

# MPS NEWS

Volume 31, Number 8

Editor: Heidi Bunes

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Deadline to submit articles to *MPS News* is the 15th of the month preceding publication. Please email [heidi@mdpsych.org](mailto:heidi@mdpsych.org).

The next MPS Council meeting will be held at 8 PM Tuesday, January 9th in the MPS office

## President's Column

### The Harvey Weinstein Equilibrium

Given the recent flood of reports of sexual harassment by prominent media figures, I feel it is important to address the issue as it pervades all professions, including ours. Nobody will find it surprising that I received unwanted attention while working in the theater, nor that I was let go from an internship at a prominent Off-Broadway company for my "attitude" after complaining about one of the actors. It may surprise some that I did NOT experience harassment while rotating on surgical services in medical school. I was surprised, however - perhaps naively - by the behavior of a number of senior male psychiatrists I encountered during my training and early career. While the offenses may have been more subtle than those we are hearing about in the news, they were no less demeaning and were quite demoralizing. For example, many of my female co-residents were chastised for wearing skirts that fell at or above the knee. There was no similar dress code for the men. Senior clinicians I worked with in training and other settings were overtly flirtatious; at least two were frankly leering. Nothing could be said. Another insisted on mentoring me by taking me to lunch weekly and describing his "gorgeous" young female patients. He also made a joke of introducing me to his peers as his girlfriend. Our relationship ended abruptly with him citing - familiarly - my "attitude" as a problem.

As psychiatrists, we are supposed to adhere to a stricter code of ethics than other specialists vis a vis our patients. We also need to adhere to these standards vis a vis each other. Unfortunately, I don't have great suggestions about where to turn in these instances. Hopefully chief

residents and residency directors are trustworthy sources in training programs. Below are some links to the Johns Hopkins School of Medicine and University of Maryland Medical Center policies and procedures:

[Johns Hopkins University Policy Against Sexual Harassment](#)

[Johns Hopkins School of Medicine Procedures for Dealing with Faculty Professional Misconduct](#)

[University of Maryland Medical Center Sexual Harassment Policy and Procedure for Residents](#)

Broader discussion of this issue is needed for change to occur in future generations.

*Jennifer T. Palmer, M.D.*

## ADVOCACY DAYS

On **Thursday January 25th**, 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](mailto:mfloyd@mdpsych.org).

## 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, 2018. The APA is encouraging applicants to include a DB recommendation, so please [notify the MPS](#) as soon as possible if you intend to apply, or if you would like support from a mentor who may be available through the MPS Diversity Committee. We would like to support members throughout this process. [Click here](#) to learn about the full list of fellowships and start work on your application today!

## Renew Your 2018 Membership Now!

With the continued support of MPS members, we have accomplished a great many goals in 2017. If you haven't already, please pay your 2018 dues now, and help us continue this important work in the coming year. As a reminder, the deadline is **December 31, 2017**. Please email [mflloyd@mdpsych.org](mailto:mflloyd@mdpsych.org) with any questions.

## MPS Diversity Committee Update

The Diversity Committee has highlighted the special mental health needs of immigrants and refugees. It is distributing the following information as a resource for patients that members may encounter.

In response to the President's executive order, "Enhancing Public Safety in the Interior of the United States," and a series of raids in the Baltimore region by federal Immigration and Customs Enforcement (ICE) officials, Open Society Institute-Baltimore launched Safe City Baltimore: An Immigrant Education and Defense Fund. Please [click here](#) for more details.

The [Office of Minority Health and Health Disparities](#) addresses the social determinants of health and works to eliminate health disparities in our state. The Office offers reports on health equity in Maryland, as well as resources for cultural and linguistic competency and health literacy on its website.

## MPS Members Out & About

On November 4, **Ikwunga Wonodi, M.D.** was honored with the 2017 African Community Service Award, which recognizes those involved in community service that positively impacts Africans.

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

## 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.*

Hina Aamir, MBBS  
Raina Aggarwal, M.D.  
Devin F. Gibbs, M.D.  
Carol Ka-Lap Chan, MBCh

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*Transfers into Maryland*

Jeongwon Shin, MBBS

## 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.	Louis Cohen, M.D.
Jill Joyce, M.D.	Thomas Krajewski, M.D.
Daniel Storch, M.D.	

## November 14 Council Highlights

Prior to the official meeting, Chesapeake Regional Information System for our Patients (CRISP) representatives explained that they have a new focus on engaging ambulatory care providers in their system, which offers useful information to participants. In addition to the PDMP which gives information on prescriptions, the clinical query portal allows access to patient data such as labs, radiology, consults, etc. An encounter notification service sends alerts when patients are admitted or discharged. The Consent2Share program allows patients to determine the health information to be released and the providers who can access it. For more information or assistance, email [sheena.patel@crisphealth.org](mailto:sheena.patel@crisphealth.org) or visit [www.crisphealth.org](http://www.crisphealth.org). [See article on [page 4](#).]

