

MPS NEWS

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May 2018

In This Issue

MPS Election Results	p. 2
RFM & ECP Career Fair	p. 2
April Council Highlights	p. 3-4
Vision, Mission and Values	p. 4
Medicaid Prescription Rejections	p. 5
Md. Psychiatric PAC News	p. 5
2018 General Assembly Review	p. 6-7
Bills Signed into Law	p. 8
Take the Parity Survey	p. 8
Assessing Risk CME Program	p. 9
APA Resources and Awards	p. 10
Medicare News	p. 11

In Every Issue

Membership	p. 2
Classifieds	p. 11-12

Deadline for articles is the 15th of the month preceding publication. Please email heidi@mdpsych.org.

MPS News Design & Layout
Meagan Floyd

President's Column

Gratitude and "The Vision Thing"

In preparing to write my first column as MPS president, I had to consider the things one would normally include in such a communication. A first element would, of course, have to be a note of thanks for all who were supportive in getting me to the position. The second, seemingly required, part would be to sketch out a grand design or vision statement for my term of office. The first task is easy, complicated only by the sheer number of people to whom I owe thanks. The second, I'm happy to say, has already been completed for me.

First: gratitude. I've been fortunate to have worked with the MPS since Andy Angelino encouraged me to get involved when I was early in my residency. I've been lucky to have been afforded access to the large number of very talented men and women called to MPS leadership over the years. The seriousness with which they pursue the common goals of the MPS has been inspiring. After long days caring for patients in a broad array of practice settings, they gather to take on the various challenges facing the field, both in the state of Maryland and at the national level. Ideological differences or team rivalries could usually be put aside to take up arms against common challenges. My experiences outside of Maryland confirmed what I suspected: the MPS has been and *is* one of the best run and most prominent state psychiatric organizations in the U.S. This is thanks in large part to the tireless efforts and engagement of its members and to the dedicated MPS staff.

I also owe a debt of gratitude to my colleagues at Hopkins and current and re-

cent members of the MPS Executive Committee for their guidance and mentoring. The learning curve has been steep and I look forward to learning more.

A few years ago, I heard two senior physician-leaders speaking somewhat facetiously of the expectation that at a certain point in one's career, one would be asked to take on "the vision thing." The implications were many. One was that for a person of some experience, there is an expectation that his or her accumulated wisdom should be transcribed or codified in some meaningful way to serve as a beacon to others. The task and its responsibilities are real, though the idea of a single person assuming such a role can seem a bit grand, evoking visions of him or her sitting alone, thinking "deep thoughts" and scribbling them down with a quill pen in some isolated garret. One could also, even less generously, imagine it as a form of being put out to pasture after years of active engagement. The "vision," in short, only works if others buy in. The [MPS statements of vision, mission and values](#) were begun years ago and have recently been reviewed and updated. The contents are the product of team effort and collective experience and underwent numerous revisions. Heidi Bunes has diligently led these efforts and the newly updated list is an effective and solid statement of shared principles.

Over the coming year, there will doubtless be a number of challenges with which we will struggle. The reimbursement mechanisms in the state are constantly evolving. Legislative efforts by special interests intent on forcing an agenda that can subvert the work of psychiatrists have become almost routine. Opportunities arise to im-

The next MPS Council meeting will be held at 8 PM Tuesday, June 12 in the MPS office

prove the delivery of care to our patients. MPS as an organization must continuously monitor and intervene when circumstances such as these present themselves. This task is made easier with core principles assured and intact.

I am looking forward to the year ahead and am confident that with this great team and a committed membership, we will continue to confront these challenges and thrive. Thanks to all who have agreed to serve in some capacity this year. It's a great chance for all of us to do some good, for the field, but also for our patients and those close to them.

Patrick T. Triplett, M.D.

Membership

The following individuals have applied for membership with the MPS. Unless any current members have evidence that an applicant does not meet the criteria for ethical and professional standards, these actions will be approved 14 days after publication.

