

# MPS NEWS

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Editor: Heidi Bunes

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Deadline for articles is the 15th of the month preceding publication. Please email [heidi@mdpsych.org](mailto:heidi@mdpsych.org).

MPS News Design & Layout  
Meagan Floyd

**The next MPS Council meeting will be held at 8 PM Tuesday, January 14th in the MPS office. All members welcome!**

## President's Column

### Turning A Page

As 2019 and the decade come to an end, we are inundated with retrospectives comparing the past year/decade with previous ones – I pay less attention to these now compared to when I was younger and there are probably good reasons for this. However, it is useful to think of the various forces at work that are shaping our destinies as citizens, providers and patients and how we might try to harness them for a common good. The last 10 years have witnessed striking changes in the areas of mental health (including substance use disorders) such as increasing rates of suicide, the opioid crisis, the growth of cannabis use and its legal acceptance, precision medicine, a pharmaceutical industry in turmoil and the use of predictive analytics and big data. There have been arguments about the expanding scopes of practice of non-physician providers, assisted suicide legislation, health care reform, immigrant/refugee health and how best to integrate mental health (including substance use treatments) into primary care. This list could be much larger; the salient point is that these key issues are not going to disappear and their importance will attract certain kinds of persons into our field who we desperately need. Indeed, if the past is any guide, there will be issues emerging to the forefront that we now see dimly or not at all. Advances in somatic therapies, team-based care, the phasing of nursing care into the home, technologies to support care management and transitions, CME reform, mental health parity and the expansion of peer-based services all seem likely . . . but who really knows?

Looking forward to the decade ahead, we psychiatrists will not be as comfortable or well-reimbursed as many of our medical colleagues, but we will have a unique opportunity to find common ground with each other to advocate for the profession of psychiatry as well as for society at large. Our most senior and accomplished practitioners have long known this and navigated these waters with skill; as a result, they are a source of often-untapped expertise. Our newest members, residents and fellows among them, are experts in a somewhat different way; although relatively lacking in experience, many are highly motivated to make a broad and positive impact. In my few remaining months as MPS President (and author of this column), I would like to highlight these "experts" (both senior and junior) and their wisdom with the goal of giving us all greater clarity about the road ahead and the evolving roles we might play. One such person whose current role may help to shape the future of Maryland Psychiatry and deserving special mention is Dr. Aliya Jones, the newly selected Deputy Secretary for the Maryland Behavioral Health Administration. Please join me in a hearty "Congratulations, Aliya!"

In closing, I would like to thank each of you for your work as individuals, and in collaboration with others, to promote the interests and welfare of your patients, the citizens of Maryland (and others who receive services here) and society at large. We need you and each other now more than ever.

With resolution for a better New Year,

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

## MPS Best Paper Awards Deadline January 31

To recognize outstanding scholarship by young psychiatrists in Maryland, the MPS established annual "best paper" awards in 2013. Previous winners are listed [here](#). The Academic Psychiatry Committee is currently soliciting nominations for the 2019 Paper of the Year Award in two categories:

**Best Paper by an Early Career Psychiatrist Member (ECP):** Eligible psychiatrists are ECP members who are first authors of papers published or in press in 2019. Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the MPS annual dinner in April 2020.

**Best Paper by a Resident-Fellow Member (RFM):** Eligible psychiatrists are Resident-Fellow members who are first authors of papers that were written, in press, and/or published in 2019. Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the MPS annual dinner in April 2020.

Scholarly work of all kinds (e.g., scientific reports, reviews, case reports) will be considered. If you would like to nominate a paper and author, please email or mail the paper as indicated below by **January 31**. Please include a brief explanation of why you believe the work is worthy of special recognition.

*Jennifer M. Coughlin, M.D.*  
Academic Psychiatry Committee Chair  
Johns Hopkins Hospital  
600 North Wolfe Street, Meyer 3-181  
Baltimore, MD 21287  
[jcoughl2@jhmi.edu](mailto:jcoughl2@jhmi.edu) / [mps@mdpsych.org](mailto:mps@mdpsych.org)

## Poster Contest for Residents & Fellows

The MPS poster competition for our Resident-Fellow Members will be held again this year, with all entries displayed at our annual meeting in April 2020! Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the meeting. Two finalists will also be selected and will receive **\$100 each** in addition to complimentary tickets.

The winners of prior years' competitions are listed [here](#). Please [click here](#) for complete details about the process and requirements. **The deadline to enter is January 31**. Electronic copies of posters are due **February 10**. For more information, or to apply please [click here](#).

## Member Spotlight Opportunity

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.