Executive Committee Report

Dr. Palmer reported on several MPS efforts since the September Council meeting:

- Discussed problems with forensic beds and public sector capacity at the meeting with the Behavioral Health Administration.
- Began to look at the evolution of Maryland's All-Payer system, which will evolve to include physicians. An MPS task force is being formed, and a very helpful meeting with MedChi CEO Gene Ransom was held in October. He has offered to do a presentation on this topic for MPS members.
- Started exploring ideas for more inclusive events open to all members in 2018 rather than holding the annual leadership event.
- Contracted with Harris Jones Malone for another year; however, the MPS will pay the full amount, not half as when there was a joint contract with SMPS. Due to the unfortunate split, MPS and SMPS will have two separate legislative committees for the 2018 session.
- Nominated the book Committed by Dinah Miller, M.D. and Annette Hanson, M.D. for APA's Carol Davis Ethics Award.

Executive Director's Report

Ms. Bunes reported on the following items:

- In October, the MPS billed 2018 dues to about 235 Affiliates and members with life status. Less than 70 have not yet paid. The APA billed all other 2018 MPS dues and, so far, the MPS has only received \$8K from the APA. The APA continues to work on its member database transition.
- Ms. Bunes attended the DB execs training in DC, which focused on governance and strategic planning. Great ideas were shared among the staff. She had a private lunch meeting with Joanne Dunne of WPS.
- She reported on two proposed changes to the MPS Constitution and Bylaws. Dr. Roca explained his APA role in identifying possible revisions. Ms. Bunes and Dr. Palmer reviewed the revisions that went beyond basic "housekeeping" and identified two that could be worth con-

sidering. The first adds advancement and transfer details to the section describing membership. (These procedures are being followed, but the addition would create a more complete description.) The second change adds a voting seat on MPS Council for the Alternate MedChi Delegate. Currently only the Delegate has a voting seat. Concern was expressed about the impact that expanding the Council could have on reaching a quorum. The proposal will be revisited at the January meeting.

Secretary/Treasurer's Report

Dr. McGuire reported that the financial statements cover the first nine months of the new calendar year.

- The Statement of Financial Position shows total assets are \$318K, down from earlier quarters. The emergency reserve fund balance is \$42K more than the minimum level per the MPS investment policy. Net book value of property and equipment is \$40K. Liabilities of \$67K include \$50K of deferred membership dues and \$10K of prepaid dues. Net assets of \$252K include \$4K of net assets that are temporarily restricted for legal advocacy.
- The Statement of Activities vs. Budget shows membership dues are \$11K higher than budget to date. Total advertising income remains \$5K below budget. Because the spring symposium was not held, the meeting income category is below budget. Mailing list rental income is twice budget. These categories combine for total income of \$239K, which is \$1K more than budget to date. On the expense side, we are \$11K under budget overall with a total of \$250K. The actual \$11K loss is about half of the budgeted loss to date.
- The Statement of Cash Flows indicates a \$47K decrease in cash since January 1.

Dr. McGuire then reviewed the \$28,500 proposed capital budget for 2018, which Council approved. \$16K will fund a new computer network, and \$5K will allow for enhancements to the MPS member management database. A new laptop computer is proposed for use by staff at off-site meetings for a total cost of \$2500. The \$5K reserve is for other, Executive Committee-approved capital expenditures that may be required before 2019.

Payer Relations Committee Report

Dr. Gaffney noted that the MPS submitted [comments](#) last month to the Maryland Insurance Administration on draft proposed regulations for Denials of Coverage Based on Medical Necessity, requesting that the definition of dangerousness be consistent with the ones used for involuntary treatment.

Nominations & Elections Committee Report

Dr. Waddington chaired the committee, which met on October 23. Council voted to approve the slate of members who agreed to be nominated to run on the 2018 ballot: [See [page 4](#).]

(Continued on next page)

MedChi Delegate's Report

Dr. Roca reported on the [September 23 House of Delegates meeting](#) where 30 Resolutions were considered. Those for [expansion of opioid treatment centers](#) and for prophylactic [needle exchange](#) to limit HIV exposure were of most interest to Psychiatry. The 2018 MedChi legislative agenda will include focus on scope of practice and appropriate use of "extenders," Medicaid, physician rights, medical liability reform and health disparities. MedChi is also advocating around unfair drug pricing. Gary Pushkin, M.D. is now President.

APA Assembly Representatives' Report

Drs. Hanson, Shaya & Zimnitzky attended the November Assembly meetings in DC. Please see [page 9](#) for their report.

## Slate For 2018 MPS Election

The following nominees were approved unanimously at the November 14 Council meeting. These members will appear on the ballot for the 2018 MPS election:

**President-Elect** - Marsden McGuire, M.D.

**Secretary-Treasurer** - Mark Ehrenreich, M.D.

**Councilors** - Five vacancies

Jason H. Addison, M.D.	Ronald F. Means, M.D.
Theodora G. Balis, M.D.	Paul Nestadt, M.D.
Jill Joyce, M.D.	Erik Roskes, M.D.
Margo D. Lauterbach, M.D.	Christopher M. Wilk, M.D.

**Resident-Fellow Member Councilor** -  
Keith E. Gallagher, M.D.

**APA Assembly Representative** - Elias K. Shaya, M.D.

**MedChi Delegate** - Robert P. Roca, M.D.

**Alternate MedChi Delegate** - Elias K. Shaya, M.D.

**Nominations and Elections Committee** – two vacancies

Scott T. Aaronson, M.D.
Andrew F. Angelino, M.D.
Jennifer T. Palmer, M.D.
Jennifer L. Payne, M.D.

