

MPS NEWS

Volume 31, Number 9

Editor: Heidi Bunes

January 2018

In This Issue

MPS Paper Award	p. 2
MPS Poster Competition	p. 2
ABPN MOC Pilot Program	p. 3
Anti-Stigma Advocacy Award	p. 3
Md. Medicaid Pharmacy Updates	p. 5
MPS Supports BHA OMS	p. 5
Amicus Supports Bon Secours	p. 6
Medical Cannabis Update	p. 6
Final Network Adequacy Regs	p. 6
Appeals and Grievances	p. 7
General Assembly Preview	p. 7
APA BOT Meeting Highlights	p. 8
Medicare News	p. 9
In Every Issue	
Membership	p. 4
Classifieds	p. 11

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 8 PM
Tuesday, January 9th
in the MPS office

President's Column

The Evolving Landscape of Hospital-Based Psychiatry in Maryland

Maryland reimbursement for care is unique, in that a central, state-run agency, the Health Services Cost Review Commission (HSCRC) sets rates for reimbursement for hospital-based care. As part of an "All-Payer" system, the rates paid by insurance companies are set by the HSCRC for all hospitals in Maryland. This approach to rate setting requires a waiver from many of the Medicare rules on hospital rate setting, and has been in place in Maryland since 1977. The terms of this waiver had to be renegotiated after the system failed to meet benchmarks of cost savings and a new system took effect in 2014. Under this reorganization, there have been significant changes in the way hospitals are reimbursed for care, moving away from the fee-for-service approach and toward a population health paradigm. As part of this, hospitals in Maryland now operate with "global" budgets (Global Budget Revenue, or GBR), with a fixed amount of income per year. The amount of income includes a set rate of annual growth in revenue, pegged to 2013 reimbursements. Any care provided beyond the amount of the global budget comes at the hospital's expense. This has led many hospitals in Maryland to re-examine their models of care, particularly any care provided in hospitals, both inpatient and outpatient. Further, there are a number of purported quality and safety metrics with which hospitals must now contend, such as readmissions and so-called "hospital-acquired conditions," which can lead to hospitals losing money from their fixed global budget for the year.

Expansion of hospital psychiatry in the fee-for-service environment has historically been challenging, due largely to poor reimbursement for psychiatric care. In an exclusively fee-for-service environment, a proposal to expand psychiatric care within a

hospital without generating revenue to at least cover the expansion would likely be met with the hackneyed phrase, "no margin, no mission." The move toward reimbursement for population health further complicates this calculus, but may also provide opportunities to expand psychiatric care. Critical to any expansion is proof of value for psychiatric services. A positive impact on re-admissions for patients with psychiatric disorders, for example, would likely be viewed favorably by hospital administrators considering expansion of psychiatric services.

The prospect of a more equitable and logical approach to reimbursement for much-needed psychiatric care in the hospital setting is encouraging. The challenge now is to tailor any proposed expansions to the current economic climate, with an eye toward anticipated changes. The next phase of the waiver plan, (again, in lock-step with the move toward population-based healthcare reimbursement), involves both hospital and non-hospital settings of care. Details of this transition are still forthcoming. The idea of hospitals' global budgets covering a broader scope of care poses an enormous number of challenges, but the change may create opportunities to provide more comprehensive psychiatric services to patients in need. Though the waiver plans involve hospital-based care exclusively and now affect only a fraction of MPS members, these trends are likely to have downstream effects. In order to ensure that our members are well-informed of changes and trends, an MPS workgroup is assembling to make sense of the current environment, share information and ideas and, most importantly, to make sure our membership are in-the-know and up to date. More information will likely be coming in future posts.

*Patrick T. Triplett, M.D.
Guest columnist on behalf of
Jennifer T. Palmer, M.D.*

MPS ADVOCACY DAYS IN ANNAPOLIS We Need You!

On **Thursday January 25th** from 8:30AM—1PM, we invite all MPS members to join us in Annapolis to meet with House and Senate leadership to discuss current and future legislation affecting psychiatry and mental health in Maryland. MPS lobbyists help with talking points and protocol. Interested members should contact Meagan at the MPS office (410-625-0232) or email mfloyd@mdpsych.org.

MPS Winter Party - Join Us!

Join your fellow MPS members for a fun, social evening from 5:30 to 7 PM on **Saturday January 20** at the home of Dr. Jessica Merkel-Keller. She chairs the MPS Early Career Psychiatrists Committee and serves as Co-Editor of *The Maryland Psychiatrist*. Beer, wine and appetizers will be served. Bring a guest if you'd like! Parking information to follow via email closer to the event date. For more information: [RSVP HERE](#) by **January 15th**!



Thank You!