## MPS Members Out & About

**William Carpenter, M.D.** received the 2019 Pardes Humanitarian Prize in Mental Health from the Brian & Behavior Research Foundation in recognition of his lifetime of research that has reshaped the definition of schizophrenia as well as his providing expertise in numerous legal settings.

Help us spotlight news of MPS members in the community by sending info to [mps@mdpsych.org](mailto:mps@mdpsych.org).

## Calling All Residents & Fellows!



Join us on **Wednesday January 29th from 6-9 PM** at HomeSlyce Pizza Bar in Baltimore for a **FREE**, fun evening featuring music, great food and open bar. Teams of residents and fellows will vie for cash prizes. For fun we will even throw in a team from the MPS leadership to find out who comes out on top!

The trivia portion of the evening will be run by Charm City Trivia. This event is open to members, non-members and their guests.

**[MORE INFORMATION & RSVP HERE!](#)**

MPS & MedChi Present:

## Public Health Impacts of Gun Violence in our Community

**April 15, 2020**

**5:45 - 9:30PM**

**MedChi's Osler Hall**

This CME activity will include research & strategies that psychiatrists and other providers can use when treating patients and families who are affected by violence.

More information coming soon.

## Maryland News

### 2020 General Assembly Dates

The Maryland General Assembly will convene on January 8, 2020, with Sine Die on April 6 – a lot happens in those 90 days! The list below outlines some important dates of the fast paced legislative session:

January 8	General Assembly Convenes at noon
January 15	Final date for the Governor to introduce budget and capitals bills
March 2	Final date for introduction of bills
March 16	Each Chamber to send to other Chamber those bills it intends to pass favorably.
March 30	Budget bill to be passed by both Chambers
April 6	Adjournment "SINE DIE"

### New Laws Effective January 1, 2020

[SENATE BILL 631 / HOUSE BILL 599](#) (Chapter 357 / Chapter 358) – **Health Insurance – Coverage for Mental Health Benefits and Substance Use Disorder Benefits – Treatment Criteria:** This bill requires an insurer, nonprofit health service plan, or health maintenance organization use ASAM criteria for all medical necessity and utilization management determinations for substance use disorder benefits. It also repeals a limitation on the amount of copayment that an insurer, nonprofit health service plan, or health maintenance organization may charge for methadone maintenance treatment. **The MPS supported these bills**, testifying that, "The MPS supports enforcement of the Mental Health Parity and Addiction Equity Act to increase access to mental health and addiction treatment services. In order to do this, there must be ongoing monitoring and comparison of how both medical and behavioral health services are managed and restricted in order to ensure that people with mental illness do not have worse access to care." **The MPS also submitted [comments on the proposed regulation](#)** to implement the addition of ASAM criteria. MPS feedback aims to improve the user experience and reduce the administrative burden.

[HOUSE BILL 751](#) (Chapter 549) – **Health Insurance – Prior Authorization** – Delegate Terri Hill (D – Howard County), a physician, introduced and passed HB 751 that address the shortfalls related to prior authorization. First and foremost, HB 751 applies to an insurer, nonprofit health service plan, or health maintenance organization that provides coverage for prescription drugs through a pharmacy benefit, including coverage provided through a pharmacy benefits manager (PBM) or a private review agent; the bill does not apply to a Medicaid managed care organization. Under the bill, if an entity requires a prior authorization for a prescription drug, the prior authorization request must allow a provider to indicate whether the prescription is for a chronic condition. If a provider indicates that the prescription is for a chronic condition, an entity may not request a reauthorization for a repeat prescription for one year or for the standard course of treatment for the chronic condition, whichever is less. In addition, if an entity denies coverage for a prescription drug, the entity must provide a detailed written explanation, including whether the denial was based on a requirement for prior authorization. Furthermore, if an entity implements a new prior authorization requirement for a prescription drug, the entity must provide notice of the new requirement at least 30 days before implementation. Notice must be provided (1) in writing to any insured who is prescribed the prescription drug and (2) in writing or electronically to all contracted health care providers. The bill applies to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State [on or after that date](#). **The MPS supported this bill with amendments**, providing testimony noting several concerns, and those issues were stricken from the final version of the bill.

### MPS ADVOCACY DAY IN ANNAPOLIS



**February 4, 2020  
8:30 AM-1:00 PM**

MPS members are invited to join us in Annapolis to meet with House and Senate leadership to discuss legislation affecting psychiatry and mental health in Maryland. Please RSVP to Meagan Floyd via phone at 410-625-0232 or [email](#).

### 2020 MedChi Legislative and Regulatory Priorities

MedChi priorities this year include:

- Protecting Access to Physician Services
- Ensuring Timely Delivery of Health Care Services and Payment
- Protecting the Practice of Medicine
- Addressing Behavioral Health Treatment and Recovery Needs
- Strengthening Public Health Initiatives

For specific details, please see [this link](#).