**Holiday Office Hours**

The office will be closed **December 25th - January 1st.**

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

Happy Holidays!

## Maryland News

## CRISP Services

The Chesapeake Regional Information System for our Patients (CRISP) is making a special effort to engage more ambulatory mental health and substance use disorder (SUD) treatment providers in their system. Sheena Patel, M.D., Adrienne Ellis and Unique Moore attended the November 14 Council meeting to explain the health information exchange's useful services.

The best known CRISP offering is the [Prescription Drug Monitoring Program](#) (PDMP). **Beginning July 1, 2018 prescribers will be required to check the PDMP** when prescribing a controlled substance, which can help identify patients at risk of substance use disorder.

In addition, access to lab data, such as creatinine, thyroid tests, cholesterol, drug levels, and EKGs, is a service available through the CRISP [clinical query portal](#). Patients can choose to opt-out of either sharing data from their doctor's office or hospitals. Click for the [opt-out form](#) and [patient information](#).

Another is the [CRISP Encounter Notification Service](#), which alerts physicians when their patients access hospital services. Patient panels can be uploaded and updated through a connection with your EHR. Hospital alerts also come from Northern Virginia and Delaware, in addition to Maryland hospitals.

EHR integration and financial support is available to practices. [Click here](#) for more details about CRISP services.

## Check The PDMP!

There can be significant consequences for CDS prescribers who do not check the Prescription Drug Monitoring Program (PDMP) available through [CRISP](#). Donna Vanderpool, MBA, JD, Vice President of Risk Management at PRMS has written a risk management piece that addresses the importance of this practice. Her [article](#) is particularly valuable in light of the coming July 1, 2018 requirement for Maryland prescribers to check a patient's PDMP data before prescribing CDS, and to document it in the medical record.

[According to the Maryland Department of Health, as of November 1, 20% of physician prescribers of CDS have yet to register with PDMP, as was required as of July 2017. The Department is planning to begin rejecting CDS renewals for non-registered prescribers. PDMP sanctions to be developed will be issued through the licensing boards.]

See [page 6](#) for a training video on how to use the PDMP.

## Maryland News

### HEAU Saves \$3.7 Million for Patients

Maryland Attorney General Frosh [announced](#) that the Health Education Advocacy Unit, within the Consumer Protection Division, closed 2,487 cases in Fiscal Year 2017, assisting patients in saving or recovering nearly \$3.7 million. This news comes from one of three sets of data included in the comprehensive [Annual Report on the Health Insurance Carrier Appeals and Grievances Process](#) that was submitted to the Governor and General Assembly.

#### HEAU Data

The [Health Education Advocacy Unit \(HEAU\)](#) closed 1,145 appeals and grievances cases from July 1, 2016 to June 30, 2017, and mediated 867 of those cases. The mediation efforts resulted in the carrier's overturning or modifying 51% of their denials. "While this number reflects positive results for consumers who reach out to the HEAU, it suggests that carriers are inappropriately denying claims, causing significant financial and emotional burden for consumers." 4% of those cases were identified as mental health related cases and the success rate in mental health cases was 59%. The appendices include HEAU appeals and grievances data by carrier (including state-regulated vs. non-regulated coverage) and the outcome, as well as global data and data by denial type and by service type. HEAU does not assist with Medicare or Medicaid complaints, but can help with nearly all commercially insured plans.

#### Carrier Data

Carrier-reported data indicate there were 67,100 adverse decisions in FY 2017, an increase of 12,378 over the previous year. 6,012 grievances were filed, of which 54% were overturned or modified by the carrier after the consumer filed the grievance. Only about 2% of grievances involved mental health or substance abuse, and of those only 25% were overturned or modified. The appendices include data by carrier on adverse decisions, grievances filed and the outcome, as well as global data, data by service type and some historical comparisons.

#### MIA Data

The report states that the Maryland Insurance Administration (MIA) investigated 365 grievances filed from July 1, 2016 to June 30, 2017, resulting in 68% of the denials being overturned or modified. During the course of the investigation, the carriers reversed themselves 53% of the time and the MIA overturned or modified 15% of them. Of those cases, 21 involved mental health or substance abuse, which were modified by the MIA 3 times and reversed by the carrier 10 times. [MIA's jurisdiction is limited to state-regulated plans - see next column for more info.] The appendices include MIA data by carrier on grievances filed and the outcome, as well as global data and data by service type.

### Take Action on Coverage Denials

**Patients and psychiatrists are encouraged to take advantage of the opportunity to file complaints if a carrier denies coverage and peer-to-peer fails, or if the peer-to-peer resolution is not satisfactory. HEAU can assist with filing an appeal through the carrier's internal process, or with filing a complaint with the MIA or other external reviewer. If it is an emergency and care has not been provided yet, a complaint can be filed without first going through the carrier's process.**

•**For the HEAU**, please refer to the [patient information sheet](#), review the [provider filing information](#), and [click here](#) to choose an HEAU online complaint form. For assistance by phone, call toll free 877-261-8807 or email [heau@oag.state.md.us](mailto:heau@oag.state.md.us).