Yuelei Dong, M.D.
Mariam E. Faris, D.O.
Zhuoheng Deng, M.D.

Reinstatement

Dileep Sreedharan, D.O.

Transfer Into Maryland

Graziela E. Zbarcea, M.D.

Advanced to General Member

Uche Achebe, M.D.
Reena Ardesna, M.D.
Caroline De Oleo Brozyna, M.D.
Janet Y. Lee, M.D., J.D.
Christine E. Tran-Boynes, D.O.
Archana Varma, M.D.

MPS Members Out & About

Steven Sharfstein, M.D. was recently named President-Elect of The American College of Psychiatrists.

Sheldon Glass, M.D. will serve as a panelist at Baltimore City Medical Society's June 6 [CME program](#) on prescribing opioids.

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

2018 MPS Election Results

MPS Nominations and Elections Committee Chair Sally Waddington, M.D. announced the following outcome of the 2018 MPS elections at the April Council meeting.

President Elect:

Marsden McGuire, M.D.

Secretary-Treasurer:

Mark Ehrenreich, M.D.

Councilor:

Jason Addison, M.D.
Theodora Balis, M.D.
Margo Lauterbach, M.D.
Paul Nestadt, M.D.
Erik Roskes, M.D.

Resident-Fellow Member Councilor:

Keith Gallagher, M.D.

APA Assembly Representative:

Elias Shaya, M.D.

MedChi Delegate:

Elias Shaya, M.D.

MedChi Alternate Delegate:

Robert Roca, M.D.

Nominations & Elections Committee:

Scott Aaronson, M.D.
Jennifer Palmer, M.D.

A total of 121 ballots were returned (18% of voting members). The MPS will consider using electronic voting in 2019 to determine whether that would improve voting turnout.

MPS Career Fair May 17 @ 6:30 PM

Calling all Residents, Fellows and Early Career Psychiatrists! Plan to join us in Baltimore on May 17 for a fun, engaging career night. Meet with leaders in their respective fields, ask questions, and network with area employers looking to hire!

The evening will also include heavy hors d'oeuvres with open bar.

Roundtable topics include:

- Child Psychiatry
- Private Practice
- Eating Disorders
- Public Health
- Academic Psychiatry

[CLICK HERE TO RSVP!](#)

April 10 Council Highlights

Executive Committee Report

Dr. Palmer noted the MPS [press release](#) sent in response to the school shooting in St. Mary's County, which prompted a brief discussion.

She reported on the March 27 Behavioral Health Administration meeting where the new BHA Medical Director, Steven Whitefield, M.D., was introduced. BHA is using contractors to "plug holes" while they work to fill other longstanding psychiatrist vacancies. Salary levels are a problem and they have not been able to attract many nurse practitioner applicants either. BHA requested a salary review for psychiatrist positions. Dr. Bazron reported that the PDMP rollout continues. Records of two practices were seized for improper prescribing.

Dr. Palmer gave an update on the Medicaid prescriber enrollment requirement, which has been discussed on the member listserv. Maryland Medicaid has not begun rejecting prescriptions yet (as far as we know), but they sent letters to prescribers who are not enrolled stating that they must comply. It appears that psychiatrists can enroll as ORP (ordering, referring and prescribing) providers if they prefer not to enroll as regular physician providers, but they cannot bill the patient directly. The MPS is working to clarify the options with Medicaid and obtained information from other states and the APA in the process. She asked members who are affected by this to join other MPS representatives in a meeting with Medicaid officials. [\[See page 5 for updated information.\]](#)

Finally, she said that the MPS emailed the APA Ligature Risk Survey to selected members at area hospitals. She also expressed appreciation for the opportunity to serve as President, which was met with applause.

Secretary-Treasurer's Report

Dr. McGuire reported on the first quarter financial statements ending March 31, including comparative information for last year, and noted that the MPS remains stable financially.