# Maryland News

## Changes In The General Assembly: A Look Into the 2020 Session

After the death of House Speaker Michael E. Busch at the end of last session and the announcement that Senate President Thomas V. Mike Miller Jr. will relinquish the rostrum when session begins this month in large part due to his battle with prostate cancer, many changes are occurring within the General Assembly. Elected officials and advocates of progressive causes and perspectives are optimistic that a new era in Maryland politics has dawned. Below is a list of notable changes that may be interest to MPS members.

### The House

Delegate Adrienne Jones (D – Baltimore County) made history in May when she was elected as the first woman and the first person of color to be Speaker of the Maryland House of Delegates. For this upcoming session at least, Jones has mostly kept Speaker Busch's leadership structure intact. The following highlights changes to the House for the 2020 Session:

- State Delegate Sheree Sample-Hughes (D - Wicomico and Dorchester), a member of the House Health & Government Operations Committee where MPS appears almost exclusively, has been named speaker pro tem, which is the position second-in-command in the House. Sample-Hughes is rumored to spearhead much of the opioid legislation that will be introduced in the House this session.
- Delegate Joseline A. Peña-Melnyk (D-Prince George's County), vice chairwoman of the House Health & Government Operations Committee, was one of the main proponents of then-Delegate Jones becoming Speaker of the House even though Peña-Melnyk, herself, was being considered by her colleagues as a possible compromise speaker candidate. Peña-Melnyk's selflessness should carry her much favor with now-Speaker Jones.

### The Senate

When presumed Senate President Bill Ferguson (D-Baltimore City) takes the gavel in the beginning of the 2020 session it will represent the culmination of seismic shifts that have taken place in the state Senate in just a little more than a year. With outgoing Senate President Thomas V. Mike Miller Jr. (D-Calvert) stepping down after 33 years at the helm, 36 year old Ferguson will step in to usher in a new era in the Maryland Senate. Notable leadership changes in the Maryland Senate pertinent to MPS include:

- Senator Melanie Griffith (D - Prince George's County) will serve as the President Pro Tem to Senate President Ferguson. Senator Griffith, who is a member of the Senate Budget and Taxation Committee, will also be chairwoman of the Health and Human Services Subcommittee this

upcoming session, which oversees the budgets for all health and human services related agencies, including Medicaid.

- Senator Will Smith (D- Montgomery County) will be elevated from Vice Chairman to Chairman of the high-profile judicial committee. Smith will replace Senator Bobby Zirkin (D - Baltimore County), who has led the Judicial Proceedings Committee for five years but has decided to retire. The committee reviews legislation related to criminal and civil law, police reform, gun control and other issues.
- Senator Jeff Waldstreicher (D – Montgomery County) will fill the void left by Senator Smith's promotion and serve as vice chairman of the Judicial Proceedings Committee
- Judicial Proceedings will have three new members — long time Senator Young (D – Frederick County), who moves over from EHEA, and the replacement for Nathan Pulliam, Delegate Charles Sydnor (D – Baltimore County) and the replacement for Senator Zirkin, who has not yet been chosen.
- Senator Cheryl C. Kagan (D-Montgomery County) will replace Sen. Shirley Nathan-Pulliam (D-Baltimore County) as vice-chair of the Senate Education, Health and Environmental Affairs Committee, who resigned the legislature earlier this past year, citing health challenges.
- Education, Health and Environmental Affairs will also get two new members — Senator Katie Fry Hester (D-Howard) and Senator Mary L. Washington (D-Baltimore City), both of whom move over from Judicial Proceedings.

## Jones is New BHA Deputy Secretary

The Maryland Department of Health [announced](#) that MPS member Aliya Jones, M.D. is Deputy Secretary heading up the Behavioral Health Administration (BHA) as of January 2. BHA has oversight responsibility for publicly funded inpatient and community behavioral health services delivered by 3500 providers to 278,000 people across the state. BHA develops integrated processes for planning, policy and services to ensure a coordinated, quality behavioral health system of care. It is also responsible for regulating and licensing all behavioral health programs and has oversight responsibility to ensure provider compliance with the Code of Maryland Regulations and state policy. Jones served previously as Chief of Psychiatry and Chair of Behavioral Health at Bon Secours Hospital in Baltimore.

## Maryland News

### Maryland PDL Effective January 1

On December 13, the Office Of Pharmacy Services issued an [Advisory](#) regarding Maryland's Preferred Drug List (PDL) effective January 1, 2020. Please see the [link](#) for the latest information effective this month (changes are highlighted in yellow). In general, the PDL covers generic drugs without prior authorization; however, there are notable exceptions listed on page 2 of the Advisory. For a complete PDL visit: <https://mmcp.health.maryland.gov/pap/pages/Preferred-Drug-List.aspx>.

