI-MD Survey on Problem Gambling

To gauge the severity of problem gambling in Maryland and its correlation with mental health issues, NAMI-Maryland is working with the Maryland Center for Excellence on Problem Gambling at the University of Maryland, Baltimore. They seek participants who are affiliated with a Maryland mental or behavioral health organization or key community organization to complete a 15-20 minute survey so they can learn how to better support individuals living with mental illness and their families, and address the issue of problem gambling in our communities. https://rs.igs.umaryland.edu/surveys/index.php?s=4R8CXAEATJ

This is a research study. Your participation is completely voluntary. You do not have to take part in this research. You can ask questions about this research at any time and you are free to withdraw at any time. If you decide to stop taking part, or if you have questions, concerns, or complaints, please contact the investigator Dr. Christopher Welsh at 410-328-6106 or the Maryland Center of Excellence on Problem Gambling at 667-214-2120.

They are interested in hearing from various types of individuals who interact with people who have mental health disorders. If you feel inclined to share the link with others in your organization, please do.

New Cultural Diversity Resources

The MPS Community Psychiatry & Diversity Coalition has added educational and other resources to its webpage. Check out the following courses:

- Think Cultural Health – free online CME for treating diverse populations
- Improving Cultural Competency for Behavioral Health Professionals – free e-learning program to develop knowledge and skills regarding culturally and linguistically appropriate services

Inside Out Podcasts

The MPS lobbying firm Harris Jones & Malone hosts a video podcast, "Inside Out," featuring Maryland's political leaders and elected officials. Below are links to podcasts that may be of interest:

- Inside Out with House Speaker Adrienne Jones
- Inside Out with Mayor Jack Young
- Inside Out with Secretary Kelly Schulz

Maryland Psychiatric Society Psychopharmacology Symposium

Saturday November 9, 2019
The Conference Center at Sheppard Pratt

Esketamine/Ketamine:
Adam Kaplin, M.D., Ph.D.

Brexanolone:
Lindsay Standeven, M.D.

VNS in Treatment Resistant Depression:
Scott Aaronson, M.D.

Psilocybin Treatment of Depression & Tobacco Addiction:
Matt Johnson, Ph.D.

Optimizing Psychiatric Treatment Regimens to Treat Pain:
Liz Prince, D.O.

Deep TMS for OCD:
Geoff Grammar, M.D.

Don't miss this highly anticipated event. More information & registration materials coming soon.

MedChi Work on Surprise Billing

MedChi is working with the AMA on the surprise billing issue to make sure the physician voice is heard. The House Energy & Commerce Committee and the Senate Health Education, Labor and Pensions Committee have both put forward solutions that protect patients from unanticipated medical bills for services provided by out-of-network physicians and facilities in emergencies.

For the next six weeks, members of Congress will be back in their districts This is the perfect time to schedule meetings to discuss surprise billing and other concerns. If you can't attend a district meeting during the recess, please write to your members of Congress. The AMA August Recess "Action Kit" on surprise billing is available, if needed.

From July 29 *MedChi News*

2018 Open Payments Data Published

On June 28, CMS published Open Payments data for 2018, along with updated data for previous years. Open Payments promotes transparency and accountability by giving the public access to information about financial relationships between manufacturers and group purchasing organizations and physicians and teaching hospitals. For 2018, CMS published $9.35 billion in payments to and ownership and investment interests of 627,392 physicians and 1,180 teaching hospitals. For more information, see the CMS website.

APA News & Information

July APA Board of Trustees Meeting Highlights

Area 3 Trustee Report
I was pleased to attend my first full meeting of our APA Board of Trustees representing Area 3. There was a half-day orientation to review our rather extensive and complicated organization, which was very helpful, especially the arcane issues of what is a 501c-3 and 501c-6, who reports to whom, and so on. Substantive matters I will summarize, but if there are any additional questions or if anyone would like a copy of our unofficial minutes I am happy to share (Kenneth.certa@jefferson.edu)