The Balance Sheet includes total assets of \$430K, including \$231K cash and equivalents, investment reserve fund of \$98K and \$34 net value of property and equipment. Even after writing off \$10K for dropped member dues, the \$55K of membership dues receivable is much higher this year, partly because of delayed payments under APA scheduled payment plans. Equity (or net assets) totals \$264K.

He reviewed performance to date compared with budget. Membership dues are \$10K less than budget due to the dropped member dues write off. Advertising is \$4K more than budget. Meeting income was budgeted at \$19K; however, the spring CME was scaled back and there was little associated income or expense. Total income of \$70K is \$15K less than budget, but expenses are \$17K under

budget so the bottom line is \$1500 better than budget. The \$3K loss to date is \$9K better than the \$12K loss last year.

He reviewed the Statement of Cash Flows, noting that after a \$2K investment in the laptop, cash increased \$36K since January 1. Council accepted the report and thanked Dr. McGuire for his work as Treasurer.

Executive Director's Report

Ms. Bunes noted that work on [MPS committees](#) for the coming year has begun and it's not too late to sign up. Please [email](#) to volunteer. She reported that the APA will include Maryland in its Secret Shopper survey this summer. She said MPS submitted a proposal for \$1500 to fund an ECP event this summer to Area 3's COPE Committee. She said the annual member survey will go out in May and encouraged members to suggest questions.

She reviewed the MPS Vision, Mission and Values statement, which Council voted to approve (see [page 4](#)).

Ms. Bunes then presented a Strengths, Weaknesses, Opportunities and Threats document from 2010 that was updated late in 2017. This analysis, along with details about MPS membership trends and finances, will help guide Council in establishing 3-5 year strategic goals. Several suggestions will be incorporated, and the document will be revisited in June.

Finally, she presented a summary of changes needed to bring the MPS Operations and Policy Manual up to date. Several areas needed to be deleted since they no longer apply, including those related to peer review, CME accreditation and the shared lobbyist, for example. Several policies approved since 2011 were added, and the timing was changed for several activities related to the new financial and dues year and APA's billing contract. The revised manual was approved by Council.

Nominations & Elections Committee Report

As chair, Dr. Waddington presented the results of the 2018 MPS elections (see [page 5](#).) A total of 121 ballots were returned (18% of voting members), which is less than previously. Council voted to accept the report. Upon completing her responsibilities, Dr. Waddington turned the chair over to Dr. Zimnitzky. Council expressed gratitude for her work in this and many other areas over the years.

Legislative Committee Report

Dr. Hanson reported that the General Assembly adjourned the night before. This has been a successful session for the MPS. The MPS supported [HB33](#), which provides a means for someone under guardianship to be voluntarily admitted, which passed. [SB132/HB500](#), which criminalizes failure to report child abuse (excludes current adult patients), did not pass. Legislation

(Continued on next page)

mandating training in the reporting law passed; this has been a perennial issue that the MPS opposed as redundant, but this year's version incorporates several of our concerns. Other bills that the MPS favored were enacted, including [SB0947/HB1635](#) regarding involuntary admission procedures and [HB0902/SB1028](#) prohibiting conversion therapy for minors. Following the St. Mary's County school shooting late in the session, three bills were combined to address the issue. [SB1265](#) passed as a result, with a notable provision requiring all schools to have a mental health resource officer. The Departmental bill opposed by the MPS, [HB1792](#), which would eliminate the BHA Director position, combining it with the BHA Deputy Secretary position, did not pass. Although the MPS supported [HB1502](#), which sets minimum experience requirements for Deputy Secretaries in the Health Department, it did not progress out of committee.

Dr. Hanson said Tommy Tompsett, who began this session as our lobbyist, has done an excellent job. Council expressed appreciation for the work this year by Dr. Hanson and the committee. [[Click here](#) for more on the session.]