The following members who have reached life status paid additional MPS dues for 2018. We appreciate your financial support of the Maryland Psychiatric Society!

David Barrett, M.D.	Jill Joyce, M.D.
Louis Cohen, M.D.	Thomas Krajewski, M.D.
David Gonzalez-Cawley, M.D.	Daniel Storch, M.D.

MPS Members Out & About

In its November/December issue, *American Jails* published an article by **Anne Hanson, M.D.**— [Will Anything Break The Jail to Hospital Logjam?](#)

On December 11, **Mark Komrad, M.D.** participated in the [Coping with Seasonal Depression](#) program on [Midday with Tom Hall](#) on WYPR 88.1 FM.

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

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. The Academic Psychiatry Committee is currently soliciting nominations in two categories:

•**Best Paper by an Early Career Psychiatrist (ECP):** Eligible psychiatrists are ECPs who are first authors of papers published or in press in 2017.

•**Best Paper by a Resident-Fellow Member (RFM):** Eligible psychiatrists are residents or fellows who are first authors of papers that were written, in press, and/or published in 2017.

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 to the address or email below by **January 31**. Please include a brief explanation of why you believe the work is worthy of special recognition.

Robert P. Roca, MD, MPH, MBA
Academic Psychiatry Committee Chair
Sheppard Pratt Health System
6501 North Charles Street
Towson, MD 21204
rroca@sheppardpratt.org

Poster Contest for Residents & Fellows

For the first time, the MPS will run a poster competition for our Resident-Fellow Members. The winner will receive a cash prize of \$200! The top three finalists will present their posters at the MPS annual meeting Thursday evening April 26th at The Johns Hopkins Club in Baltimore – and will receive a free ticket to the event. Please [click here](#) for more information. **The deadline to enter is January 31.** Electronic copies of posters are due **February 10**. For more information, or to apply please [click here](#).

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 **deadline is January 31**. 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!

ABPN MOC Pilot Program

In December, the ABPN [released details](#) to its diplomates about the optional MOC Part III Pilot Project which is scheduled to begin in 2019. This pilot program is a journal article-based assessment activity designed as an optional alternative to the current secure, proctored 10-year MOC examination. A select number of eligible ABPN diplomates were emailed invitations to participate in mid-December 2017. Diplomates who do not wish to participate in the pilot program may continue to take the 10-year MOC examination.

The pilot project is self-assessment based, open-book, and allows diplomates to select articles that align with his or her practice from an approved library of articles. Diplomates will be required to read and answer questions on at least 30 but not more than 40 approved journal articles. Five article-based questions (mini-tests) will be delivered in an online, open book format. Mini-tests related to articles can be completed one at a time over multiple sittings. If a diplomate correctly answers 4 out of 5 questions on the first attempt via the online mini-test, he or she will have successfully completed one article. Diplomates who have successfully completed 30 mini-tests will have met the requirements of the pilot program and will not be required to complete the traditional 10-year Part III MOC examination.

The Pilot Project will begin for eligible ABPN diplomates in January 2019. Diplomates who received invitations and wish to enroll must do so by March of 2018. Diplomates who are eligible to participate are those who are currently listed as 'Certified-Meeting MOC Requirements' and have:

- Passed an ABPN certification or MOC examination in the years 2012, 2013, or 2014 in Psychiatry or Child and Adolescent Psychiatry; **or**
- A certificate expiring in 2019, 2020 or 2021 in Psychiatry, Child and Adolescent Psychiatry, Neurology, or Child Neurology.

Pilot Project participants must continue to meet all MOC program requirements (CME, Self-Assessment and PIP). The usual ABPN MOC fee structure will be in place for Pilot Project participants. Those transitioning from 10-year MOC into Continuous-MOC will be required to pay a fee equal to the amount for the 10-year examination. Those currently in Continuous-MOC will not be required to pay any additional fees to participate in the Pilot Project.

The pilot is scheduled to run 3 years, after which time ABPN will expand the program to include additional diplomates (including those last decertified in 2015-2018), and develop a plan for expanding this approach to subspecialties beyond child and adolescent psychiatry.

This pilot project comes as a result of APA's advocacy from the APA's leadership, Board of Trustees, and Assembly which has sought a self-assessment and journal-based alternative to the traditional 10-year exam. We continue to advocate for additional MOC reform. More information about APA's MOC reform efforts can be found at <http://psychiatry.org/mocreform>.

*Saul Levin, MD, MPA, FRCP-E
APA CEO and Medical Director*

Call for Nominations: Maryland Foundation for Psychiatry 2018 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 own experience with mental illness, that of 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 2018 award, email it to mfp@mdpsych.org no later than **January 17, 2018**. The article should be published during the period from February 1, 2017 to January 15, 2018.