### Maryland Awarded Funding to Address Opioid Crisis

Last month, CMS announced that Maryland is one of ten states selected to receive funding under the Maternal Opioid Misuse (MOM) Model. The funding is part of the CMS strategy to combat the opioid crisis and address fragmentation in the care of pregnant and postpartum Medicaid beneficiaries with opioid use disorder (OUD). The MOM Model has the potential to improve care and reduce expenses for pregnant and postpartum women with OUD as well as their infants, increase access to treatment, and create sustainable coverage and payment strategies that support ongoing coordination and integration of care.

The MOM Model will have a five-year period of performance beginning in January 2020 with a year long pre-implementation period with three different types of funding totaling approximately \$50,000,000. The cooperative agreement ends December 31, 2024. Awardees will use the funds to transition into the new model of care, and then fully implement their plan. The following 10 states have been awarded MOM Model funding: Colorado, Indiana, Louisiana, Maine, Maryland, Missouri, New Hampshire, Tennessee, Texas, and West Virginia. For more info, visit <https://innovation.cms.gov/initiatives/maternal-opioid-misuse-model/>.

### Child Psychiatrists Increased in Maryland

According to [data](#) published last month by *Pediatrics*, the number of child psychiatrists in Maryland increased from 2007 to 2016 while the population of children in the state decreased, resulting in one of the highest rates among the 50 states. Only Connecticut, Massachusetts, New York, Rhode Island and Vermont were higher. Of course, there are still shortages in some areas, particularly those with lower incomes. [Click here](#) to read the article.

### MIA Reports of Interest

#### [Cost-Sharing Trends in Health Insurance](#)

Responding to a 2019 joint committee chairmen's request, the Maryland Insurance Administration (MIA) reported on the trends and changes of health insurance benefit design and actuarial value, including cost-sharing and deductibles, of plans offered in the individual and small group market, on and off exchange, for all years between 2013 and 2018, and the impact of these changes on the utilization trends, by service category, reported by carriers. Over the period, both average deductibles and out of pocket maximums increased, although with variations from year to year. The average out of pocket maximums is converging with the maximum allowable under federal regulation. The impact of these changes has been a slight upward pressure on claims trends for all years, except for 2016. For more details, including various utilization trends, please [click here](#).

#### [Number of Insured and Self-Insured Lives](#)

This report on the commercial insurance market shows a decrease in the number of insureds under age 65. It includes fully insured plans regulated by MIA and subject to Maryland law, as well as other employment-based self-insured plans and the federal employees plan, which are not regulated. As of 2019, the MIA regulates and state law applies to commercial health plans for about 18% of the population under 65. For details, [click here](#).

#### [Appeals & Grievances Law](#)

This 1998 law established a process to resolve disputes regarding medical necessity of health care services. It applied to 43% of those with insured health benefits originally, but only 18% currently. Between 2015 and 2018, the number of adverse decisions increased by 64% and the number of grievance decisions increased by 54%. **Data show only 1.2% of 2018 adverse decisions were for mental health services, a 44% decrease from 2015.** [This may be a result of implementing the parity law.] In 2018, 1.3% of the grievances reviewed by carriers were for mental health services, or 12.4% of adverse decisions involving mental health services. About a third of 2018 complaints filed with MIA were outside its jurisdiction and about 40% were investigated. Of those investigated, MIA reversed or modified the carrier's grievance decision in about two-thirds of the cases, recovering \$348,612 for complainants. Please [click here](#) for the full report.

### MIA Webinar on Provider Panels

The Maryland Insurance Administration will hold a webinar entitled *Provider Panels: The Credentialing Process – Basics of Maryland Law* on **January 8** from 11 AM to noon. This may be a way to learn more about the process and to educate the MIA about provider experiences and problems in credentialing. [Click here](#) for meeting info.

## Maryland News

### Call for Nominations: Maryland Foundation for Psychiatry 2020 MFP Anti-Stigma Advocacy Award

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

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

The award carries a \$500 prize.

To nominate a piece to be considered for the 2020 award, email it to [mfp@mdpsych.org](mailto:mfp@mdpsych.org) no later than **January 15, 2020**. The article should be published during the period from January 15, 2019 to January 15, 2020.

