

MPS NEWS

Volume 28, Number 10

Editor: Heidi Bunes

February 2015

In This Issue

MPS Advocacy Days	p. 2
MPS Best Paper Contest	p. 2
January Council Highlights	p. 3
Maryland Network Adequacy	p. 4
Maryland UTP Form Changes	p. 5
New Md CDS Requirements	p. 5
Mental Health Parity Resources	p. 7
Dec. APA BOT Highlights	p. 8
New APA Dues Policies	p. 9
Medicare Updates	p. 10
MPS Spring Symposium	p. 12
<u>In Every Issue</u>	
Membership	p. 2 & 7
Classifieds	p. 11 - 12

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

MPS News Design & Layout
Meagan Floyd

The next MPS Council meeting will be Tuesday, **February 10** at 8PM in the MPS office.

President's Column

Technologically Speaking

Our listserv has proven to be one of the most popular resources which the MPS has provided to its membership in recent years. Started under Dr. Miller's tenure as MPS president, it has become a wonderful forum for all things pertaining to psychiatry, from referrals in Maryland and across the country, to discussions of psychopharmacology issues and novel treatments for our patients, with everything else in between. Residents appear to view it as a great reason to join the MPS, and it is always comforting for those of us in private practice to have immediate access to a generally warm and supportive community of our peers. [For info on signing up, click [here](#).]

I'm afraid that other technological advances have not been as popular; when I was secretary-treasurer two years ago, we faced a very worrying deficit budget and together, the MPS staff and Executive Committee had to make some difficult decisions. The mailed version of the *MPS News* and *The Maryland Psychiatrist* publications were casualties of that budget, and are now published on-line, to the chagrin of at least 95% of our membership!

On the plus side, we are now able to publish the newsletter more regularly, and can provide hyperlinks to pertinent sites of interest. In addition, Nancy Wahls, editor of *The Maryland Psychiatrist*, and her team have done an amazing job of on-line publishing, with a very attractive and smart presentation. However I readily admit that somehow the electronic versions will never quite match up to their paper precursors, and I know that espe-

cially for many of our older members, accessing the publications can be very difficult; however desperate times do call for desperate measures.....

Other technological and budgetary concerns have dogged my time on the Executive Committee. The MPS staff has been vocal and persuasive regarding their worries about the database. Much of their daily work depends on this essential electronic compilation of names, contact information and records, and they have expressed growing concern that it had reached its capacity and has long surpassed its expected lifespan. In addition, the MPS website, which was developed some years ago by the very dedicated work of Drs. Daviss, Hanson and Miller, also has reached the end of its useful life, and requires replacement.

To remind those of you still reading, everything is all happening at a time of reduced income for the MPS and while catastrophe has loomed, Dr. Aaronson worked diligently through his year as president to explore various ways to defer some of the significant costs involved. We had considered having the APA host some of the MPS database functions, including billing and the "Find a Psychiatrist" feature, but the MPS has some billing quirks that precluded the APA hosting, and unfortunately the APA has been slow to respond to requests from District Branches for help with technology needs and costs. It became clear we were going to have to bite the bullet and move forward on our own. Our first step, in the 2013 budget was to have funds approved for the purchase of new computer equipment for the staff, since none of the other changes would be possible using their old steam-driven machines!

(Continued on next page)

In 2014, our membership numbers do appear to be stabilizing to some degree, thanks to the improving economy and the valiant efforts of our Membership Committee (because of the loss of other funding sources, dues now are practically our sole source of income). The MPS staff had worked hard to obtain proposals for the project, and so the Executive Committee felt a little more confident in requesting that the Council approve the significant financial outlay for the upgrades in the FY15 budget, which they did, to everyone's relief.

All of this preamble sets the stage for the final reveal.... We have selected a well-respected and researched company to perform the work, the staff has been busy filling them in on all of our requirements, and at some point this year (hopefully by late Spring), they will be thrilled to have their new database, and we hope the members will be even more excited to see the new MPS website in action.

I must admit that the Executive Committee has had a preview of what's coming, and the results look amazing. The new homepage is clean, smart and very current, and we are hopeful that sign-in will be quick and easy for members, enabling them to smoothly change their profile, review and sign up for coming events, pay their membership dues, and see archived versions of the monthly newsletter and *The Maryland Psychiatrist*. The website will also provide an attractive public face for Maryland psychiatry, with a comprehensive "Find a Psychiatrist" tool, which will hopefully reduce some of our staff's workload.

I want to emphasize here that no one person can take credit for these much-needed improvements; Dr. Aaronson did incredible work to research all other options, the MPS staff and especially Meagan, has been diligent in getting the necessary quotes and proposals and in providing clear and cogent requirements for the selected company. Other unsung heroes are all those who helped with trainings for the new CPT coding and DSM 5 and the MOC trainings, all of which have increased our resources to allow for these expenditures, and again, our Membership Committee.

I hope this amazing new resource will continue to provide benefit to our membership and to the public for many years to come. Enjoy!

Sally Waddington, M.D.

Want a peek of the new MPS website?

Please click [here!](#)

2015 APA Voting ends February 2!

Click [here](#) and then scroll down to cast your ballot.

MPS Best Paper Awards Deadline February 6

To recognize outstanding scholarship by young psychiatrists in Maryland, last year the MPS established its "best paper" awards. 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 2014.
- 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 2014.

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 appropriate address below by February 6. 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

MPS Advocacy Days in Annapolis

The 2014 election brought [80 new lawmakers](#) to Annapolis for the 2015 General Assembly. All MPS members should consider attending our Advocacy Days to help with educating newcomers and with maintaining old connections. Our lobbyist coordinates meeting appointments with key legislators and helps members who are new to the advocacy role. Attend all day, half day or whatever your schedule will allow. **If possible, please make a special effort to volunteer for Wednesday February 4 as there are many visits scheduled and not as many psychiatrists willing to attend.** Contact Kery Hummel at 410-625-0232 or khummel@mdpsych.org to RSVP or ask questions.

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.

Andrea H. Naum, M.D.

Reinstatement
Benedicto R. Borja, M.D.

January 13 Council Highlights

Executive Committee Report

Dr. Waddington reported on [major concern](#) in the behavioral health community regarding the Board of Public Works budget cuts affecting mental health. [Legislative leaders have also [weighed in](#).] Medicaid payments to physicians have been reduced by 13%, and the 4% increase in Medicaid reimbursement for treatment has been reduced to 2%. These reductions come in the middle of a budget year and will impact services very soon.