Previous winners include **John Lion, M.D.** for his piece, "[Steadfast talking is the only cure for suicide](#)," 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*.

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

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.

Theodora G. Balis, M.D.
Shauna P. Reinblatt, M.D.

New APA Fellows

Sarah Andrews, M.D.
Zaw Htwe, M.D.
Kathleen Patchan, M.D.
Alainia Morgan-James, M.D.
Constance Lacap, M.D.

New APA Life Fellow

Sara Bull, M.D.

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.

Natalie Beaty, M.D.
Yuelei Dong, M.D.
Iuliana E. Frank, M.D.
Douglas M. Gartrell, M.D.
Damani Johnson, M.D.
Patrick L. Jung, M.D.
Aurangzeb Khan, M.D.
Khizar A. Khan, M.D.
Judah Mirvish, M.D.
Scott Robert Pekrul, M.D.
Jeannie D Pham, M.D.
Silvio Saidenberg, M.D.
Abdolazim Shahsavari, M.D.
Meenakshi Suman, M.D.
Elise E. Turner, M.D.
Andrew C. Warren, M.D.

Membership Reinstatement

Laura Eskander, M.D.
Dennis J. Kutzer, M.D.
Rajneesh Mahajan, M.D.
Matthew J. Mee, M.D.
Anis F. Merson, M.D.
Rebecca R. Moore, M.D.
Rachna Raisinghani, M.D.
Laura J. Seidel, M.D.
Manan J. Shah, M.D.
John M. Vaeth, M.D.

Maryland News

2018 MedChi Legislative Agenda

MedChi legislative initiatives for the 2018 General Assembly Session are in line with its mission: to serve as Maryland's foremost advocate and resource for physicians, their patients, and the public health.

As an **advocate for patients**, MedChi will promote physician, resident, and medical student education regarding the Opioid Crisis in Maryland and the services available for patients through the HOPE Act. MedChi will work to incentivize physician participation in the Medicaid program and continue to advocate for full restoration of E&M payment to equal Medicare rates for all physicians who serve Medicaid enrollees.

As an **advocate for physicians**, MedChi will defend physician rights by monitoring the regulatory and disciplinary actions of the Board of Physicians, protecting and enhancing the integrity of the Prescription Drug Monitoring Program and its use by physicians, supporting efforts to address network adequacy and formulary practices, and standardizing credentialing requirements. MedChi will also work towards stronger medical liability reform and enhance physician payment and insurance reform.

As an **advocate for public health**, MedChi will focus on ending health disparities, making Maryland a tobacco free state, addressing drug transparency, supporting HIV prevention, and expanding Maryland's crisis treatment centers. MedChi will work to protect Maryland's children with initiatives including addressing childhood obesity, increasing HPV immunization rates, strengthening child safety seat and young driver laws, addressing homelessness and affordable housing, and banning minors access to tanning beds.

The complete 2018 Legislative Agenda can be found [here](#).

From [December 18 MedChi News](#)

Refer a Colleague and Support the MPS

The "Refer a Colleague" initiative through Professional Risk Management Services, Inc. (PRMS) has generated a donation to the MPS! For each referral to its medical professional liability insurance program, PRMS donates \$25 to the referring physician's district branch (regardless of whether insurance is purchased or not!). This is an easy way for MPS members to generate some extra financial support for MPS activities. To learn more about this program and to refer your colleagues, visit PsychProgram.com/Refer.

Maryland News

Maryland PDL Effective January 1

Maryland Medicaid's Preferred Drug List, encompassing over 1800 drugs, covers most of the generic versions of preferred multisource brand drugs without any type of prior authorization. If the prescription for a brand name drug is to be dispensed as written, the prescriber must complete and submit a [Medwatch form](#). The State's clinical pharmacy team will notify the prescriber whether the request was approved or denied and forward the Medwatch form to the FDA when appropriate. In some instances, the brand name drug is Preferred over its generic equivalent, in which case no Medwatch nor authorization is needed.

Changes to the exceptions to this rule are **effective January 1, 2018**. Please note that quetiapine ER (Seroquel XR) and methylphenidate ER capsules (Ritalin LA) are now preferred, and that both *Cotempla XR ODT* and *Mydayis ER* now require prior authorization. [Click here](#) for the complete PDL. The Maryland Medicaid Mental Health Formulary can be found at the link [here](#).

Reminder – No Prior Auth for Opioid Antagonist

Companion bills, [HB 1329/SB 967](#), passed in the 2017 legislative session. Most provisions took effect June 1, such as a 3.5% rate increase for community providers for fiscal years 2019 and 2020 and a study on community provider reimbursement that will inform implementation of a payment system that reflects the costs of providing these services.