•**For the MIA**, find out what to do if a carrier [denies an emergency inpatient admission](#); review how the MIA assists with [denials involving opioid use disorder](#); and read the MIA consumer [guide to mental health and substance use coverage](#). The guide addresses steps to take in the [appeals and grievance](#) process. For assistance by phone, call toll free 800-492-6116.

### MIA Jurisdiction

The Maryland Insurance Administration (MIA) has [authority](#) to regulate (i.e. license, review rates and policies, review financial statements, investigate complaints, conduct examinations and issue orders/penalties) all insurance companies, producers, and HMOs licensed to conduct business in Maryland. Maryland law generally does not apply to insurance contracts (or policies) issued in other states. For example, if a policy was issued in Virginia, then Virginia law applies to the coverage. In these instances, to contact the regulator in the applicable state for assistance - see [map of states and jurisdictions](#).

In addition, self-funded employer plans fall outside MIA's jurisdiction. Self-funded plans are those where the employer pays medical expenses, rather than contracting with a health plan to do so. The U.S. Department of Labor [Employee Benefits Security Administration](#) regulates self-funded plans and has the authority to investigate and resolve complaints.

Also, the MIA does not have jurisdiction over federal programs such as the [Federal Employee Health Benefit Program \(FEHBP\)](#), [Medicare](#), [Medicaid](#), [Workers Compensation](#) and [Social Security](#).

## Maryland News

### Summary of Maryland Grievance Law

In 1998, the General Assembly enacted the Appeals and Grievances Law to provide a process for patients to appeal their health insurance carriers' medical necessity "adverse decisions." The law includes guidelines that carriers must follow in notifying patients of denials, establishing appeals and grievances processes, and notifying members of grievance decisions.

In 2000, the legislature expanded the grievances process to include the right to appeal contractual "coverage decisions." As a result, patients in Maryland who have coverage from a State-regulated plan can challenge any decision by a carrier that results in the total or partial denial of a covered health care service.

In 2011, the definition of "coverage decisions" was expanded to include a carrier's decision that someone is ineligible for coverage or that results in the rescission of an individual's coverage. As a result, since July 1, 2011, patients have been able to challenge any decision by a carrier that results in the total or partial denial of a covered health care service, the denial of eligibility for coverage, or the rescission of coverage. As amended, Maryland law established two similar processes for patients to dispute carrier determinations, one for carriers' denials that proposed or delivered health care services are not or were not medically necessary ("adverse decisions") and another for carriers' determinations that result in the contractual exclusion of a health care service ("coverage decisions").

Maryland law requires the Maryland Insurance Administration to make a final decision on medical necessity complaints within 45 calendar days of receipt of the written complaint. However, the MIA can extend cases for an additional 30 working days if information requested by the MIA has not been received. For emergency or compelling cases, the MIA will conduct an expedited external review, completing the above process within 24 hours of receipt of the complaint. The MIA hotline number (800-492-6116) is available 24 hours a day, seven days a week to respond to these emergency or compelling cases.

In addition, the federal Patient Protection and Affordable Care Act (ACA) strengthened and expanded appeal rights for consumers, offering consumers in nearly all commercially insured plans, **not just Maryland-regulated plans**, internal appeal rights and the right to take their appeals to an independent third-party review organization for review of the insurer's decision (external review) for claims that involve (a) medical judgment (including those based on the plan's requirements for medical necessity, appropriateness, health care setting, level of care, effectiveness of a covered benefit, or a determination that a treatment is experimental or investigational), as determined by the external reviewer, or (b) a rescission of coverage.

### New PDMP Training Video

The Maryland Behavioral Health Administration rolled out a new training video to help medical professionals understand the uses and benefits of the Prescription Drug Monitoring Program (PDMP). The seven-and-a-half minute [video](#) describes the information found in the PDMP, and how to use it when prescribing or formulating treatment plans. The video also outlines key deadlines and steps for registering and using the PDMP.

By law, all prescribers and pharmacists in Maryland were required to register to use the PDMP by July 1, 2017. The law also mandates that **by July 1, 2018 all prescribers must check the PDMP before prescribing a new course of treatment with opioids or other controlled substances AND at least every 90 days thereafter if treatment continues to include CDS drugs.** Prescribers must also document PDMP data query and review in the patient's medical record.

[Click here](#) for more information.

### Farinholt Honored with APEX Award

During the second American Psychiatric Excellence (APEX) Awards presentation in Washington, D.C. on Friday November 3, the APA recognized NAMI Maryland Executive Director Kathryn (Kate) Farinholt and four other leaders in politics, journalism, and advocacy for drawing attention to the needs of people with mental illness and substance use disorders. In addition to her advocacy, Ms. Farinholt helped develop the NAMI Family Support Group program, the "NAMI In Our Own Voice: Living With Mental Illness" training for NAMI representatives, and other signature NAMI programs. "The APEX Awards were created to honor the people who work every day to make our communities a better safer place for people living with mental illness and substance use disorders," said APA President Anita Everett, M.D., at the ceremony.



## Maryland News

### Maryland Health Connection December 15 Deadline

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

- 1) Go to [MarylandHealthConnection.gov](http://MarylandHealthConnection.gov), then click "Get Started."
- 2) Click "[Get an Estimate](#)" to enter information about household and income to see plans and estimated costs for 2018.