Previous winners include **Damion Cooper, Th.M.** who penned "[Surviving a gunshot, one man's story](#)," which was published October 18, 2018 in the *Baltimore Sun*, **W. Daniel Hale, Ph.D.**, who wrote "[We need to talk about depression](#)," published June 13, 2016 in the *Baltimore Sun*, **John Lion, M.D.** whose piece, "[Steadfast talking is the only cure for suicide](#)," was published December 18, 2016 in the *Baltimore Sun*, and **Amy Marlow**, whose article, "[My dad killed himself when I was 13. He hid his depression. I won't hide mine](#)," was published February 9, 2016 in the *Washington Post*.

For more details about the award, please [click here](#). The MFP is organized for educational and charitable purposes. For more information, please visit the MFP [website](#).

### Have You Published Lately?

The MPS would like to highlight recent journal articles published by its members. If you have published within the past year, please email the title, publication, date and preferably a link to [mfp@mdpsych.org](mailto:mfp@mdpsych.org). Please also include a photo and a sentence or two summary, if possible.

## Congratulations!

With MPS recommendation, the APA has advanced the membership status of the following MPS members.

### New APA Distinguished Fellows

*This status reflects exceptional abilities, talents and contributions to the psychiatric profession.*

Tracee Burroughs-Gardner, M.D.  
Angela Guarda, M.D.  
Robert Herman, M.D.  
Jemima Kankam, M.D.  
Sunil Khushalani, M.D.  
James Potash, M.D., M.P.H.  
Jill RachBeisel, M.D.  
Arman Taghizadeh, M.D.  
Ikwunga Wonodi, M.D.

### New APA Fellows

Helen Bellete, M.D., M.P.H.  
Lauren Cashion, M.D.  
Zeeshan Faruqi, M.D.  
Sarah Gillman, M.D.  
Samson Gurmu, M.D.  
Sonya Kaveh, M.D.  
Chad Lennon, M.D.  
Paul Nestadt, M.D.  
E. Jane Richardson, M.D.  
Jonathan Shepherd, M.D.  
Traci Speed, M.D., Ph.D.  
Natalie Yzer-Newton, M.D.

# MARK YOUR CALENDAR!

2020 MPS Annual Meeting  
Thursday, April 2nd

Martin's West  
Baltimore, MD

## APA News & Information

### Vote in APA Elections!

**Voting is underway and closes on January 31 at 11:59 PM.** Get to know the candidates and cast an informed vote! Candidate responses are available for three questions posed by Area 3 Council\*:

- What is your number one priority, and how would you work towards achieving that?
- What is your position on affiliate membership for non-physicians? How will you advocate for your position within this organization?
- From a member services perspective, what would you do to meet the professional needs of psychiatrists throughout their career from training to retirement?

Read their answers by clicking on their names below. [Click here](#) for more APA election information, including links to candidate websites and videos.

#### President-Elect

[David Henderson, M.D.](#)

[Henry Nasrallah, M.D.](#)

[Vivian Pender, M.D.](#)

#### Treasurer

[Ann Marie Sullivan, M.D.](#)

[Richard Summers, M.D.](#)

#### Trustee-at-Large

[Frank Clark, M.D.](#)

\*\*[Mark Komrad, M.D.](#)

[Michele Reid, M.D.](#)

\*APA Area 3 Council includes the Psychiatric Society of Delaware, Maryland Psychiatric Society, New Jersey Psychiatric Association, Pennsylvania Psychiatric Society and Washington Psychiatric Society.

\*\*MPS member

### New APA Fact Sheet on Refugee Mental Health

A new fact sheet, "Mental Health Facts on Refugees, Asylum Seekers, and Survivors of Forced Displacement," is available from APA's Division of Diversity and Health Equity. The fact sheet defines who are considered "refugees," "asylum seekers," and "forcibly displaced individuals." It also describes mental health problems often endured by these populations and barriers to receiving mental health care. [View the Refugee Fact Sheet.](#)

### Free Members' Course of the Month

**January Course of the Month** – [ADHD in College Populations – Diagnosing and Dosing in an Era of Diversion](#) reviews current knowledge about ADHD in the college population, discusses diversion and initiation of medication, and reviews areas of concern for the management of ADHD in special populations, including athletes, immigrants and those who are the first in their family to attempt post-secondary education. Presented by Gordon Strauss, M.D., University of Louisville, **Aaron Winkler, M.D.**, University of Maryland/Shepard Pratt, Diane Gottlieb, M.D., Drexel University, Leigh White, M.D., Michigan State University, and Bettina Bohle-Frankel, M.D., Northwestern University. This **free CME** is a great member benefit! [Click here to access the Course of the Month.](#)

### Call for Nominations

Each year, the **Awards for Advancing Minority Mental Health** recognize community organizations that have undertaken innovative and supportive efforts to:

- Raise awareness of mental illness in under-served minority communities, the need for early recognition, the availability of treatment and how to access it, and the cultural barriers to treatment.
- Increase access to quality mental health services for under-served minority communities.
- Improve the quality of care for under-served minority populations, particularly those in the public health system or with severe mental illness.