A new prior authorization provision from the bill took effect January 1. Another initiative aimed at reducing opioid overdose deaths in Maryland, it prohibits insurers that cover prescription drugs from requiring prior authorization for an opioid antagonist unless there is at least one formulation of the opioid antagonist that can be prescribed without a prior authorization.

The [law](#) defines "opioid antagonist" as: (1) naloxone hydrochloride; or (2) any other similarly acting and equally safe drug approved by the federal food and drug administration for the treatment of a drug overdose.

Maryland Medicaid Pharmacy Update on Ingrezza™

Effective Monday, November 27, Ingrezza™ (valbenazine) is carved-out from the HealthChoice managed care benefit and is covered by Maryland Medicaid fee-for-service (BIN: 610084, PCN: DRMDPROD and Group ID: MDMEDICAID). Claims for Ingrezza™ should be processed just as claims for other carved-out mental health, substance use disorder and antiretroviral drugs.

Hogan Announces New Health Secretary

On December 21, Governor Hogan [announced](#) the appointment of former Anne Arundel County Executive and State Senator Robert R. Neall as Secretary of the Department of Health. Neall will replace Secretary Dennis Schrader, who will continue to serve the department as Chief Operating Officer. The announcement was in response to action by the Maryland Court of Appeals to stay a ruling by the Anne Arundel County Circuit Court, which found that actions by the General Assembly and the State Treasurer to withhold payment from Secretary Schrader and former Planning Secretary Peters were unlawful.

A public servant for more than 40 years, Neall has served as a senior advisor to the Hogan administration since 2016, focusing on agency efficiency improvements, greater accountability and performance benchmarks, and improved customer services throughout state government. Previously, Neall served as the CEO of a Medicaid managed care company and has held various positions in the Johns Hopkins Health System, including director of finance, director of marketing, vice president for development and external affairs, and vice president of governmental relations. Both appointments will take effect on January 9.

MPS Support for the BHA Outcomes Measurement System

At its December meeting, members of the Maryland Behavioral Health Coalition (including the MPS) agreed to draft a letter to Secretary Schrader voicing support for the Behavioral Health Administration's (BHA) Outcomes Measurement System (OMS). The Coalition was told that decisions are being made now about the future of that system.

The OMS collects important data about the delivery and outcome of behavioral health services. Establishment of outcome measurement tools has lagged behind in the behavioral health field due to the unique characteristics of these illnesses. However, significant advances have occurred in recent years and the OMS is a solid foundation from which to build, providing a rich trove of eleven years of historical data. The collection of OMS and related data is also tied to nearly \$40 million in yearly federal block grant funding for mental health and substance use disorder services. Like any other information technology, there is room for improvement, but the Coalition pledged to stand ready to work with BHA identify and address any challenges to help this valuable tool evolve in a changing environment.

To view a copy of the letter, [please click here](#).

Maryland News

MedChi Files Amicus Brief Supporting Bon Secours and Psychiatrists

MedChi and the AMA have filed an amicus brief in Maryland's highest court (the Maryland Court of Appeals). The scheduled case is meant to decide whether Bon Secours Hospital and the treating physician breached the standard of care in discharging an involuntarily admitted patient with a history of attempted suicides who committed suicide shortly after being discharged. The AMA/MedChi brief defends the hospital and the physician.

The case was brought by the estate of a man who committed suicide shortly after being discharged from a psychiatric hospital claiming a negligent action against the hospital and the decedent's treating physician. The estate argued that the hospital and physician breached the standard of care for discharging an involuntarily admitted patient with a history of attempted suicides. A jury agreed and awarded the estate more than \$2.3 million in damages. The trial court, however, entered judgment notwithstanding the verdict in favor of the physician and hospital, finding the estate failed to produce sufficient evidence that the physician breached the applicable standard of care.

The Court of Special Appeals reversed this decision, concluding that the estate's expert presented sufficient evidence of malpractice via a premature hospital discharge given the decedent's symptoms.

This is the third amicus brief that MedChi has filed in 2017, and the second in partnership with the AMA. MedChi will continue to fight on behalf of Maryland physicians.

From [December 4 MedChi News](#)

MedChi Opioid Task Force Webpage

MedChi President Gary Pushkin, M.D. chairs the MedChi Opioid Task Force, which has established a [webpage](#). To provide feedback or resources to help grow the webpage, please contact Yelena Shapiro at yshapiro@medchi.org. The webpage was designed as a resource to the community-at-large, including, but not limited to physicians, patients, legislators, and community groups.