Membership Committee Report

Dr. Lehmann presented the committee's recommendation to give 50% dues relief to a member who is not practicing during maternity leave, which was approved by unanimous vote. Then Dr. Lehmann reviewed the list of 27 members who have been dropped by the APA for unpaid dues. This is greatly reduced from the original list of over 100 at-risk members. She thanked Council for their active assistance in retaining members, which contributed greatly to the significantly lower number dropped compared with last year. For the next 90 days, members can reinstate administratively by simply paying the dues owed. Thereafter a complete membership application and approval process will be necessary. A reminder with this information will be resent to everyone who was dropped. Dr. Lehmann noted that this is her last report as chair of the committee and Council thanked her for her many years of service leading the committee's work, which is so vital to the MPS.

Farewells

Dr. McCann thanked Ann Hackman, M.D., Bob Roca, M.D., Karen Swartz, M.D., Sally Waddington, M.D. whose terms on Council are now concluded. Their service to the organization and the profession has been invaluable.

Managing Older Adults with Substance Use Disorders

This webinar will be held Wednesday, May 16 from 12 to 1:30 PM. Part of the Geriatric Competent Care series, it describes Substance Use Disorder (SUD), how to diagnose SUD, and available treatment resources. CME credits may be available. Please click to [register](#).

Council Approves Updated MPS Vision, Mission and Values

At its April meeting, the MPS Council approved an updated MPS Vision, Mission and Values statement. The last version, put into place 20 years ago, served its purpose well; however, changes were needed. Council will use these guiding principles to establish strategic goals for the coming 3-5 years. As always, member input is welcome.

VISION

The Maryland Psychiatric Society is a professional organization of psychiatrists that aims to foster a health care environment that provides accessible, culturally sensitive, and comprehensive services for mental health and substance use disorders for all Maryland residents.

MISSION

The mission of the Maryland Psychiatric Society is to:

- Ensure the highest standards for clinical practice and professional conduct
- Protect the therapeutic alliance between patient and psychiatrist
- Support patient choice and universal access to the most effective care
- Serve the professional needs of Maryland psychiatrists
- Collaborate with other professional organizations to advocate for our patients' interests

VALUES

- Professional responsibility
- Respect for patients and colleagues
- Lifelong professional learning
- Collegial support
- Cultural diversity
- Recovery and healing

National Older Adult Mental Health Awareness Day

Friday May 18 is the first National Older Adult Mental Health Awareness Day established by SAMHSA and the Administration for Community Living, together with the National Coalition on Mental Health and Aging. By 2030 the Census Bureau estimates there will be nearly 75 million Americans over age 65. A 2012 study from the Institute on Medicine found nearly one-in-five older Americans have one or more mental health/substance use conditions. Although they comprise only 15.2 percent of the U.S. population, older adults accounted for 18.2 percent of suicide deaths in 2016 and males 75 or older have suicide rates nearly double of any other age group.

From **10 AM to 12:30 PM**, a virtual event will raise awareness of the mental health of older Americans and spur actions to address their needs. The event will be live webcast, and registration is required. [Register for the event](#).

Maryland News

Medicaid Prescriptions by Non-Enrolled Prescribers Being Rejected

Members are reporting that pharmacies are rejecting Medicaid patients' prescriptions at the point of sale when the prescriber is not enrolled. Members whose patients are affected should email details to [Heidi Bunes](#).

Maryland Medicaid allows psychiatrists to enroll as ORP (ordering, referring and prescribing) providers if they prefer not to enroll as regular physician providers. ORPs cannot bill the patient for treatment. Maryland Medicaid suggests that providers who do not enroll should refer their Medicaid patients to enrolled providers for care. Essentially, they are saying that providers must now either enroll, see all Medicaid patients for free, or transfer all their Medicaid patients to someone who is enrolled as a provider. Please view the [Prescriber Enrollment Requirements](#).