Position statements
Our APA has developed a number of policies that help guide the organization and announce to the public our stance on issues. Such statements are usually generated by councils, and must be ratified by the Assembly and the Board to become official policy. At this meeting we reviewed and approved position statements: *Against the Use of Cannabis for PTSD, Carve Outs and Discrimination, Cultural Psychiatry as a Specific Field of Study Relevant to the Assessment and Care of All Patients, Neuroscience-based Nomenclature (NBN) Project, In Opposition to Cannabis as Medicine, Substance Use Disorders, Use of Opioid Medications with Terminally Ill Patients, Sexually Transmitted Infections Including HIV Infection Among Older Adults, The Role of the Psychiatrist in Nursing Facilities, Need to Maintain Intermediate and Long-Term Inpatient Care Access for Persons with Serious Mental Illness, Supporting the Implementation of the Mental Health Parity and Addiction Equity Act, Abuse and Misuse of Psychiatry,* and *Hospital Privileging of Psychologists and Other Non-Psychiatrist Mental Health Professionals.*

Many of these are revisions of current position statements; all can be found on the APA website.

Work continues on revision to the existing position statement *Safe Prescribing*. A new position statement on *Civil Commitment for Adults with Substance Use Disorders* was referred to the Council on Psychiatry and the Law and the Council on Addiction with a request that it be written in correct APA format.

Membership
We are at the highest membership in 17 years, with more than 38,500 members.

Meetings
The annual meeting in San Francisco was quite successful, with over 16,000 in attendance. Next year will be hosted by Area 3 in my hometown of Philadelphia; I hope all of you can attend. The following year was to have been in Honolulu, but for many reasons it has been moved to Los Angeles. As wonderful as Hawaii is, attendance suffers, costs are higher, and so the painful decision was made. Another difficult meeting decision concern the IPS, which will be held this year in New York but not in 2020. There is a workgroup trying to chart a course for a successful fall meeting, which IPS has not consistently been.

Organization
A new Council on Women's Mental Health has been proposed, and a work group of the Board has been studying all aspects of how women's mental health concerns are currently managed by the current council structure. The proposal has been referred to the Finance and Budget Committee for review.

A taskforce has been approved to explore options to better support State level associations and District Branches to have stronger PAC contributions and better advocacy.

Advocacy
- The Mental Health Parity Compliance Act, which would among other things require insurers to demonstrate compliance with parity, has been introduced.
- APA , ASAM and others are seeking legislation toward 42CFR Part2 reform, to make it align with HIPPA so substance use disorder records will not need to be segregated by federal statute.
- APA is working closely with other medical organizations on matters such as prescription drug costs, surprise medical bills, and prior authorization which bedevil many specialties.

Please consider being in touch with your congressional representative during the August recess about these legislative priorities. And as always, please consider a contribution to our APA PAC and Foundation (only the latter is tax-deductible.) Money well spent.

Kenneth M. Certa, M.D.
Area 3 Trustee

Congratulations!

In July, the APA Board of Trustees approved the appointment of **Annette Hanson, M.D.** to the Practice Guideline Steering Committee for the term 2019-2021. APA practice guidelines provide evidence-based recommendations for the assessment and treatment of psychiatric disorders and are intended to assist in clinical decision making by presenting systematically developed patient care strategies in a standardized format. To read more click here.

APA News & Information

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.

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 2019 Assembly is September 26.

If you want to suggest an idea for APA action, please contact one or all of the MPS Assembly Representatives**,** Anne Hanson, M.D.**,** Elias Shaya, M.D. and Brian Zimnitzky, M.D. **by September 2** so that hopefully an Action Paper can be drafted before the November meeting deadline. The Assembly meets again in May if you need more time.

New Fact Sheet on Queer Populations

The APA Division of Diversity and Health Equity has published a mental health fact sheet on queer populations. The fact sheet covers information on demographics, terms, trends in mental health care, FAQs, and tips to communicate with patients.

Are you a General Member? Become an APA Fellow!

Are you ready to take the next step in your career? Fellow status is an honor that enhances your professional credentials. Dues rates are the same. Members who apply and are approved this year can participate in the Convocation of Distinguished Fellows during APA's 2020 annual meeting in Philadelphia. **Applications are due by September 1**. Visit the APA website for details and a link to the application.