The awards include a financial contribution of \$5,000 given to the recipient organization. The deadline is Saturday, **February 1, 2020**. For more information about this American Psychiatric Association Foundation program, [click here](#).

### APA/APA Foundation Fellowships

Attention RFM members! Applications for APA fellowships are open through January 31. Details are available here: <https://www.psychiatry.org/residents-medical-students/residents/fellowships>.

### 2020 APA Annual Meeting

Philadelphia, PA

April 25-29, 2020

*Registration Opens January 7th*

# Medicare Updates

## Check Your Final MIPS Status

Use the [Quality Payment Program \(QPP\) Participation Status Tool](#) to view your final 2019 eligibility status for the Merit-based Incentive Payment System (MIPS). Your initial 2019 status was based on Part B claims and PECOS data from October 1, 2017 to September 30, 2018. CMS has now updated provider eligibility status based on a second review of data from October 1, 2018 to September 30, 2019. **Your status may have changed**, so use the tool to confirm. *[If you already checked your status in December, please recheck since CMS identified and corrected some errors late in the month.]*

If, after the first review earlier this year, you were determined to be:

- **Eligible for MIPS:** Your eligibility status might change, and you may no longer be eligible. Use the [tool](#) to be sure.
- **Not eligible for MIPS at a particular practice:** Your eligibility status, based on your association with that particular practice, will not change.

**If you joined a new practice (meaning you billed under, or assigned your billing rights to, a new or different TIN) between October 1, 2018, and September 30, 2019, CMS evaluated your MIPS eligibility based on your association with that new practice (identified by TIN) during its second review. If you joined a new practice after September 30, 2019, you are not eligible for MIPS as an individual based on your association with that new practice (identified by TIN). However, you may be eligible to receive a MIPS payment adjustment based on your group's participation, if the new practice you joined chooses to participate in MIPS as a group.**

**For more information**, visit the [MIPS Participation page](#) or contact the Quality Payment Program at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov) or 1-866-288-8292 (TTY: 1-877-715-6222). To receive assistance more quickly, consider calling during non-peak hours—before 10 AM and after 2 PM ET.

## 2019 MIPS Data Submission Begins

CMS is now accepting data submissions from Merit-based Incentive Payment System (MIPS) eligible clinicians who participated in the 2019 performance period of the Quality Payment Program (QPP). Data can be submitted and updated **through March 31**. Sign in to the [QPP website](#) to get started. Check the [QPP Resource Library](#) to learn more or call 1-866-288-8292, M-F, 8 AM-8 PM or email [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov).

## MIPS Low-Volume Threshold Criteria and Opt-In or Voluntary Reporting

Three low-volume threshold criteria determine Merit-based Incentive Payment System (MIPS) eligibility for 2019. Clinicians and groups are **excluded** from MIPS if they:

1. Billed \$90,000 or less in Medicare Part B allowed charges for covered professional services during either of the two determination periods (October 1, 2017 – September 30, 2018 or October 1, 2018 – September 30, 2019); **OR**
2. Provided care to 200 or fewer Part B-enrolled patients during either of the two determination periods; **OR**
3. **New for 2019** – Provided 200 or fewer covered professional services under the Physician Fee Schedule during either of the two determination periods.

To be eligible for MIPS, a clinician or group must exceed **all** three criteria listed above. Please review your **final** 2019 status. [See column at left.]

### Participation Options If Not Eligible for MIPS

Clinicians and groups who are not eligible for MIPS can still choose to report data:

- **Elect to Opt-in or Voluntarily Report:** Those who are "opt-in eligible" on the QPP Participation Status Tool have exceeded one or two of the low-volume threshold criteria, and can elect to:
  - ◇ **Opt-in to MIPS.** You **will** receive a MIPS payment adjustment (positive, negative or neutral)
  - ◇ **Voluntarily Report.** You **will not** receive a MIPS payment adjustment.
  - ◇ Note: Once made, the election is binding and irreversible. (No election is required if you don't want to report data to MIPS.)
- **Voluntarily Report (no election required):** Those who are excluded from MIPS and are not "opt-in eligible" because they fall below all three of the low-volume threshold criteria may choose to voluntarily report data to MIPS but will **not** receive a MIPS payment adjustment.