She also noted that the proposed bylaws amendment that would allow Resident-Fellow Members a voting position on Council will be placed on the 2015 ballot for member approval in March. This amendment is intended to increase RFM interest and participation in MPS activities.

Executive Director's Report

Mr. Hummel reported that staff have met several times with the company that is creating our new database and new website. A final launch date for all members has yet to be determined since transferring the data will require time and testing.

He noted that the MOC trainings are complete. Programs were presented at five sites within four APA Area 3 District Branch jurisdictions. Costs were covered by registration fees and the grants received from APA and from Area 3, with a \$4K surplus.

Secretary/Treasurer's Report

Dr. McCann reviewed the financial results as of the 2nd quarter:

- Total Assets of \$389K are about the same as this time last year. Current assets have decreased \$15K due to payments for the redesign of the MPS database and website. Unpaid dues are \$8K less than last year; appears members are paying more quickly. Property and Equipment are up by \$15K reflecting the database and website work. Part of this amount will be expensed at year end.
- Total revenues of \$181K exceed the budget by \$3K mainly because of dues and *MPS News* ads. Although the MOC trainings resulted in unbudgeted surplus, this money will be returned to Area 3 as anticipated. Total expenses of \$170K are \$23K under budget to date. A fall CME meeting was not held and this resulted in not spending a budgeted \$16K. There have been savings in other line items.
- The \$11K surplus to date is \$4K better than last year's.
- After investing \$25K in the database and website project, the MPS had a \$26K increase in cash since July 1.

Council approved the 2nd Quarter Financial Statements.

Finance Committee Report

Dr. McCann presented the MPS Investment Reserve Fund statement. On December 31, the account balance was \$82,952 compared with \$82,155 on July 1. This fund allows for conservative investments that earn a better return than CDs and savings accounts.

New Business

Gayle Jordan Randolph, M.D., DHMH Deputy Secretary for Behavioral Health, discussed the recent Board of Public Works budget cuts that affect physician reimbursement and service provider reimbursement. She requested any feedback about access to services and the authorization process. She briefly discussed the Maryland Hospital Association's priority for behavioral health, which must be considered in any hospital treatment plan for the patient. She noted that Mr. Van Mitchell, a former Delegate from Southern Maryland, has been appointed by Governor-Elect Larry Hogan as Secretary of Health, and that DHMH has identified overdose prevention as a major initiative. The remainder of her presentation centered on proposed legislation that was developed at the [General Assembly's request](#) last year regarding Outpatient Civil Commitment. The bill will be sponsored by the Hogan Administration or by a Senator(s) and Delegate(s). Although details could not be discussed, the proposal is based on the Laura's Law in California.

MPS Seeks Nominations for Lifetime of Service Award

At the March Council meeting, nominees will be considered for the Lifetime of Service Award to be given at the April 2015 MPS annual meeting. Council would appreciate member suggestions as to who should be selected.

The award is given annually to a senior MPS member who has shown a consistent, career-long pattern of unwavering dedication, commitment, and leadership to the organization. Other qualities to be considered include significant contributions to the mental health of our community through clinical work, teaching, administration, or research. View past recipients [here](#).

Member nominations should be submitted no later than 5:00 p.m. March 5, 2015 for this year's award. Names and any supporting reasons you wish to include can be submitted by phone (410) 625-0232, email mps@mdpsych.org or postal mail Maryland Psychiatric Society, 1101 St. Paul Street, Suite 305, Baltimore, Maryland 21202-6407.

Maryland News

2015 Session Preview

The Maryland Behavioral Health Coalition discussed the following issues/bills, which are likely to arise during the current legislative session:

•**Network Adequacy** – Several Coalition members are working with a group, organized by PhRMA, which is drafting legislation to address network adequacy (NA) and co-pays, and strengthen NA provisions in the health benefit exchange. MHAMD and some other groups are working on another NA bill that may take a different approach. Hopefully the legislature will find a way to address all of the concerns.

•**Crisis Response System (CRS)** – MHAMD is working on a bill to address this specific provision of the Safety Net Act. It would change the mental health CRS to a behavioral health CRS, require full statewide implementation, add outcome measures, and modernize the required service array.

•**Failure to Report Child Abuse** – MARFY circulated a bill draft that would establish a range of civil and criminal penalties for certain individuals who fail to report child abuse. The bill has been introduced previously.

•**Crisis Intervention Teams Technical Assistance Center (CITTAC)** – A subcommittee of the Mental Health and Criminal Justice Partnership is working on a bill to establish a CITTAC, which would provide assistance, training and other supports to jurisdictions that are implementing CIT programs.

•**Maternal Mental Health** – MHAMD is working with others on [task force legislation](#) to begin addressing the unmet need related to perinatal mood and anxiety disorders. The MPS is strongly supporting this bill.

•**Right to Die** – MPS indicated that this may be an issue.

In addition, the MPS will testify against [HB 3 Prescription Drug Monitoring Program - Required Query](#), which proposes disciplining prescribers who do not query the PDMP.

New DHMH Secretary Named

Former Charles County delegate Van Mitchell was named Secretary of the Department of Health and Mental Hygiene; Mitchell served as deputy secretary during the latter half of Governor Robert L. Ehrlich's term. Mitchell, a Democrat, served in the House of Delegates from 1995-2004. He has had a good relationship with the physician community both as an elected and an appointed official. Southern Maryland news did a nice [profile](#) on the appointment.

From [January 5 MedChi News](#)

Maryland Network Adequacy Report

Marylanders seeking psychiatric services can face significant hurdles, delaying or preventing them from getting the care they need, a new report from The Mental Health Association of Maryland (MHAMD) concludes. The report, [Access to Psychiatrists in 2014 Qualified Health Plans](#), written by [The Maryland Parity Project](#), details the difficulties Marylanders have in finding psychiatrists and making appointments. The study assesses the accuracy and adequacy of the psychiatric networks of commercial insurers offering Qualified Health Plans (QHP) in 2014 through the Maryland Health Connection. These networks are the only publicly available listings. Researchers spent six months trying to contact psychiatrists to determine their availability and whether they were taking new patients. [The [Baltimore Sun](#) has more on this problem.]