For those already enrolled, 2018 costs may have changed, but they can make changes until December 15. Those enrolled in Medicaid/MCHP do not need to take any action unless they receive a notice to renew coverage.

Open enrollment ends **December 15** - visit [MarylandHealthConnection.gov](http://MarylandHealthConnection.gov). New plans start January 1.

### Medicaid Disenrollment News

On January 1, the Maryland Medicaid program will implement an automated process for disenrolling Medicaid enrollees whose mail is returned due to an invalid address. Disenrollment for returned mail due to an incorrect address has been a regulatory requirement by the federal and state government for some time. The new automated process is designed to enhance quality and efficiencies. A two-page [fact sheet](#) describes the new process, identifies consumer types who will be excluded, and provides information on how an enrollee can report address changes. Please inform patients that they must communicate address changes with the State to protect their Medicaid enrollment.

From [November 13 MedChi News](#)

### PRMS Endows GAP Child Psychiatry Fellowship

The [Group for the Advancement of Psychiatry](#) (GAP) is the oldest honorary organization in American psychiatry, which many view as the premier psychiatry "think tank." As part of its commitment to investing in the future of psychiatry, [PRMS](#) has endowed the first-named child psychiatry fellowship, the PRMS GAP Fellowship in Child Psychiatry. The [GAP Fellowship](#) is a two-year experience that is open to residents. [Click here](#) for more information.

### Prescription Drug Price Gouging

Now that Maryland's first-in-the-nation prescription drug price gouging law is in place, the Maryland Citizens' Health Initiative is taking steps to be sure that those who might have been victims know there's a place to be heard. If you or someone you know takes a prescription drug that has seen unjustifiable price increases, [let them know here](#). They will pass along stories to the Office of the Attorney General to take action when appropriate. A [recent news story](#) describes the new law and reaching out to the public about surging prices.

### Free Online Trainings

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

A free eight-hour online training meets the requirement for obtaining a waiver to prescribe buprenorphine. Interested Maryland prescribers are asked to email their name, credentials, name of employment/practice, and the Maryland county in which their practice is located to Kisha Winston-Watkins at [Kisha.Winston-Watkins@bhsbaltimore.org](mailto:Kisha.Winston-Watkins@bhsbaltimore.org). For more information, please call her at 410-637-1900, extension 8576.

For related information and resources, [click here](#).

### Free Event December 8

The Johns Hopkins Department of Psychiatry and The Peabody Institute present CARRION-MILES to PURGATORY, celebrating Robert Lowell and exploring links between mood disorders, art, and music on Friday, December 8. A *Mood Disorders and Creativity* symposium led by Kay Redfield Jamison begins at 6 PM in the George Peabody Library 17 E. Mt. Vernon Place in Baltimore. A concert, *Carriion-Miles to Purgatory: 13 pieces after poetry of Robert Lowell Images from a Closed Ward* by Michael Hersch, featuring the FLUX Quartet will be held in the Miriam A. Friedberg Concert Hall 17 E. Mt. Vernon Place beginning at 8 PM. Registration is required. To reserve tickets, call 667-208-6620.

# Maryland News

## Maryland Insurance Administration News

### Notice to Insurers Regarding Referrals to Specialists

On October 31, the Maryland Insurance Administration (MIA) issued a [bulletin](#) to carriers regarding additional information that must be included in their filings with MIA. As a result of [HB 1318](#) enacted in 2016, carriers must now include the following in their referral procedure filings and make their procedures available to insureds:

- steps the carrier requires of a member to request a referral
- carrier's timeline for decisions; and
- carrier's grievance procedures for denials. [see [page 6](#)]

Updated versions of the procedures above must be available via the carrier's online network directory. If a carrier has not filed the required information for its referral procedures, updates must be submitted by December 31.

### Report on Medical Malpractice Insurance

The [2017 health care professional liability insurance report](#) issued by the MIA notes that the marketplace remains highly concentrated with respect to premium volume. The leading admitted insurer and the leading risk retention group accounting for 62.5% of the 2016 total; however, premiums remained stable over the past year. Exhibits B through G highlight the differences in premiums among insurers. (The MIA also publishes a [Comparison Guide](#) to Maryland Medical Professional Liability Insurance Rates.) One factor affecting premiums is the number of claims filed. Exhibit K has this data summarized by specialty, and shows 9 closed claims for psychiatry in 2016, the highest year reported.

### Notice regarding HMO Provider Contracts

On October 30, the MIA sent a [bulletin](#) reminding HMOs of the requirement that they file copies with MIA of contracts with healthcare providers who agree to provide services to HMO enrollees. This includes contracts with an administrative service provider, contracts between contracting providers and external providers and contracts between a provider and an intermediary organization that arranges for services to enrollees. Any contract amendments must also be filed.

### Consumer Publications in Korean and Spanish

Several MIA consumer education publications are available in Korean and Spanish. The agency can also provide translation services in other languages for Marylanders whose first language is not English.

- For Publications in Korean click [HERE](#)
- For Publications in Spanish click [HERE](#)

## 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](mailto: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 information, please visit the MFP [website](#).