APA Endorses Bills Addressing Opioids

APA voiced its support for three pieces of legislation that address the opioid epidemic:

- The Opioid Workforce Act (H.R. 3414) which would create an additional 1,000 graduate medical education positions over five years in hospitals that have, or are in the process of establishing, accredited residency programs in addiction medicine, addiction psychiatry, or pain medicine.
- The CREATE Opportunities Act (S. 1983/H.R. 3496) which seeks to stem the rates of overdose deaths among recently incarcerated individuals.
- The Comprehensive Addiction Resources Emergency (CARE) Act (S. 1365/H.R. 2569) which would provide additional funding to areas hardest hit by the addiction epidemic.

Reduce Opioid Overdose by Avoiding Co-Prescribing Benzodiazepines

CMS has new guidance for prescribers of opioids and benzodiazepines (BZDs) that describes the latest issues related to co-prescribing BZDs with opioids. It summarizes multiple strategies to reduce the impact of this potentially dangerous practice, with a focus on patient health, safety, and well-being.

Five core principles for co-prescribing BZDs and opioids are:

1. Avoid initial combination by offering alternative approaches.
2. If new prescriptions are needed, limit the dose and duration.
3. Taper long-standing medications gradually and, whenever possible, discontinue.
4. Continue long-term co-prescribing only when necessary and monitor closely.
5. Provide rescue medication (for example, naloxone) to high-risk patients and their caregivers.

APA News & Information

Expanding Reimbursement for Collaborative Care Services

The APA is working to have commercial payers and state Medicaid programs cover psychiatric collaborative care management (CoCM) codes (CPT codes 99492-99494). Currently, CareFirst of Maryland and the Maryland Medicaid pilot join seven other state Medicaid programs and over 20 commercial payers in reimbursing primary care physicians for the CoCM. As with any medical service, coverage varies by individual insurance plan, so it is important to verify coverage on a payer-by-payer basis. Learn more about the Collaborative Care Model.

Help with Quality Measures

APA is developing quality measures and seeks input to ensure these measures meet the needs of psychiatrists treating patients with mental and/or substance use disorders. Volunteer to be part of a learning collaborative through PsychPRO (APA's registry) and thereby lend your voice to this effort. The registry currently has 570 participants from 79 practices representing over 180,000 patients and over 2,000,000 patient encounters. To learn more about the initiative and incentives for participation, visit the APA Measure Development Initiative webpage.

Free Members' Course of the Month

Being a Good Partner to Law Enforcement: Strategies for Crisis Providers—collaborate on innovative interventions along the crisis continuum, while balancing the interests of compassionate mental healthcare and public safety . Click here to access the Course of the Month.

Seeking Mental Health App Evaluators

APA is inviting applications for an expert panel for a forthcoming resource, the APA App Advisor, based on its App Evaluation Model. The panel will review apps using the model to help psychiatrists and patients identify apps that will best meet their needs. The application **deadline is August 30**. Click here for details.

Medicare Updates

New Medicare Card Transition Ends in 2019

Starting January 1, 2020, you must use the Medicare Beneficiary Identifier (MBI). Claims submitted with the Health Insurance Claim Number (HICN) will be rejected, with a few exceptions, and all eligibility transactions will be rejected. For more information, see the MLN Matters Article.

Preliminary 2018 Quality Payment Program Participation Data

CMS shared a blog post and an infographic on participation data for the Quality Payment Program during 2018. Over the year, MIPS participation rates increased from 95% to 98%. Small practice participation rose from 81% in 2017 to almost 90% in 2018. Over 97% of 916,058 total TINs/NPIs were above the performance threshold; 0.42% were at the performance threshold; and 1.95% were below. The number of Qualifying Advanced Payment Model Participants nearly doubled, from 99,076 to 183,306.

Clinicians who participated in MIPS in 2018 can access their performance feedback by logging in to the Quality Payment Program website. If you believe an error has been made in your 2018 performance feedback and 2020 MIPS payment adjustment factor(s) calculation, you can request a targeted review until **September 30**.