"Picking up the phone to get help is hard enough," said Adrienne Ellis, Director Maryland Parity Project, MHAMD. "We must ensure that Marylanders who take that first step in seeking care don't get discouraged before they get the help they need. As the number of newly insured Marylanders continues to grow, wait times will increase and individuals may forgo care or be forced to pay high out of pocket costs to access critical care outside their insurance network." The report shows that consumers may spend hours on the phone trying to find a provider who is taking appointments and accepts their insurance.

The findings include:

•**Only 14 percent of the 1,154 psychiatrists listed in the QHP networks were accepting new patients and available for an appointment within 45 days.**

•**57 percent of the 1,154 psychiatrists were unreachable** - many because of nonworking numbers or because the doctor no longer practiced at the listed location.

•If consumers could not get a timely appointment with an in-network doctor, they would be subjected to high out-of-pocket costs to see an out-of-network psychiatrist.

Maryland Behavioral Health Coalition Rally

Join the Wednesday February 25 rally at the State House in Annapolis from noon to 1 PM. Behavioral health suffered some damaging budget cuts at the January 7 Board of Public Works meeting, and with the large structural deficit, the potential for further cuts looms large. Especially if you cannot make the February 4 & 5 MPS Advocacy Days, please help show strength and solidarity across the behavioral health community by attending this [rally](#).

Maryland News

Proposed Regulation: Updated UTP Form

On January 23, the Maryland Insurance Commissioner proposed regulations in the *Maryland Register* to amend the Uniform Treatment Plan Form to: (1) remove out-of-date references to DSM-IV codes, which were replaced by DSM-5 codes in May 2013; and (2) expand the Uniform Treatment Plan Form to include more detail about the patient's condition. To view the proposed 3-page form, click [here](#) and scroll down to page 153 of 176. Comments from the public will be accepted through **February 23** by email to nancy.egan@maryland.gov, or fax to 410-468-2020.

New CDS Requirements Proposed

The DHMH [Division of Drug Control](#) (DDC) proposed amendments to the Controlled Dangerous Substance (CDS) regulations in the [January 23 Maryland Register](#) (scroll down to page 71 of 176). These regulations are the result of [Executive Order 01.01.2014.12](#), which was signed by Governor O'Malley on June 27, 2014. This order created the Maryland Overdose Prevention Council and called for coordinated action among state agencies and an expansion of prevention efforts, which are described in a [December 2014 Highlights Document](#).

Once the regulations become final, applicants for CDS registration certificates will be required to:

1. Complete a DHMH-approved education module on substance use disorders treatment and resources; and
2. Register with the [Prescription Drug Monitoring Program](#) (PDMP).

The proposed changes are expected to enable providers to better assist Marylanders facing addiction in obtaining help, and to access data through the PDMP about patients who may be receiving other prescriptions in order to better serve the patients and avoid misuse and diversion.

Several concerns about these new requirements were raised by MedChi, among others, including that the DDC already appears to be overwhelmed with its current tasks in renewing CDS permits. MedChi also objected to the "one size fits all" nature of this mandate. Responding to the first concern, the education proposal will not move forward until 90 business days after web-based CDS registration is operational. The PDMP requirement will begin 90 business days after the PDMP technological capacity has been deemed sufficient to accommodate the 34,500 impacted healthcare practitioners.

Comments from the public can be emailed to dhmf.regs@maryland.gov or faxed to 410-767-6483 through **February 23**.

Maryland Medicaid Pharmacy Program Preferred Drug List Effective January 1

The Maryland Medicaid Pharmacy Program (MMPP) has updated its Preferred Drug List (PDL) effective January 1, 2015. In [Advisory 153](#), MMPP notes that not all generic medications are preferred. In some instances the brand name drug is preferred because it is less costly than its generic counterpart. In 2015, brand name **Cymbalta® is no longer preferred over its generic equivalents. Brand Intuniv® is now preferred over its generic equivalent (guanfacine ER)**. The [Advisory](#) highlights in yellow the changes in preferred status this year, as well as changes in prior authorization requirements. A few of these changes apply to Central Nervous System drugs.

Please refer to the [website](#) for a complete PDL.

Longtime Sheppard Pratt Health System CEO Steve Sharfstein, M.D. [announced](#) his intent to retire on July 1, 2016. Look for more on this news in a future issue of *The Maryland Psychiatrist*.

Case Jeopardizes Patient-Physician Relationship

Two essential elements of medical practice—patient privacy and the patient-physician relationship—are at stake in a case before a federal appeals court that involves the Oregon prescription drug monitoring program (PDMP) and surveillance by the U.S. Drug Enforcement Administration (DEA). The question is whether the DEA as a law enforcement agency has the right to access sensitive patient data without probable cause. PDMPs collect patient prescription data to be used by doctors and pharmacists for responsible treatment and prescription practices. Allowing unfettered access to such information could affect physicians' ability to prescribe the medications their patients need.

In this case, a federal magistrate judge ruled the DEA could enforce a subpoena against the Oregon PDMP that allowed disclosure of protected health information without patients' informed consent. The [Litigation Center of the AMA and State Medical Societies](#) and the Oregon Medical Association filed an *amicus brief* supporting the Oregon PDMP and the American Civil Liberties Union of Oregon, which intervened in the case. The AMA [Litigation Center](#) has more about cases related to patient privacy.

From a [12/19/14 AMA Wire post](#)

Maryland News

2015 Changes to Maryland's Campaign Finance Laws

The MPS lobbying firm Harris Jones & Malone has noted several changes taking effect this year that resulted from sweeping changes to the campaign finance laws during the 2013 legislative session. The following excerpts may be of particular interest to some MPS members.

Increased Individual Contribution Limits

The individual campaign contribution limits for the next election cycle will increase in 2015. The individual contribution limit will increase from \$4,000 to \$6,000 and the aggregate contribution limit will increase to \$24,000. However, the State Board of Elections ("SBE") has announced that it will not enforce the State's aggregate contribution limit due to the Supreme Court's recent decision in *McCutcheon v. Federal Election Commission*, No. 12-536 (U.S. Apr. 2, 2014). Therefore, an individual could theoretically make a \$6,000 contribution to every candidate during an election cycle.