Before reporting, opt-in eligible clinicians and groups need to complete an election to opt-in or voluntarily report in MIPS by signing in to [qpp.cms.gov](http://qpp.cms.gov). Qualified Registries and Qualified Clinician Data Registries (QCDRs) can also submit elections on behalf of clinicians and groups. **Elections can be made once the 2019 MIPS submission period opens on January 2, 2020.**

For more information, visit the [Reporting Options Overview Webpage](#).



# Medicare Updates

## New Medicare Card Now Required

You must now use Medicare Beneficiary Identifiers (MBIs) to get paid. If you do not use MBIs on claims (with a few [exceptions](#)), **regardless of the date of service**, you will get:

- Electronic claims reject codes: Claims Status Category Code of A7 (acknowledgment rejected for invalid information), a Claims Status Code of 164 (entity's contract/member number), and an Entity Code of IL (subscriber)
- Paper claims notices: Claim Adjustment Reason Code (CARC) 16 "Claim/service lacks information or has submission/billing error(s)" and Remittance Advice Remark Code (RARC) N382 "Missing/incomplete/invalid patient identifier"

See the [MLN Matters Article](#) to learn how to get and use MBIs.

## Updated Drug Dashboards

Last month, CMS released new 2018 data and enhanced its Drug Spending Dashboards, which now list prescription drugs in their first year on the market and also report data on discarded drugs. The Drug Dashboards focus on average spending per dosage unit (unit price) and track the change in average spending per dose over time. The dashboards also display the manufacturer(s) of each drug as well as information on drug uses and clinical indications. The new update increases price transparency, lowers drug prices, empowers patients with information for decision making and strengthens Medicare to make it more sustainable.

In 2018, total gross spending on prescription drugs was \$168.1 billion in Medicare Part D, \$33.3 billion in Medicare Part B, and \$66.4 billion in Medicaid. Spending on discarded drugs equaled \$725 million, approximately 2% of total Part B drug spending. The proportion of prescription drugs with a unit price increase went down from 2017 to 2018 in both the Medicare Part B program and Medicaid. In the Medicare Part D program, the proportion of prescription drugs with a unit price increase remained steady from 2017 to 2018. However, in Medicare Parts B and D and in Medicaid, the proportion of prescription drugs with unit price increases of 10% or more dropped from 2017 to 2018.

The CMS Drug Spending Dashboards can be accessed at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Information-on-Prescription-Drugs/index.html>.

## QPP Resources

CMS has posted new Quality Payment Program (QPP) materials to the [QPP Resource Library](#), including several for the 2020 performance period, such as quality measures and their specifications, improvement activities, interoperability measures and cost measures. There are also several resources related to the 2019 performance period.

## AMA News

### Guidelines for mHealth Apps

[Xcertia](#), an independent nonprofit that the AMA and other major health and technology organizations founded, issued [guidelines](#) last year for mobile health (mHealth) apps. An [AMA post](#) states that compliance with the guidelines—which include sections that address privacy, clinical content, security, design and operability—helps provide a level of assurance that an mHealth app delivers value to patients, physicians and other users. As much for developers as they are for consumers and physicians, the guidelines include sections that address privacy, clinical content, security, design and operability. For consumers, the guidelines help ensure they can see how the app will use their information and gives them a chance to decide whether they are OK with that policy.

### AMA Tips for E/M Changes

The AMA worked with CMS to overhaul Evaluation and Management (E/M) office visit codes for the first time in 25 years and reduce the documentation burden. Practices are encouraged to start planning for the necessary operational, infrastructural and administrative workflow adjustments that will result. To learn more about the code set revisions, visit the [CPT E/M webpage](#). Additionally, the AMA has created an [interactive educational module](#), a [detailed description of the code and guideline changes](#), and a [table illustrating MDM revisions to educate physician practices](#). The changes take effect January 1, 2021. [Click here](#) for the AMA checklist to help you prepare.

### 5 Big Medical Court Cases in 2019

The AMA and the [Litigation Center of the American Medical Association and State Medical Societies](#) covered the U.S. Supreme Court to state courts as a unified voice for doctors and their patients. Cases are summarized [here](#).

## CLASSIFIEDS

### EMPLOYMENT OPPORTUNITIES

Spectrum Behavioral Health in Annapolis, Arnold and Crofton MD is seeking a psychiatrist for its growing private practice. Position includes attractive compensation, collegial multi-disciplinary staff, full administrative support, professional autonomy and premium windowed office space! This exciting opportunity offers a great income, stimulating teamwork, desirable location, and meaningful community impact. If interested please visit [www.spectrum-behavioral.com](http://www.spectrum-behavioral.com) or email Scott E. Smith, Ph.D. at [sbhgmt18@gmail.com](mailto:sbhgmt18@gmail.com).

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](mailto:drfrank@whitemarshpsych.com) and/or call Travis Frank, PsyD., President @ 410-931-9280.