2017 Performance Data on Physician Compare

CMS has added new 2017 performance information to the Physician Compare website, which enables searches and comparisons of clinicians. To learn more, please see this fact sheet or visit the Physician Compare Initiative page:

CMS Proposes 2020 Quality Payment Program Changes

On July 29, CMS proposed policies for the 2020 Quality Payment Program including, among others:

- Increasing the performance threshold from 30 points to 45 points
- New category weights for Quality (down from 45% to 40%) and Cost (up from 15% to 20%)
- Increasing the data completeness threshold for the quality data that clinicians submit

For more information, including how to send comments, see the fact sheet.

Classifieds

EMPLOYMENT OPPORTUNITIES

PT C&A Psychiatrist for evaluations and med management in outpt BH clinics, seeing children ages 4 to18. Two Locations: Glen Burnie and Annapolis. No weekends or on-call. Great team of clinicians & positive work environment. Contact Sheri Streit: hdstre00@aacounty.org w/CV and cover.

White Marsh Psychiatric Associates, LLC (WMPA) is seeking an Adult and/or Child Psychiatrist to join our practice. WMPA is an established multi-disciplinary outpatient practice conveniently located off I-95 in White Marsh. We offer a collegial work environment with an excellent support staff, internal billing, and potential for profit sharing, WMPA has contracts with most major insurance carriers that facilitates excellent referral sources and quick caseload development. We are seeking full or part-time providers to join seventeen other professionals in a setting that values quality patient care and the freedom that comes from outpatient clinical practice. Please send your resume and cover letter to drfrank@whitemarshpsych.com and/or call Travis Frank, PsyD., President @ 410-931-9280.

AVAILABLE OFFICE SPACE

Mt. Washington Village- Full time office in a 5 office suite of mental health professionals. Designated parking spot, shared waiting room, restroom, and storage room. Great building in a great neighborhood, on bus and light rail lines. $540/month. Contact Dinah Miller, MD: 410-852-8404.

Ellicott City: Furnished and unfurnished offices available in mental health suite. Part time/full time. Ample parking. Handicapped accessible. Private staff bathrooms. Kitchen area and workroom with copier and fax. Opportunities for networking and referrals. Located close to Route #40, #29, #70 and 1-695. Contact Dr. Michael Boyle (410)-465-2500.

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GBMC Campus-Towson
Baltimore County

ADULT PSYCHIATRIST
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Baltimore 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

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

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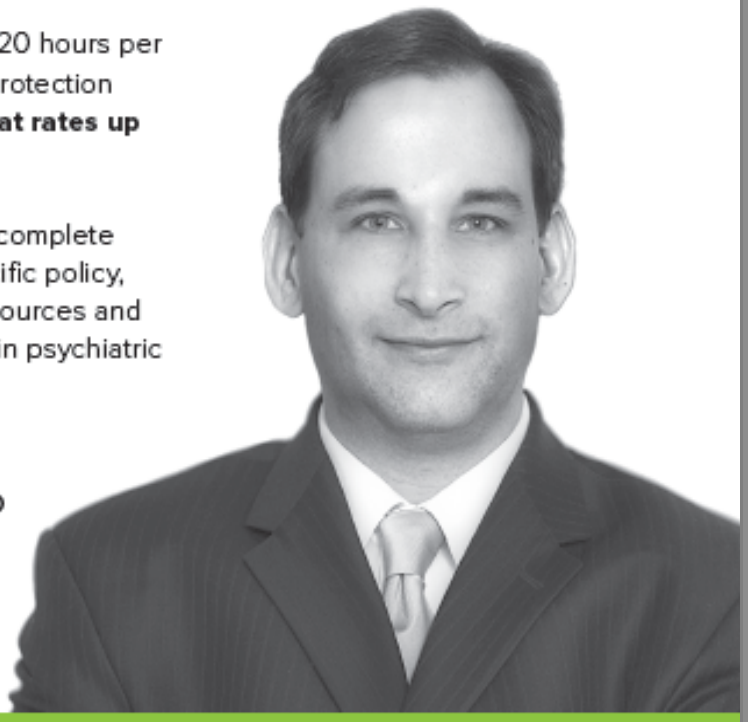

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