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

## APA News & Information

### APA Requests Comments on Proposed DSM-5 Changes

The APA invites comments on five [proposed changes](#) to DSM:

[Proposal 1](#) - Correction of Selected ICD-10-CM codes for opioid withdrawal, sedative, hypnotic, or anxiolytic withdrawal, and amphetamine or other stimulant withdrawal

[Proposal 2](#) - Correct Omission of Exclusion for adjustment disorder in definitions of other specified depressive disorder/unspecified depressive disorder and other specified anxiety disorder/unspecified anxiety disorder).

[Proposal 3](#) - Add persistent trauma response with PTSD-like symptoms to list of examples in other specified trauma- and other stressor-related disorder

[Proposal 4](#) - Correct omission of other types of hallucinations in Clinician-Rated Dimensions of Psychotic Symptom Severity

[Proposal 5](#) - Correcting typo in wording of trauma criteria in Acute Stress Disorder from "sexual violation" to "sexual violence."

The proposals were approved by APA DSM Steering Committee and are being posted for a 30-day public comment period, from November 22 **through December 22**.

### Disparities in Network Use and Reimbursement Rates

Milliman, Inc. published an independent report analyzing the disparities in addiction and mental health care versus care for other ailments. Researchers found that along with payment disparities, which occur in 46 out of 50 states, "out-of-network" use of addiction and mental health treatment providers is extremely high when compared to physical health care providers. The report may be found [here](#).

APA CEO and Medical Director Saul Levin, M.D. said the report echoes what the APA has said for several years: insurers are not maintaining adequate networks of psychiatrists for patients, which stems from the fact that they reimburse psychiatrists substantially less than primary care doctors for the same services. The result is an unequal health care system for patients with mental illness or substance use disorders.

The APA signed on to a [joint press release](#) calling on state and federal regulators to ensure that insurance companies are abiding by parity laws already on the books. The MPS sent a copy of the report to officials at the Maryland Insurance Administration with an offer to help address the problems that it identifies.

### November APA Assembly Meeting Highlights

Drs. Hanson, Shaya & Zimnitzky attended the meetings in DC where 16 Action Papers were presented along with numerous position statements that were renewed or proposed. The MPS [Action Paper](#), Civil Liability Coverage for District Branch Ethics Investigations, passed unanimously. The paper to study the Rule of 95 also passed, as did one to create a Council on Women. An Action Paper proposing a survey on end of life options did not pass. A summary of all Actions of the Assembly is available [here](#).

The Area 3 Council approved a new awards program for residents to fund their participation in APA activities. The MPS will obtain details and alert RFMs to this opportunity.

Dr. Miskimen presented the Speaker's Award to **Roger Peele, M.D.**, noting highlights of his work in the Assembly since 1975. Dr. Peele has been the most prolific author of Action Papers in the Assembly, including a call for practice guidelines and development of PIP guidelines.

Members who are interested in more details should [click here](#) for the Assembly Notes.

*Annette L. Hanson, M.D., Elias K. Shaya, M.D.,  
Brian Zimnitzky, M.D., Assembly Representatives*

### Interested in Developing a Research Career?

Applications are now being accepted for the [2018 Research Colloquium for Junior Investigators](#), which will be held May 6 in conjunction with APA's 2018 Annual Meeting. The colloquium provides psychiatry residents, fellows, and junior faculty in the U.S. and Canada a one-day immersive research training experience that includes guidance, grantsmanship, networking with senior research mentors in psychiatry, and development. Successful applicants will receive a \$1,200 travel stipend. The application **deadline is December 15**. Notification of acceptance will occur on January 31, 2018.

### Free Online Courses on Military Psychiatry

The APA is offering five online courses at no cost to members that are designed for psychiatrists who treat and interact with members of the military, veterans, and their families. The courses were created in collaboration with the Society of Uniformed Service Psychiatrists. Topics include disaster mental health, assessment of access to weapons, resiliency of military children and families, and suicide in the military. [Click here](#) for more details.

## APA News & Information

### Updates on the Opioid Crisis

On November 1, the President's Opioid Commission released its [final report](#), which followed the presidential [declaration](#) that the opioid epidemic is a nationwide public health emergency. The report outlines 56 recommendations in the areas of federal funding; prevention; treatment, overdose reversal, and recovery; and research and development. The APA has identified recommendations to support, ones to comment on, and areas of concern. For a copy of the *APA Analysis of the President's Opioid Commission's Final Report*, please email [Heidi Bunes](#). If you have input on the report, please email [Michelle Dirst](#), APA Director of Practice Management and Delivery Systems Policy.

In addition, CMS [announced](#) an updated policy intended to improve Medicaid beneficiaries' access to treatment for opioid use disorder and other substance use disorders under existing section 1115 waiver authority by allowing access to a broad range of services, including residential treatment, which is not eligible for Medicaid reimbursement under the institutions for mental diseases exclusion. While the goal of the new Medicaid policy is to make the waiver process more streamlined and flexible, states must adhere to strict budget neutrality and increased reporting. The APA sent an overview of the new policy for 1115 waivers in a letter to state Medicaid directors. For more about 1115 waivers, click [here](#).