MedChi's Opioid Task Force was formed in February 2017. It includes physicians from various backgrounds, such as pain management, addiction, family practice, and other specialties. This team is working to establish a curriculum for Maryland physicians on how to prescribe opioids safely, how to recognize risk factors, and when to recommend alternative, scientifically-based or evidence-based non-opioid treatments. It will also work with the governor and legislature to advocate for policies that protect patients and physicians.

Medical Cannabis Dispensaries Open in Maryland

Last month, dispensaries for medical marijuana opened in the state, although the *Washington Post* [notes](#) that they are not dispersed throughout Maryland. The *Baltimore Sun* [reports](#) that more than 17,000 consumers in Maryland have already registered for medical marijuana and more than 500 providers — including doctors, nurses and dentists — have signed on to the program. The Maryland Medical Cannabis Commission [website](#) has a variety of information for both patients and health care providers; MedChi has a [webpage](#) dedicated to medical cannabis considerations for physicians. In addition, MedChi has devoted a complete issue of *Maryland Medicine* to this topic: [Medical Cannabis Comes to Maryland: What Physicians Need to Know](#).

MIA Issues Final Network Adequacy Regulations

Maryland Insurance Administration (MIA) made changes to the proposed regulations as initially drafted, which the Attorney General certified as "nonsubstantive," thus not requiring another public comment period. Of note, regulation .09A was revised in response to comments about the measurement required by this section: the wording was revised to clarify the expectation that carriers must meet the travel distance standards based on the enrollee population and distribution, and the enrollee population and appointment type. Additionally, wording was revised to clarify the MIA's expectations that carriers will advise the MIA if they met these standards.

The [final regulations](#), which appeared in the December 8 *Maryland Register*, became effective on **December 31**. The proposed regs are [here](#). The MPS sent [comments](#) on the proposed version back in the summer. The MPS Payer Relations Committee will provide an update on how the provisions relate to accessing in-network psychiatrists.

Recommended Courses in Military Culture

During the 2017 session, the Maryland General Assembly passed [House Bill 275](#) – *Recommended Courses in Military Culture*, which requires the Department of Health, in consultation with the Department of Veterans Affairs, to provide a list of recommended courses in military culture. [Click here](#) for the recommendations.

Resources for Culturally and Linguistically Appropriate Services are available from the Board of Physicians.

Maryland News

2016 MIA Report on the Health Care Appeals & Grievance Law

On December 14, the Maryland Insurance Administration (MIA) released its [annual report](#) on adverse decisions and grievance decisions under Maryland law. Although the law applied to about 43% of the population with insured health benefits when it was enacted, by 2016 the percentage had dwindled to just 20%. The Appeals and Grievance process begins when a carrier renders an "adverse decision" that care is not medically necessary. If the patient (or his/her representative) protests this decision, it is called a "grievance." If the carrier stands by the original decision, the patient can file a "complaint" with MIA.

Among the findings in the report are:

- Adverse decisions for mental health services increased by 70% from 2013 to 2016 (687 in 2013 and 1,169 in 2016).
- In spite of the rise in adverse decisions, the number of grievances for mental health services decreased by 43% over the same period (238 in 2013 to 136 in 2016).
- Adverse decisions for mental health services were highest at Aetna, followed by CareFirst.
- For complaints filed with MIA, the carrier decision was upheld by MIA 60% of the time for partial hospitalization for mental health/substance use, 70% of the time for inpatient and 50% of the time for outpatient.

Medicaid Provider Enrollment Portal - ePREP

Maryland Medicaid's new **e**lectronic **P**rovider **R**evalidation and **E**nrollment **P**ortal (ePREP) is live! ePREP is the one-stop shop for provider enrollment, re-enrollment, revalidation, information updates and demographic changes. Maryland Medicaid launched a Call Center to assist with ePREP's 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. Currently underway, Phase I includes 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. Please [click here](#) for updated resources, checklists and training opportunities. Phase I providers should visit ePREP.health.maryland.gov to access ePREP, or contact the call center at 1.844.4MD.PROV (1.844.463.7768) with questions.

2018 General Assembly Preview

The legislative session begins on January 10th. The physician assisted suicide issue is likely to resurface. The legislature will also be asked for adequate funding for substance use disorder services to fight the growing opioid crisis and state beds for forensic mental health services. The biggest issue expected is legislation around jail transfers to state hospitals. Bills surrounding gun control are also anticipated.

As always, the MPS Legislative Committee and lobbyists will thoroughly screen bills that are introduced and provide feedback on those that are most important to psychiatry. Please contact Meagan Floyd at: mfloyd@mdpsych.org if you would like to be involved in this effort.