Business Entity Contributions and the "LLC Loophole"

A major aim of the Campaign Finance Reform Act of 2013 was to close a perceived "LLC Loophole," which allowed related businesses to be considered separate entities for the purpose of attributing campaign contributions. In 2015, campaign contributions made by related corporations will be considered as being made by a single contributor, limiting the total amount of contributions those businesses can make to a single candidate. Under the new law, "business entities" will include sole proprietorships, general or limited partnerships, limited liability companies ("LLCs"), real estate investment trusts and corporations. Contributions made by two or more "business entities" shall be considered to be made by a single contributor if: (1) one business entity is a wholly owned subsidiary of another; or (2) the business entities are owned or controlled by at least 80% of the same individuals or business entities.

Other Important Provisions Effective January 1, 2015

Maryland State PACs will be:

- Prohibited from receiving or disbursing money or any other thing of value if there is a vacancy in the office of chairman or treasurer of the committee.
- Prohibited from reporting contributions from contributors of \$50 or less as a lump sum without identifying the amount and contributor of each contribution. An exception is made in the case of payroll deduction contributions from contributors of \$50 or less, provided the PAC's report includes: (1) a lump sum contribution of the total amount received by the political committee, (2) the number of individuals making the contributions, and (3) the average amount of the contributions received.

Doing Public Business with the State:

Individuals and entities currently required to file bi-annual campaign finance reports because they contribute over \$500 to a candidate and "do public business with the State," will be subject to new reporting criteria. Under current law, if an individual or entity has a contract (or multiple contracts) with the State or a local government involving cumulative compensation of \$100,000 or more (all contracts included) *and* has made a contribution during the reporting period to a candidate in excess of \$500, they must file a bi-annual campaign finance report. In 2015, the threshold for public business will be \$200,000 for a *single* contract within a *single* governmental entity. The contribution and contract must be at the same level: State contracts will require reporting of contributions to State officials only; local government contracts will require reporting of contributions to local government officials only.

If you are unsure whether you are subject to the State's campaign finance contribution disclosure laws, be sure to contact the State Board of Elections at (410) 269-2840.

"Individual" is broadly defined to include corporations under Maryland law. The existing \$6,000 transfer limit for Political Action Committees will remain unchanged.

Md. Election Law Code Ann. § 13-226(b) (amendment effective January 1, 2015).

Id. § 13-226(e) (amendment effective January 1, 2015).

Id.

Id.

Md. Election Law Code Ann. § 13-207(d)(3) (amendment effective January 1, 2015).

Id. § 13-304(c)(5) (amendment effective January 1, 2015).

Medical Marijuana: A Closer Look

Plan to attend "Medical Marijuana: A Closer Look," on **Saturday, March 14**, beginning at 8:30 AM. Speakers will address a number of topics, including (1) Colorado's experience; (2) the FDA's role; (3) pharmacokinetics and pharmacodynamics; (4) a review of clinical studies; and (5) an update on Maryland's law. Staffed exhibits will further enlighten attendees. To register, use the form [HERE](#), call 410-625-0022, or email info@bcmsdocs.org.

From [January 20 MedChi News](#)

Official APA Positions Related to Marijuana

[APA Position - Marijuana as Medicine](#)

[APA Position - Use of Medical Marijuana for Posttraumatic Stress Disorder](#)

[APA Position - Need to Monitor and Assess the Public Health and Safety Consequences of Legalizing Marijuana](#)

Congratulations!

Congratulations to **Rudolf Hoehn-Saric M.D.** and **Carl Segal, M.D.** on becoming **50 year members** of the APA!

Congratulations also to the MPS members below for achieving life status this year:

Glenn Brynes M.D.
 Effie Davenport M.D.
 Eduardo de la Cruz MD
 Samuel Goldberg M.D.
 Jonathan Holt M.D.
 Paramjit Joshi MD
 Jill Joyce MD
 Anthony Lehman MD
 Robert Littman M.D.
 David McDuff MD
 Mercedes Rizo M.D.
 Donn Teubner-Rhodes M.D.

Employer Guide for Compliance with the Parity Act

The Partnership for Workplace Mental Health has released an updated version of its [Employer Guide for Compliance with the Mental Health Parity and Addiction Equity Act](#). The law and its implementing regulations are very complex. The guide is designed to help employers assure compliance with the law by their health plan vendors. This knowledge is particularly important because employers are liable for noncompliance and subject to potentially significant penalties – as high as \$100 per member per day of noncompliance. The guide also addresses the new regulations under the Affordable Care Act relating to mental health parity, including disclosing plan information and providing for internal review and external appeals.

Patients Should Know Their Parity Rights

The APA has created a poster explaining the 10 key elements of the mental health parity law and the steps to take when a violation is suspected. The poster appeared in the December 5 issue of *Psychiatric News* and can be downloaded [HERE](#).

In the blanks in the box following state insurance commissioner, please cross out "Commissioner" and enter Adrienne Ellis in the blank. Write 443-901-1550 x206 in the blank for phone. Under that, write Maryland Parity Project (www.marylandparity.org). Display the poster in your waiting room or office, share it with community leaders and employers, or provide handouts to patients.

Comply With Meaningful Use, HIPAA Conduct Risk Analysis Now

The deadline to submit 2014 data for the meaningful use electronic health record (EHR) incentive program is **February 28**. Meet a core measure of the program and stay in compliance with the Health Insurance Portability and Accountability Act (HIPAA) by conducting or reviewing a security risk analysis before you attest. Click [here](#) for more details.

Your risk analysis should be tailored to your practice's size, complexity and capabilities, taking cost and risk into consideration. The AMA offers resources to help you comply with the HIPAA requirements, including a [HIPAA privacy and security toolkit](#) (log in) and an [online CME activity](#). Additional information are available on the AMA's [HIPAA Web page](#).

In addition, small- to medium-sized practices can use HHS security resources to become HIPAA-compliant. Find a list of resources on the AMA's [security standards and risk analysis Web page](#).

From [January 9 AMA Wire post](#)

A CMS fact sheet, "[Medical Privacy of Protected Health Information](#)" covers the HIPAA Privacy Rule and how it applies to common health care situations. There are several links for more details.

Federal Advocacy

The APA unfortunately had to cancel the federal Advocacy Leadership Conference planned for March 9-11, 2015 in Washington, DC. The primary reason is that the **week of March 9** is a recess week, and the APA was unable to change the conference dates. During a recess, Members of Congress will not be in town and many senior staff will be out of the office.