Sinai Hospital, the flagship campus of LifeBridge Health in Baltimore, is recruiting for Psychiatrists to work as part of our inpatient, CL and outpatient teams. Call is shared with a large pool of providers and additionally compensated. Highly competitive compensation and benefits including medical, dental, vision, life and disability insurance, 403b plan with match, 4 weeks of paid vacation, 1 week of CME time and a stipend for CME and licensure expenses. Required qualifications: Medical degree from an accredited medical school, board certification (or eligibility) in psychiatry (residents/fellows graduating in 2020 are encouraged to apply), unrestricted Maryland medical license. Please send your CV to: Kim Brown [kimbrown@lifebridgehealth.org](mailto:kimbrown@lifebridgehealth.org) Ofc: 410-601-9844 Fax: 410-601-4458

Psychiatrist: The Family Center of Central Maryland, a highly regarded, multidisciplinary, fee-for-service psychiatric practice in Columbia, Maryland is seeking a board certified psychiatrist to join the group. The Center needs a psychiatrist to conduct psychiatric evaluations and provide medication management. This position is available on a part-time basis with flexible hours and full administrative support. Interested applicants are asked to send a Vita and letter of interest to: [thefamilycenter2@msn.com](mailto:thefamilycenter2@msn.com). Please refer to our website [thefamilycenter.tv](http://thefamilycenter.tv) to learn more about us.

### AVAILABLE OFFICE SPACE

**COLUMBIA**- Windowed offices (1-4) in wooded professional park w/ psychologists, tutors, SLPs. Central location near 175 & 29. Please contact Julie Morrison: (410-952-9574) or [jm@drjuliemorrison.com](mailto:jm@drjuliemorrison.com)

**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](mailto:Dinah.Miller@mda.com): 410-852-8404.

### 2020 MPS Dues Notices

Members have now received multiple dues notices via both USPS and email. MPS dues are the same as last year. Please pay MPS dues to MPS and APA dues to APA.

To pay your MPS dues:

- Mail your check made payable to "MPS" to 1101 St Paul Street, Ste 305, Baltimore, MD 21202 **-OR-**
- Pay online using a debit or credit card or Paypal account at [this link](#) or via your MPS [member account](#).

### Thank You!

The following members paid additional MPS dues for 2020 even though they have reached life status. We appreciate your financial support of the Maryland Psychiatric Society!

Virginia Ashley, M.D.  
Mark Ehrenreich, M.D.  
Eduardo Espiridon, M.D.  
Anita Everett, M.D.  
David Gonzalez-Cawley, M.D.  
Arthur Hildreth, M.D.  
Gary Nyman, M.D.  
Hamid Tabatabai, M.D.  
Daniel D. Storch, M.D.  
Robin Weiss, M.D.

### Cultural Awareness in Disaster Behavioral Health

As the U.S. grows in racial and ethnic diversity, disaster behavioral health professionals should consider strategies and plans for working with diverse populations. SAMHSA has posted [resources](#) that provide information and guidelines to improve disaster planning, preparedness, and response regarding cultural awareness and humility.

# Rewarding Opportunities for Psychiatrists Across Maryland

**SHEPPARD PRATT HEALTH SYSTEM IS SEEKING PSYCHIATRISTS TO WORK ACROSS MARYLAND IN A VARIETY OF TREATMENT SETTINGS INCLUDING:**

**INPATIENT:** Child & Adolescent, Geriatric, Eating Disorders, and The Retreat at Sheppard Pratt

**OUTPATIENT:** Child & Adolescent, Adult

**PARTIAL:** Child & Adolescent, Adult

**CONSULTATION-LIAISON AND INTEGRATED CARE**

**SPECIAL EDUCATION SCHOOLS**

## **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
- A network of the brightest minds in psychiatry
- Grand rounds, CME opportunities, on-site lectures
- State-of-the-art research and technology
- Cross-discipline collaboration

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For more information, please contact Kathleen Hilzendeger, Director of Professional Services, at **410.938.3460** or [khilzendeger@sheppardpratt.org](mailto:khilzendeger@sheppardpratt.org).

## **Sheppard Pratt Health System**

Consistently ranked as one of the top ten psychiatric hospitals by *U.S. News & World Report*, Sheppard Pratt is the nation's largest private, nonprofit provider of mental health, substance use, special education, developmental disability, and social services. We employ more than 95 doctors who all share a passion for providing the best care to those we serve. Visit [sheppardpratt.org](http://sheppardpratt.org) to learn more about our services. *E.O.E.*



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# NEW YEAR. NEW CAREER.

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- Generous salary that is not based on production or reimbursement.
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