Assistance with Medicaid Appeals and Grievances

Beacon Health Options Maryland manages care to people served by the Maryland Department of Health Behavioral Health Administration. Aspects of the services provided, including medical necessity, service authorization, etc, are described in detail on the Beacon [website](#). The regulations for grievances and appeals are outlined in COMAR 10.09.36. For information about the process of how to request a review, submit a grievance or request an appeals hearing, please review [Chapter 10](#) of the Beacon provider manual.

HOPE Act Update

The Heroin and Opioid Prevention Effort (HOPE) and Treatment Act of 2017 includes key components in the State's battle against opioid overdoses and deaths. But we need additional funding to expand treatment capacity, develop crisis response centers statewide, and address the provider payment issues for community-based providers that serve those with substance use disorders, mental health disorders, or a combination of both. Furthermore, notable provisions of the HOPE Act have not yet been implemented, such as a toll-free hotline with information on behavioral health programs, expanded drug court programs, the development of co-prescribing information for providers, and consumer information on opioid-use disorders that providers can make available to their patients. MedChi will advocate strongly this upcoming legislative session for adequate funding and the implementation of HOPE Act provisions.

From [January 2 MedChi News](#)

APA News & Information

December APA BOT Meeting Highlights

Effective January 2, APA headquarters moved to a mixed-use area in Southwest DC called The Anthem. The new address is 800 Maine Avenue, SW, Suite 900, Washington, DC 20024. Phone numbers will remain the same for about a month. The new membership fax number is 202-403-3673. Next door is an Intercontinental Hotel where APA members can stay while attending APA headquarters meetings.

A recent [report by Milliman](#) analyzed disparities in network use and provider reimbursement rates. This report pulled data from over 42 million Americans and used claims data from 2013-2015 and found that primary care physicians were compensated, on average, 20 percent more than psychiatrists. The report also showed that out-of-network use of addiction and mental health treatment is extremely high when compared to physical health care providers.

The APA continues to advocate for solutions to ACA market stabilization, reauthorization of CHIP and funding to address the opioid crisis.

ABPN is piloting a new, open-book, journal article-based assessment beginning in 2019, as an alternative to the existing proctored 10-year Maintenance of Certification (MOC) examination. [\[See page 3.\]](#)

For the nine months ending on September 30, 2017, APA net income was \$13.1 million, compared to \$10.6 million the year before. The Board approved the APA 2018 operating budget, which includes \$51.2 million in revenue and \$51.7 million in expenses. In addition, the BOT committed to the purchase of the APA headquarters when the opportunity arises in 2020.

A series of webpages (<http://psychiatry.org/wellbeing>) have been created to assist members with issues related to well-being and burnout.

Implementation of the [PsychPRO](#) registry continues ahead of schedule. The registry's components, including portals to collect needed information from patients as well as clinician dashboards to display quality measure data, have been fully built, tested, and deployed. Over 400 participants have joined the registry.

The BOT approved awarding the 2017 [Benjamin Rush Award](#), which recognizes an individual renowned for his or her contributions to the literature on the history of psychiatry, to Steven S. Sharfstein, M.D., M.P.A. It also approved awarding the 2017 Psychiatric Services Achievement Community Gold Award to [Chesapeake Connections](#).

An Area 3 initiative spearheaded by Eliot Sorel, M.D., "Health care, inclusive of mental health care, is a human right" was also passed the Board of Trustees and is now APA policy.

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

APA Says Tax Bill Unnecessarily Attacks Health Care

Following passage of a tax bill that causes unnecessary damage to the nation's health care system, APA CEO and Medical Director Saul Levin, M.D., M.P.A. stated, "This legislation, which calls for the removal of the individual mandate in the Affordable Care Act, sacrifices the health care of 13 million Americans who will lose their insurance by 2027." He also asserted that by raising the deficit, this bill sets the stage for future cuts to Medicare and other safety net programs and stated there is no reason for the tax cut and repeal of the insurance mandate to be decided by the same vote. Dr. Levin called on "...Congress to pass legislation that will stabilize the ACA markets and shore up our health care system."

Are You Experiencing Burnout?

Under the guidance of APA President Anita Everett, M.D., the APA has launched a [toolkit](#) to help psychiatrists determine whether they may be experiencing burnout and to provide resources to help them take charge of their well-being. Be sure to check out these resources.

Behavioral Health IT Resource

The Office of the National Coordinator for Health Information Technology has updated its [Health IT Playbook](#) with specific resources for behavioral health providers. In a series of three educational modules, the playbook describes the health care landscape as it relates to behavioral health IT, as well as guidance for adopting and implementing health IT into practice. The APA recently worked with ONC staff to update the behavioral health "Specialists" section.