Instead of the conference, the APA is focusing on supporting members in meetings with Members of Congress that take place in their **local District Offices** during the recess week of March 9. Meetings with Member of Congress in their hometown offices are often far more impactful than a Hill visit, and there tend to be many opportunities for local follow-up contacts with the Members and their District Office staff. The APA and MPS will set up meetings, and assist in preparing you and providing materials for these meetings if you'd like. Please contact [Kery Hummel](#) if you have questions or would like additional information.

APA Information

December APA Board of Trustees Highlights

Practice Guidelines: The Board approved the Practice Guidelines for Psychiatric Evaluation of Adults, which were passed by the APA Assembly at its November 2014 meeting. [No link is available yet.]

Work Group on Strategic Planning: The Board received preliminary results of a strategic planning survey to which over 2,200 psychiatrists responded. Responses are being analyzed to provide guidance as the APA seeks to identify three to five major areas where it must focus in the next five years and beyond. Recommendations will be considered at the March 2015 BOT meeting.

Mental Healthcare Reform Legislation: The Board expressed support for Representatives Tim Murphy (R-Pa.) and Eddie Bernice Johnson (D-Tex.) in their efforts to achieve bipartisan comprehensive mental health reform, and gave guidance to APA staff regarding authorized advocacy activities.

2015 Medicare Physician Fee Schedule:

- Family therapy (90846 and 90847), psychoanalysis (90845) and prolonged evaluation and management services (99354 and 99355) are now eligible for telehealth payment.
- In 2015 CMS will pay CPT code 99490 at \$40.60 per month for 20 minutes or more of non-face to face chronic care coordination services performed by clinical staff (or the physician) for the patient's benefit. Payment will be made to one physician (the first to have met the 20 minute threshold and bill the service) per patient per month, and the patient must give written consent for the services.
- Physicians taking Medicare who do not meet the various reporting requirements of the Physician Quality Reporting System (PQRS), the Electronic Health Record (EHR) Incentive Program (also referred to as Meaningful Use, and the Value Based Modifier (VM), will be assessed penalties in 2017 based on 2015 reporting.

BOT Work Group on Education and Training: In August 2014, APA President Paul Summergrad, M.D. appointed a new Ad Hoc Work Group on Education and Training with members from a wide variety of psychiatric education and training leadership, as well as representatives from major education associations. It will make recommendations regarding overarching changes in psychiatric education and training. Specifically, it will review graduate medical education funding and other funding sources, curricula changes (related to areas such as neuroscience), changed models of training for residents that are aligned with changes in health care delivery (i.e., integrated care and payment models), and research pipeline. Other issues to consider include opportunities and challenges in residency, medical student education, proposals for reduced length of training, and the needs of subspecialties.

Council on Communications Recommendation on Branding and Budget: Noting many competing marks, fonts, and colors in APA's current approach to branding, the BOT unanimously supported a rebranding initiative that will help the APA and related entities move forward in conveying a consistent look and message, and demonstrating clear value.

2015 Budget: The Board passed the 2015 budget for both the APA and American Psychiatric Foundation. The APA operating budget was approved at \$53 million and the capital budget at \$852,000. The APA approved a 4% spending policy, which will allow it to use a portion of its investment earnings to fund operations.

Membership: The Board accepted an APA Membership Committee recommendation that is expected to remove barriers that discourage members from rejoining. These changes will be promoted in 2015 and effective during the 2016 renewal cycle. [See related article on [page 9](#)] As of December 2014, APA membership had increased 4.9% since the same time last year.

Work Group on Real Estate/APA Headquarters: The APA headquarters lease expires in December 2017. The Board reviewed a comprehensive analysis of purchasing and leasing options, and considered factors such as geographic location, proximity to government for advocacy purposes, and outlook of real estate markets, including rental markets. Based on those considerations, the Board voted to purchase a property in Washington, D.C. Consultants will identify properties that meet APA office space needs and present them at the March 2015 BOT meeting.

American Psychiatric Foundation: Dr. Levin announced two new public board members, and noted that APF has an opportunity to diversify the expertise on its board and to shift the APF focus to resource acquisition. Paul Burke, Executive Director of APF, informed the APA BOT that APF will convene a meeting of judges, psychiatrists and researchers for reducing recidivism and promoting recovery as the next step in Judges' Leadership Initiative on February 18.

New Employees: The APA continues to add new employees. The most recent hires are Rodger Currie, Chief of Government Affairs; Ranna Parekh, MD, MPH, Director of Diversity and Health Equity; Glenn O'Neal, Director of Corporate Communications and Public Affairs; Caterina Luppi, PhD, Chief Information Officer; Jane Chittick, CFRE, APF Director of Development; and Steve Wolk, Interim Chief Financial Officer.

*Brian Crowley, MD, DLFAPA
Area 3 Trustee*

APA Information

New APA Dues Policies

At its December 2014 meeting, the APA Board of Trustees approved the recommendations of the Membership Committee to change several of its dues policies. The changes will impact ALL dues paying APA/MPS members effective with the APA's 2016 calendar year dues. Changes are summarized below:

The new payment deadline for membership dues will be March 31, effective for 2016 APA dues. Members who do not either pay dues in full or schedule a payment plan by the deadline will be dropped with an effective date of March 31. (The first APA dues renewal notices are sent in early October, three months before the start of the dues year, so members will have six months to pay dues before the new March 31 drop date.) The current administrative reinstatement period of six months, which allows lapsed members to quickly reinstate from April through September simply by paying the dues owed, will continue. Thereafter, in order to rejoin, lapsed members would need to complete an application and the usual approval process, as well as pay dues.

The first quarter of the dues year (January-March; APA dues are on a calendar year) will be a grace period and dropped members will not have any APA dues obligation to reinstate, unless they reinstate during the administrative reinstatement period, during which the full dues year payment is required (April-September). After the administrative reinstatement period (October 1), payment of future dues only will be required.

New and reinstating members will be required to pay dues in advance, prior to enrollment.

The APA dues amnesty program will be extended to former members who belonged to any of the six district branches that do not offer amnesty and therefore had not been eligible for APA dues amnesty. Additionally, former members from the six district branches that do not offer amnesty will be eligible to reinstate into a different district branch even if dues are considered outstanding by the former district branch.

MPS dues will continue on a July 1 – June 30 fiscal year. MPS dues drop policies will change in response to the APA changes. The main thing to remember is that **MPS dues payments will also be required no later than March 31, beginning with the FY16 dues year.** Dues notices will be mailed in June 2015; stay tuned for more details.