### APA Opposes Elimination of Individual Mandate

The APA, as part a group of six medical organizations known as America's Frontline Physicians, issued a joint statement opposing Republican-led efforts to eliminate the requirement that individuals have health insurance as part of tax reform. Absent additional reforms that would stabilize the insurance market, this has the potential, to raise health insurance premiums by a projected 20%. Repealing the individual mandate could result in 13 million people becoming uninsured by the year 2027. Read the statement on the proposed repeal of the individual mandate [here](#).

### Free Members Course of the Month

Each month, APA members have free access to an online CME course on a trending topic. The December course reviews the MacArthur Violence Risk Assessment Study, a multidisciplinary effort to identify valid risk factors for violence by people discharged from short-term psychiatric facilities. [Click here](#) to access the course and sign up for updates about this free member benefit.

### December 15 Deadline for 2017 Reporting with PsychPRO

APA's mental health registry, PsychPRO, can help psychiatrists navigate the landscape of quality reporting and measurement-based care. Sign up by **December 15** to be eligible to report for CMS' MIPS program through PsychPRO for 2017. To avoid 2018 penalties, it's as simple as reporting one quality measure for one patient. This online psychiatry patient registry is a free benefit to members. It can help:

- Track and demonstrate a high level of care
- Avoid payment penalties and achieve bonuses for meeting CMS quality reporting requirements
- Reduce the burden of submitting Performance-in-Practice data and obtaining ABPN MOC Part IV credit to maintain board certification and hospital credentialing

You can [look up](#) whether you need to report. [Click here](#) or [email](#) for more info.

### Revised Declaration of Geneva

World Medical Association (WMA) first adopted the Declaration of Geneva in 1948 as the contemporary successor to the 2,500-year-old [Hippocratic Oath](#). Since then, just minimal amendments were made. But in October—after two years of gathering feedback from WMA member national medical associations, external experts and the public—the WMA adopted the [revised Declaration of Geneva](#) at its General Assembly meeting in Chicago. In addition to the declaration's being called "The Physician's Pledge" for the first time, the policy:

- References respecting the autonomy and dignity of the patient, which was not previously recognized in the declaration.
- Adds that the "well-being" of a patient will be a physician's first consideration, amending a clause to state that the "health and well-being of my patient will be my first consideration."
- Creates an obligation for respect between teachers, colleagues and students. Previously, it called for students to respect their teachers, but included no reciprocity.
- Establishes an obligation for physicians to share medical knowledge for the benefit of their patients and the advancement of health care.
- Requires physicians to attend to their own health, well-being and ability so they can provide the highest standard of care. This comes at a time when physicians have seen an increase in workload and a rise in occupational stress.
- Augments an existing clause that calls for a physician to practice with conscience and dignity by having physicians pledge to practice with conscience and dignity "in accordance with good medical practice." This was done to more explicitly invoke the standards of ethical and professional conduct that patients and physicians' peers expect.

From [November 20 AMA Wire post](#)

## Medicare News

### 2018 Medicare Physician Fee Schedule

On November 2, CMS [announced](#) the 2018 Physician Fee Schedule (PFS) and final rule with comment period for the Quality Payment Program (QPP), which includes a number of efforts to reduce burdens for physicians and promote healthcare innovation. The overall update to payments under the PFS will be +0.41 percent. After applying adjustments, the final 2018 PFS conversion factor is \$35.99, an increase to the 2017 PFS conversion factor of \$35.89. Combined, the regulations are approximately 3,000 pages in length. *Please click the link above for details and scroll to the bottom for links to the specific regulations. [Click here](#) for the CMS fact sheet.*

Novitas has a webpage for [2018 Medicare Participation](#) information. The annual participation enrollment program for calendar year 2018 runs through **December 31**. (Note: The dates are subject to publication of the annual final rule.) Use the [fee lookup tool](#) to find fees for the period that begins January 1<sup>st</sup>.

### Quality Payment Program Resources

The CMS [library of Quality Payment Program resources](#) can be searched by title, topic, or year. Resources include fact sheets, user guides, and other materials to help clinicians successfully participate in the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs). CMS has also posted new materials, some of which are:

- Quality Payment Program [Year 2 Overview fact sheet](#) and the [final rule executive summary](#).
- [2017 Medicare Shared Savings Program and MIPS Interactions](#): Describes Track 1 Accountable Care Organization (ACO) status for the MIPS performance categories and the MIPS APM scoring standard.
- [Advancing Care Information – Information Blocking Fact Sheet](#): Explains how MIPS-eligible clinicians must show that they have not knowingly and willfully limited or restricted the compatibility or interoperability of their certified electronic health record (EHR) technology.
- [MIPS Scoring 101 Guide](#): Offers a deep-dive into scoring for the MIPS performance categories, and how the final score affects payment adjustments.
- [MIPS Claims Data Submission Fact Sheet](#)
- [Eligible Measure Applicability Toolkit](#)

Visit [qpp.cms.gov](http://qpp.cms.gov) to check your participation status, explore measures, and to review guidance on MIPS, APMs, what to report, and more. Contact the Quality Payment Program Service Center at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov) or 1-866-288-8292 (TTY: 1-877-715-6222).