Free Members Course of the Month

Each month, APA members have free access to an online CME course on a trending topic. The January course is entitled, "Ketamine for Treatment-Resistant Depression." The therapeutic potential of ketamine has stimulated considerable excitement and has led to the increasing use of ketamine as an off-label substitute for ECT and other anti-depressive treatments. This course reviews the results of randomized trials of intravenous or intranasal ketamine for treatment-resistant unipolar and bipolar major depression and is presented by Kathryn M. Schak, M.D. of the Mayo Clinic. [Click here](#) to access the course and sign up for updates about this free member benefit.

Medicare News

2016 Physician Compare Performance Information Available

CMS [announced](#) recently that it added 2016 performance information to the [Physician Compare](#) website as required by the ACA. The updated 2016 measures include:

- Fifteen 2016 PQRS measures for groups as star ratings
- 2016 Consumer Assessment of Healthcare Providers and Systems for PQRS patient experience measures for groups as top-box scores
- 2016 non-PQRS Qualified Clinical Data Registry measures with performance rates expressed as percentages for clinicians and groups
- 2016 Accountable Care Organization measures

Data are also available via the Physician Compare Downloadable Database on data.medicare.gov.

New CMS Data Submission System

Although about half of psychiatrists may be exempt from penalties for 2017, many will get started with quality reporting because the requirement is minimal: report ONE quality measure for ONE patient. The [APA website](#) has details.

CMS [announced](#) that doctors and other eligible clinicians participating in the Quality Payment Program (QPP) can begin submitting their 2017 performance data using a new system on the [QPP website](#). The data submission system is an improvement from the former systems, which required clinicians to submit data on multiple websites. Now, eligible clinicians will use the new system to submit their 2017 performance data during the 2017 submission period, which runs from **January 2 to March 31, 2018** (except for groups using the CMS Web Interface whose submission period is January 22 to March 16, 2018).

Eligible clinicians will be required to log into the system. After logging in, the system will connect each eligible clinician to the Taxpayer Identification Number (TIN) associated with their National Provider Identifier (NPI). Eligible clinicians will report data either as an individual or a group. There are multiple data submission options, including Qualified Clinical Data Registries (QCDRs), qualified registries, attestation, or the CMS Web Interface. Eligible clinicians can also submit data using a Health IT Vendor.

As data is entered into the system, real-time initial scoring within each of the Merit-based Incentive Payment System (MIPS) performance categories will display based on submissions. This scoring may change if new data is reported or quality measures that have not yet been benchmarked are used. Additionally, the performance category score will not initially take into account the user's Alternative Payment Model (APM) status, Qualifying APM Participant (QP) status, or other special status that may apply to clinicians.

Eligible clinicians are encouraged to log-in early and often to familiarize themselves with the system. Data can be updated at any time during the submission period. Once the **submission period closes on March 31, 2018** (with the exception of the CMS Web Interface, which ends on March 16, 2018), CMS will calculate a payment adjustment based on your last submission or submission update.

For assistance, please email gpp@cms.hhs.gov or call toll free at 1-866-288-8292. Eligible clinicians have until March 31 to submit data for the 2017 transition year, unless they are part of a group reporting via the CMS Web Interface.

Please see the [fact sheet](#) on the QPP data submission system, including more information for clinicians participating in APMs.

2018 Medicare EHR Incentive Program Payment Adjustment

The payment adjustment amount for the Electronic Health Record (EHR) Incentive Program is 3% for 2018. A new [fact sheet](#) is available, which includes:

- Payment adjustments
- Exceptions process
- Applicable hardship exceptions categories

For more information, visit the [EHR Incentive Programs](#) website.

Assistance with Medicare Appeals, Denials and Grievances

The [State Health Insurance Assistance Program](#) (SHIP) meets the most universal needs of Medicare beneficiaries, such as understanding their health insurance benefits, bills, and rights. Trained staff and volunteer counselors in all 23 counties and Baltimore City provide in-person and telephone assistance. Topics covered include:

- Medicare Part A: Hospital Insurance
- Medicare Part B: Medical Insurance
- Medicare Part C: Advantage Plans
- Medicare Part D: Prescription Drug Plans
- Financial Assistance for Low-Income Beneficiaries
- Billing Issues, Appeals, Denials, and Grievances
- Medicare Fraud and Abuse

[Click here](#) to contact the closest SHIP office.



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.

Oasis The Center for Mental Health is a full service psychiatric and counselling center that provides quality treatment promoting the wellbeing of all individuals. Our team of highly trained staff includes psychiatrists, psychiatric nurse practitioners, psychologists, social workers and licensed counselors for both adult, child and adolescents.

We are currently looking for a **part-time psychiatrist** to join our staff. Ideally you will have experience with a wide range of treatments for all ages, including addictions, depression, anxiety, loss, grief and PTSD.