Important APA Assembly Dates

March 21 - Area 3 Council Meeting

March 26 - Action Paper Deadline

May 15-17 - Assembly Meeting, Toronto

MPS members with ideas for [Action Papers](#), e.g. APA advocacy around a problem impacting your practice, should contact one of the Assembly Representatives to discuss it, ideally before the Area 3 Council meeting. Representatives are [Steve Daviss](#) and [Bob Roca](#).

APA Advocacy Training

On January 20, Ms. Pamela Thorburn, the APA Department of Government Relations' Grassroots Manager presented "*Advocacy Training: Hot-topic Issues Affecting the Practice of Psychiatry at the State and Federal Level*" to an audience of MPS members. She explained the importance of communicating psychiatry's position to legislators on both the state and federal levels, as there are others who disagree and they may be constantly communicating with officials.

Hot topics at the federal level are:

- Comprehensive Mental Health Reform;
- Clay Hunt Suicide Prevention for American Veterans Act H.R. 203/S.167;
- Sustainable Growth Rate Repeal-SGR; and
- Mental Health Parity Implementation and Enforcement.

Bills are currently being introduced in the 2015 Maryland General Assembly. [See [page 4](#) for a preview.] Ms. Thorburn also discussed new legislation in Illinois regarding psychologist prescribing, which implements very stringent requirements for a psychologist to obtain prescribing privileges. She said that the APA stands ready to assist the MPS with advocacy efforts. The MPS lobbyist, Philip Cronin of Harris Jones & Malone, explained the lobbyist's role. He also emphasized the Advocacy Days for MPS and SMPS members to attend in Annapolis and meet both Senate and House leadership. [See [page 2](#).] Ms. Thorburn observed that Maryland appears to be cognizant of advocacy's importance.

New MOC Webinars

Two new presentations from ABPN and APA explain Maintenance of Certification (MOC) program requirements and describe MOC products developed by the APA. Visit the [ABPN website](#) for these educational webinars. It may take a few minutes to download the video.

Medicare News

2015 Medicare Fee Schedule

The [updated 2015 Medicare Physician Fee Schedule](#) (MPFS) was posted to the Novitas website on January 16. The [Fee Search & Download Tool](#) is a quick way to download the files or search by a single code. The final rule was published in the Federal Register November 13, 2014; however, CMS had to correct technical errors in the original 2015 MPFS and update the conversion factor for services on or after January 1, and on or before March 31, 2015. **Unless Congress takes action to address the SGR, a new conversion factor will be required for service dates on or after April 1.**

Opting Out of Medicare

On January 14, CMS revised its MLN Matters [publication SE1311](#), which covers requirements for opting out of Medicare and orders by opt-out providers. Specifically, the changes add clarifying language on the opt-out process and requirements.

The [APA website](#) includes more considerations for psychiatrists who may want to opt out of Medicare.

Participating Provider versus Non-Participating Provider

On December 30, Novitas revised its [webpage](#) explaining what physicians need to know based on their Medicare participation status.

Medicare Telehealth Services

Effective January 1, [CMS added the following services](#) to those that can be furnished to Medicare beneficiaries under the telehealth benefit:

- Annual wellness visits,
- Psychoanalysis,
- Psychotherapy, and
- Prolonged evaluation and management services.

For the complete list of telehealth services, visit the [CMS website](#).

For 2015, the [telehealth originating site facility fee](#) (HCPCS code Q3014) is 80% of the lesser of the actual charge, or \$24.83.

CMS Updates Open Payments Data

On December 19, CMS added approximately 68,000 payment records—valued at more than \$200 million—to the [Open Payments](#) dataset. These additional records were not published with September's initial release either because they were in dispute or because they were inadvertently excluded. With this new data, Open Payments now reports information on \$3.7 billion in payments and transfers of value made to up to 546,000 individual physicians and up to 1,360 teaching hospitals in the last five months of 2013. However, [Propublica](#) reports that efforts to understand the complex web of cash flows have been impeded by errors and inconsistent reporting styles. CMS plans to update Open Payments data at least once each year after its initial publication to reflect updates to data disputes and other data corrections.

CMS will publish 2014 data by June 30, 2015. In addition, it plans to publish the missing identification of the de-identified data from 2013. Due to ongoing actions by applicable manufacturers and GPOs, such as deletions, additions, and corrections within Open Payments, the data are subject to change. View the [APA Open Payments page](#) for tips on registering and reviewing your data.

Open Payments: Changes for CME Speakers

The Open Payments [rules for CME speakers will change](#) effective with payments made in 2016. If a manufacturer provides an unrestricted payment to an accredited continuing education organization for a CME event and it can determine the physician speaker(s) that are selected by the organization for the event, it must report the data to the Open Payments database. This applies even if the manufacturer does not pay the speaker directly, does not select the speaker or does not provide the continuing education organization with a list of individuals to be considered as speakers for the event.

2013 Quality Measures Posted on Physician Compare Website

In December, CMS posted the 2013 Physician Quality Reporting System (PQRS) measures for 139 group practices, and 214 Shared Savings Program ACOs and 23 Pioneer ACOs. The specific measures being reported are listed in the [fact sheet](#). CMS plans to significantly expand the number of quality measures available for public reporting on Physician Compare. In late 2015, CMS will post quality measures for groups of all sizes and a subset of quality measures for individual physicians. For more information, please visit the [Physician Care Initiative](#) website.

CLASSIFIED**EMPLOYMENT OPPORTUNITIES**

The Johns Hopkins Hospital Community Psychiatry Program is recruiting a board eligible/board certified adult psychiatrist to work full-time in their outpatient program. The program uses a multidisciplinary approach to provide care to those with a wide range of psychiatric disorders. Applicants may be eligible for the Maryland State Loan Repayment Scheme (SLRP). For more details please contact Dr. Bernadette Cullen, Director, Community Psychiatry Program at 410-955-5748 or email: bcullen@jhmi.edu.