### Will You Receive Payment Adjustments in 2018?

The Centers for Medicare and Medicaid Services released the 2016 Physician Quality Reporting System (PQRS) Feedback Reports and 2016 Annual Quality and Resource Use Reports (QRURs) on September 18. Psychiatrists who view these reports can learn if their 2018 Medicare payments will be subject to payment adjustments. [Click here](#) for more details.

### QMB Remittance Advice Issue

On October 2, the Medicare Remittance Advice (RA) for Qualified Medicare Beneficiary (QMB) claims was modified to identify QMB patients and reflect zero cost-sharing liability. This change resulted in unanticipated issues for providers, states, and other secondary payers who are used to seeing Medicare deductible and coinsurance amounts in specific fields on the RA. Beginning December 8, 2017 CMS systems will revert back to the previous display of patient responsibility for QMBs on RAs. Providers may want to hold QMB claims and submit them after December 8. Please visit the [CMS QMB page](#) or this [CMS article](#) for more information.

### Hospital-Employed Physicians' QPP Resource

The AMA has a new [resource](#) for questions about participation in the Quality Payment Program (QPP) created by the Medicare Access and CHIP Reauthorization Act (MACRA). The document makes a strong case that hospital-employed physicians are best served by being actively engaged in selecting and pursuing the employed practice arrangements that protect them and provide the best possibilities for their success. At the outset, the FAQ tells physicians that they should assume the QPP probably will affect them and why. This resource does not address issues related to hospital-affiliated physician practices.

From [November 10 AMA Wire post](#)



## 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](mailto:jen.carberry@fsi-inc.org). Visit [www.fs-inc.org](http://www.fs-inc.org) for more information about Family Services.

### PSYCHIATRIST

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

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

#### JOB SKILLS AND QUALIFICATIONS:

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

To apply: <http://bit.ly/JCSTherapist>

### CLASSIFIEDS

#### EMPLOYMENT OPPORTUNITIES

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](http://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](#).

(Continued on next page)

## CLASSIFIEDS

### EMPLOYMENT OPPORTUNITIES

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 mail to: [stevec@umm.edu](mailto:stevec@umm.edu).

The Mental Health Association of Frederick County 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](mailto:ebentz@fcmha.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](http://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](mailto:barbara.usher@spectrum-behavioral.com).

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](mailto:Drmalik.baltimore@gmail.com) or call 410-823-6408 x13. Visit our website at [www.pamllc.us](http://www.pamllc.us)

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](mailto:stephen.pasko@medstar.net) or call 443-777-7925 for details.

Gladstone Psychiatry and Wellness of Baltimore is expanding with new offices in Columbia and Edgewater, MD. Practice psychiatry like it should be: an hour or longer for initial intakes, and thirty minutes or longer for follow-up visits. Gladstone offers a warm collegial environment, generous benefits, and a holistic approach. Generous compensation is based on ethical medicine, not numbers. Your administrative load is lighter because a nurse case-manager handles pre-authorizations, and staff manage billing. Gladstone accepts BC/BS, Aetna and Cigna only. A limited number of full and part-time opportunities (including independent contractor) are available. For more, contact [staff.director@gladstonepsych.com](mailto:staff.director@gladstonepsych.com) or call Anthony Massey, M.D. at 443-708-5856

**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](mailto:) your contact information and C.V. to Anthony Chico, D.O.

**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](mailto: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 24<sup>th</sup> consecutive year, is located in the suburbs of Baltimore, Maryland. Find out more about The Center for Eating Disorders by visiting our website: [www.eatingdisorder.org](http://www.eatingdisorder.org).

## CLASSIFIEDS

### AVAILABLE OFFICE SPACE

Office Near Columbia Mall, in outpatient mental health center. Offices in beautiful suite of offices, wooded setting, safe and convenient to public transportation. See [www.mythrive.net/office](http://www.mythrive.net/office) for pictures. Rent includes all amenities, phone, Internet access, full kitchen, free parking, living room-like waiting room with coffee bar, and cleaning service. Contact [Rose.Cohen@mythrive.net](mailto:Rose.Cohen@mythrive.net) / 410.740.3240.

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 in Baltimore and Jessup!

Featured position:

## Assistant Medical Director – This is a New Position!

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

also have  
**Full-time, Part-time,  
Day, Evening and Weekend 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 me at **844-477-6420** or email CV to [jane@mhmcareers.com](mailto:jane@mhmcareers.com)

**Jane Dierberger**

*MHM In-House Provider Recruiter*

**MHM Services, Inc**

*The Public-Private Partner for Healthcare®*



For details and a list of all our openings please check out our website:  
<http://www.mhm-services.com/careers/index.html>

# 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
- Opportunities for student loan forgiveness
- Grand rounds, CME opportunities, on-site lectures
- State-of-the-art research and technology
- Cross-discipline collaboration

## About Sheppard Pratt Health System

Consistently ranked as one of the top ten psychiatric hospitals by *U.S. News & World Report*, 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](http://sheppardpratt.org). EOE.

For more information, please contact Kathleen Hilzendeger,  
Director of Professional Services, at 410.938.3460 or  
[khilzendeger@sheppardpratt.org](mailto: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](http://PsychProgram.com/EnhancedPolicy) | [TheProgram@prms.com](mailto: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](http://www.fairco.com). In California, d/b/a Transatlantic Professional Risk Management and Insurance Services.