Responsibilities:

- Provide psychiatric medication management services to all age clientele
- Conduct clinical consultations and diagnostic assessments
- Prepare documentation, correspondence and reports in the EMR

Requirements:

- Board certified psychiatrist licensed to practice in the state of Maryland
- Current DEA and CDS, both valid in Maryland
- Current personal liability insurance coverage of 1:6
- Ability to work autonomously and as part of a team
- Outstanding written and verbal communication skills
- EMR experience a plus
- Minimum 5 years clinical experience

To apply, send your resume to Kathy Miller, MA at kathymillerma@aol.com.



CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

Nationally Recognized Program Seeks Adult Psychiatrist Competitive Salary and Excellent Benefits, **Inpatient/Partial Hospitalization Attending** - Psychiatrist will work closely with a multidisciplinary treatment team in the assessment and care of patients with eating disorders. This unique practice opportunity combines the excitement of an academic environment with training of fellows, post-doctorate psychologists, social work interns and University of Maryland residents. Full-time or Part-time available MD license required. Please **FAX** resume to 410-938-5250, or **MAIL** to: Steven Crawford, M.D., 6535 N Charles St, Suite 300 Baltimore MD 21204, You may also **EMAIL** your resume to scrawford@sheppardpratt.org. **The Center for Eating Disorders at Sheppard Pratt Hospital**, ranked by *U.S. News & World Report* among the Best Psychiatric Hospitals for the 24th consecutive year, is located in the suburbs of Baltimore, Maryland and offers convenient access to several major cities, the ocean and the mountains. Find out more about The Center for Eating Disorders by visiting our website: www.eatingdisorder.org.

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.

PSYCHIATRIST---Outpatient Psychiatry Services at MedStar Franklin Square Medical Center is looking for an adult psychiatrist to work 36-40 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.

Physician Group at University of Maryland St. Joseph Medical Center: Nationally Recognized Physician Group Seeks **Adult Psychiatrist**, Competitive Salary and Excellent Benefits, University of Maryland St. Joseph Medical Center is a member of the University of Maryland Medical System, a multi-hospital system with academic, community and specialty service missions reaching every part of Maryland and beyond. **Psychiatrist – Emergency Room**: General Psychiatrist needed for Emergency Room Consultations at Univ. of MD/ St. Joseph Medical Center. Maryland MD license required. Please FAX resume and cover letter to 410-938-5250, or MAIL to: Steven Crawford, M.D., 6535 N Charles St, Suite 300, Baltimore MD 21204. You may also EMAIL your resume to mailto:stevec@umm.edu.

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.

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

The Mental Health Association has served the community as a leading private, non-profit organization since 1965. We are seeking an experienced Psychiatrist to serve as medical director. Responsible for: psychiatric assessment and diagnosis, medication management and education, continuity of patient care, and clinical consultation. MHA serves anyone in need of help, accepting Medicaid, Medicare or sliding scale. Position offers competitive salary, PTO, paid holidays, and days paid for CME. Please submit letter of inquiry along with resume to Ellie Bentz, Clinical Director at ebentz@fcmha.org.

Psychiatrist, Independent Contractor: (Maryland License, BC/BE required) for Emergency Room Crisis Consultations at Greater Baltimore Medical Center (GBMC). Malpractice and credentialing fees are covered, and in-house ED staff provides all disposition support/insurance authorizations. Both day shifts (8am-6pm) and night shifts (6pm-midnight) are available. Please [email](#) your contact information and C.V. to Anthony Chico, D.O.

Renew Your 2018 Membership Now!

If you haven't already, please pay your 2018 dues now. Please email mflorey@mdpsych.org with any questions.

We have been awarded the contract once again!

MHM Services works with Maryland Department of Public Safety and Correctional Services and since 2005 we have provided mental health to this underserved population. Several new positions have been added Statewide!

**Featured positions: Assistant Medical Director – This is a New Position!
Tele-psych – work from home!**

Join MHM and experience the benefits of a career in correctional mental health.

We also have Full-time, Part-time, Day and Evening shifts available!

Why explore a career in correctional healthcare?

Regular 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**
- **Same sex domestic partner benefits**

For more details, please contact Jane at **844-477-6420** or email CV to jane@mhmcareers.com

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

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

MHM Services, Inc

The Public-Private Partner for Healthcare®



Rewarding Opportunities for Child & Adolescent Psychiatrists Across Maryland



Sheppard Pratt
HEALTH SYSTEM

Sheppard Pratt Health System is seeking child & adolescent psychiatrists to work in multiple Sheppard Pratt 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

Part-time psychiatrist

Family Services, Inc.
DC Area

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

About 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, 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.

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.