UMMC Midtown is looking for a Psychiatry Chair to head up its psychiatry service line. This opportunity is an excellent career move for an experienced administrator who still enjoys a clinical component. This position offers a competitive salary and benefits package. For more information contact Jill Albach at jillalbach@umm.edu or visit our website www.ummsphysician.jobs

LifeBridge Health, Department of Psychiatry, is seeking psychiatric nurse practitioners and adult psychiatrists for exciting opportunities in our comprehensive system of care, with treatment settings at Sinai Hospital of Baltimore and Northwest Hospital in Randallstown. F/T openings to join group practice. Outpatient Psychiatrist will deliver services at Sinai Hospital. Inpatient Psychiatrist will deliver and manage treatment services provided to hospitalized psychiatric inpatients using a multidisciplinary team model. Psychiatrist will also provide general hospital and emergency room consultation/liaison services with support of midlevel psychiatric practitioners (advanced practice nurses and licensed social workers). Position offers highly competitive compensation and an exceptional benefits package. Email interest to: psychiatry@lifebridgehealth.org and for telephone inquiries call: (410) 601-5461.

Springfield Hospital Center is seeking Board-certified or Board-eligible general psychiatrists for our 230-bed MHA adult inpatient facility. Salary is negotiable, within MHA guidelines. Our rural, tobacco-free campus is 22 miles west of Baltimore, convenient to the Chesapeake Bay, Washington, and a variety of cultural, historic, sports, and recreational venues. Benefits include 27 paid days off in the first year, subsidized health insurance, free parking, a generous retirement program, and a truly pleasant workplace. A Medical Services physician is always on campus to attend to patients' somatic needs. Staff psychiatrists are not expected to work after hours, but some choose to supplement their salary by providing evening and weekend/holiday coverage under contract. In addition, we offer after-hours coverage contracts to psychiatrists who are not full-time staff members. Please send CV to Kim Bright, M.D. Clinical Director, 6655 Sykesville Road, Sykesville, MD 21784. For questions, call (410)970-7006 or e-mail kim.bright@maryland.gov. EOE

FULL TIME OR PART TIME CHILD PSYCHIATRIST - The outpatient psychiatric clinic at Franklin Square Medical center is expanding. We currently have 11 psychiatrists and 16 psychotherapists. We are looking for a part time child psychiatrist, or a fulltime child psychiatrist who is also comfortable seeing adults. Psychiatrists will have 75 minutes for evaluations and 25 minutes for medication management. We offer flexible hours, CME reimbursement, 6 weeks paid time off, 403B match, medical benefits, and paid malpractice ins. The atmosphere is collegial, and most of our staff has been here for years. Please fax CV to Stephen Pasko, Director at 443.777.2060 or call 443-777-7925 for details.

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 wanted for behavioral health Organization in Baltimore. Adult population served. Clinical responsibilities include evaluations and psychopharmacology management. Buprenorphine services offered by the clinic, but not a necessary requirement for hire. Full or Part-time employment. Send CV to: University Psychological Center, Inc. Attn: Clark J. Hudak, Jr., Ph.D. Requirements: Active individual Malpractice insurance (1-3 million) and Valid License, DEA, CDS.

Community Child and Adolescent Psychiatrist - The University of Maryland School of Medicine

Department of Psychiatry, Division of Community Psychiatry is seeking a full time Child and Adolescent Psychiatrist to join our Child and Adolescent Team. Part time may be an option if desired. The position includes direct care, teaching psychiatric residents and medical students and leading the interdisciplinary team. The program provides a full range of mental health services to individuals ranging from 6 years and up. Candidates must hold an MD and be board eligible. Academic rank and salary is commensurate with experience. Send a letter of introduction and CV to: Jill RachBeisel, M.D., Associate Professor, Division Director of Community Psychiatry, 110 S. Poca Street, Baltimore, MD. 21201 or e-mail jrachbei@psych.umaryland.edu. The University of Maryland, Baltimore is an equal Opportunity/Affirmative Action Employer. Minorities, women, individuals with disabilities, and protected veterans are encouraged to apply.

CLASSIFIEDS-CONT.**EMPLOYMENT OPPORTUNITIES**

The **Center for Eating Disorders** has the following available positions:

Inpatient/Partial Hospitalization Attending Psychiatrist will lead 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. MD license required.

Outpatient/IOP Attending—Services to be provided will include Evaluations, Level of Care Assessments, and Pharmacological Management. Opportunity to provide Individual, Group and Family Therapy. One position includes leading a multidisciplinary treatment team for an Intensive Outpatient Program. MD license required.

Eating Disorder Fellowship In partnership with University of Maryland, the Center for Eating Disorders is offering one-year fellowships starting July 1, 2015 on an inpatient/partial hospitalization unit. Training goals include 1. Develop comprehensive understanding of diagnostic criteria, etiology and co morbidity of patients with eating disorders. 2. Develop ability to complete diagnostic assessments on patients with eating disorders. 3. Develop individualized treatment plans providing recommendations for psychopharmacologic, individual, group and family therapy as well as determination of level of care indicated. 4. Develop competency in management of a multidisciplinary treatment team on an Eating Disorder Inpatient/Partial Hospitalization Unit. Opportunity to sign on upon completion of fellowship. The positions are available to start July 1, 2015.

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.

PSYCHIATRIST NEEDED- Full or Part Time. Private practice in Columbia and/or Towson without hassles. Full administrative support. Flexible hours. Plenty of patients. Contact Abdul Malik, M.D. at 410-823-6408 x13 or email to Dmalik.baltimore@gmail.com.

OPTIONS FOR STAYING IN PRIVATE PRACTICE

MedChi and representatives from Privia and N1 Health will discuss challenges faced by physicians in private practice and possible solutions.

FRIDAY, FEBRUARY 20 from 12 to 2 PM at
MEDCHI—1211 CATHEDRAL ST, BALTIMORE,

Lunch is included and there is no charge to attend, but reservations are required and space is limited. *Please RSVP to cjohannesen@medchi.org*

2014 Maryland Behavioral Health Barometer

On January 25, SAMHSA released its Behavioral Health Barometer [publications](#) of data on national and state trends. The [Maryland barometer](#) includes a set of substance use and mental health indicators for both youth and adults. On most measures, Maryland's experience was similar to the national average; however, heavy alcohol use among adults was lower. Data are presented for Maryland patients served in the public mental health system and participation in opioid treatment programs, for example. The link leads to complete details.

The Maryland Psychiatric Society
presents

Women's Mental Health: Trauma, Mood Disorders & Resilience

Saturday April 18, 2015
8:30 am-3:15 pm

The Conference Center at
Sheppard Pratt

5.50 CME/CEU Hours

Registration is
\$125.00 for MPS Members
and **\$190.00 for Non-members.**

Fees are non-refundable.

For more information or to
REGISTER & PAY ONLINE:
<http://womensmentalhealth.eventbrite.com>

2015 MPS Annual Dinner

Join us as we welcome
Brian Zimnitzky, M.D.
as MPS President!

Thursday April 30, 2015
6:00PM at Martin's West



Sheppard Pratt
PHYSICIANS, P.A.

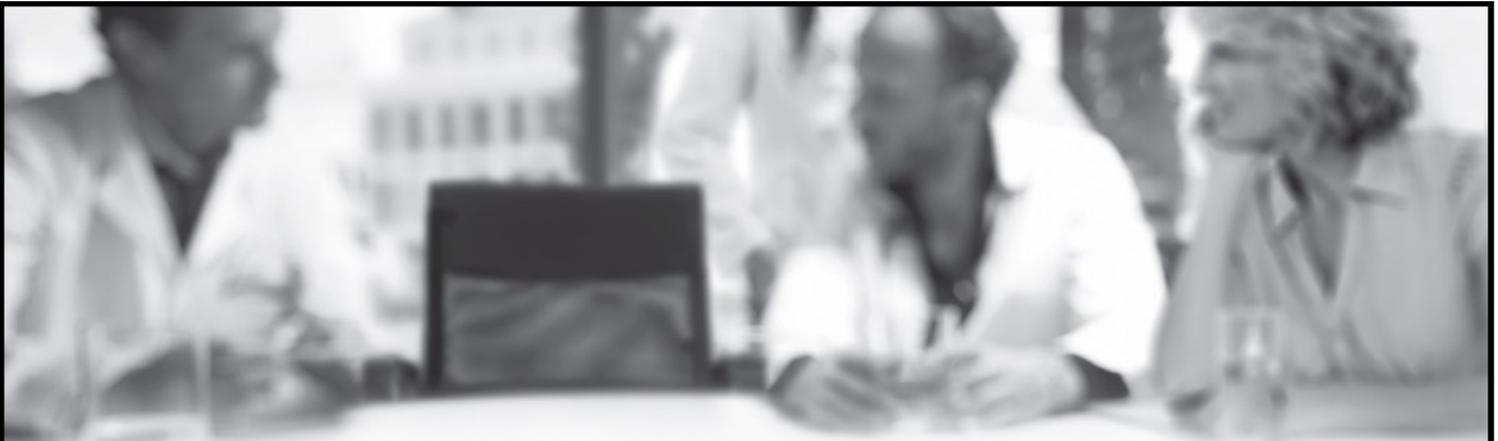
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ADULT PSYCHIATRIST THE RETREAT AT SHEPPARD PRATT Towson, Maryland

The Retreat at Sheppard Pratt is expanding and Sheppard Pratt Physicians, P.A. is recruiting an experienced, board-certified psychiatrist to join their multi-disciplinary treatment team including six psychiatrists. The Retreat is a subacute residential program providing intensive and highly individualized treatment for a variety of patients with mood and anxiety disorders, frequently complicated by personality disorders and substance abuse. The Retreat is located on our main campus in Towson, Maryland approximately 20 minutes north of Baltimore's Inner Harbor. The Retreat provides services to patients who are seeking a privately funded, comprehensive psychiatric evaluation and treatment experience. The average length of stay at the Retreat is 5 weeks with the attending psychiatrists deeply involved in providing individual psychotherapy and group therapy as part of a rich therapeutic program. Many patients stay as long as a year by using our affiliated group home, Ruxton House.

Qualified candidates must have outstanding skills in psychotherapy and psychopharmacology and expertise working with patients with personality, mood and anxiety disorders along with dually diagnosed patients. The psychiatrist must be board certified and possess a current license to practice in Maryland at the time of appointment. Advanced training in psychotherapy or addictions is preferred. Sheppard Pratt offers a generous compensation package and comprehensive benefits and is an equal opportunity employer. The position can be configured as full or part time but requires a minimum of 24 hours per week over no less than four days, plus weekend call every 6 weeks. For more information, please contact Kathleen Hilzendeger at 410-938-3460 or at

khilzendeger@sheppardpratt.org.



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Call to discuss your patient's needs with a certified admissions specialist: 855.356.8891.

Caron.org/psychiatrists/my-seat



¹Caron electronic patient record, 4th quarter of 2013-2014 fiscal year.
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INPATIENT PSYCHIATRISTS

Towson, Maryland

Sheppard Pratt is currently recruiting for psychiatrists to provide inpatient services on several units on our main campus in Towson, Maryland about twenty minutes north of Baltimore's Inner Harbor. Focus areas for these positions include trauma, addictions and child and adolescent services. Based on psychiatrist preference, these positions can be paired with assignments in the Adult Partial Hospital or in Crisis Evaluation Services.

Sheppard Pratt is seeking psychiatrists with an orientation to time effective treatment, sensitivity to managed care referrers and a focus on quality care in a clinical setting with active training programs. Board certification and advanced, specialty training in addictions are highly preferred. Sheppard Pratt offers flexible, competitive compensation and benefit plans and is an equal-opportunity employer.

Please contact Kathleen Hilzendeger, Director of Professional Services, at 410-938-3460 or khilzendeger@sheppardpratt.org.



Sheppard Pratt
PHYSICIANS, P.A.

PART OF THE SHEPPARD PRATT HEALTH SYSTEM

CHILD PSYCHIATRIST RESIDENTIAL TREATMENT CENTER

TOWSON, MARYLAND

Sheppard Pratt is recruiting a Board Eligible or Board Certified Child Psychiatrist with experience in treating the severely mentally ill adolescent within a psychiatric residential treatment facility (PRTF) setting. Responsibilities include participating on a multiple discipline team and providing the assessment and management of adolescents placed in intermediate to long term residential care and special education. The patient population includes individuals with multiple psychiatric disorders including severe mood dysregulation, PTSD, impulse control disorders, conduct and learning disorders, and mild developmental disorders. Additional responsibilities may include the supervision of psychiatry residents and/or fellows.

Qualified candidates must possess a current license to practice in Maryland at the time of appointment. Board Certification is highly desired. Sheppard Pratt offers a generous compensation package and comprehensive benefits and is an equal opportunity employer. For more information, please contact our Director for Professional Services, Kathleen Hilzendeger, at 410 938-3460, email khilzendeger@sheppardpratt.org.

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PRMS supports the interests of psychiatrists first - we will only settle a claim **with your consent***.

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