On April 23, the MPS requested that Medicaid officials suspend the denials until the options are fully clarified and providers have a chance to follow through on the requirements of whatever option they choose. Unfortunately, we received no response to this request. Other states are implementing this ACA provision differently, which we pointed out to no avail. The MPS also obtained a copy of the Maryland Medicaid provider agreement, which is available on request.

On April 26, the [MPS alerted the Maryland Congressional Delegation to this](#) dangerous situation, requesting that they direct CMS officials to instruct Maryland officials to do as other states are doing and allow ORPs to arrange private pay arrangements with Medicaid patients, whose prescriptions and labs will continue to be paid by Medicaid. Senator Cardin's office is arranging a call to discuss this problem.

The ACA requirement that providers who see Medicare and Medicaid patients be enrolled officially in those programs (or opted-out in the case of Medicare) came up a couple of years ago. The Maryland Medicaid program did not enforce the requirement while the electronic Provider Revalidation and Enrollment Portal ([ePREP](#)) was being established, and never stated a deadline for arrangements to be in place. Many psychiatrists thought they were no longer enforcing the requirement. A couple of months ago Medicaid began [sending letters to psychiatrists](#) about the need to enroll. Unfortunately, the Medicaid office did not advise the MPS was not advised of their plans beforehand.

The MPS is looking for members whose patients are affected by this requirement who are willing to meet with state and/or federal officials along with other MPS representatives. If you are interested in possibly participating, please notify [Heidi Bunes](#).

Maryland Psychiatric Political Action Committee News

The Maryland Psychiatric Political Action Committee (MPPAC) is a collaborative effort by members of the Suburban Maryland Psychiatric Society (SMPS) and the Maryland Psychiatric Society (MPS) to engage and support candidates for the Maryland legislature. Following the changes to its Constitution effective February 13, 2018, the MPPAC has a new set of officers and trustees. At its March meeting, the MPS Council appointed Thomas Allen, M.D. as Trustee. Previous MPPAC Chairman Andrew Angelino, M.D. appointed Drs. Sheldon Glass and Neil Warres as additional Trustees. MPS President Jennifer Palmer, M.D. appointed Scott Hagaman, M.D. as Chair. SMPS has appointed the counterpart positions for its organization.

The MPPAC is now poised to participate in the 2018 election season. The Board of Trustees is planning several fundraising efforts over the summer and into the fall. If you're interested in participating please email mppac@mdpsych.org. To donate, [please click here](#).

MPPAC Board of Trustees

Chair: Scott D. Hagaman, M.D.
Vice-Chair: Louis Ari Kopolow, M.D.
Secretary-Treasurer: Kim Jones-Fearing, M.D.

Trustees

Thomas E. Allen, M.D.
Sheldon D. Glass, M.D.
Roger Peele, M.D.
Marilou Tablang-Jimenez, M.D.
Neil E. Warres, M.D.

Advisors to the MPPAC Board include Annette L. Hanson, M.D., MPS Legislative Chair, and Christopher W. Harris, D.O., SMPS Legislative Chair.

Thank you to outgoing MPPAC officers, particularly **Andrew Angelino, M.D.**, for helping chart a new path for the organization and shepherding in these changes.

Medicare Enrollment for Providers Who Solely Order, Certify, or Prescribe

The revised [Medicare Enrollment for Providers Who Solely Order, Certify, or Prescribe](#) booklet explains eligible ordering, certifying, and prescribing providers and how to enroll.

Maryland News

Review of the 2018 Legislative Session

The Maryland General Assembly concluded its 2018 legislative session at midnight on April 9th. With an election on the horizon, this session saw a record number of bills introduced; 3,101 bills to be precise. The Maryland Psychiatric Society (MPS) kept very active this session by analyzing and at times amending over 50 pieces of legislation. Below is a summary of just a few of the priority bills that MPS weighed in on this session.

Ban on Conversion Therapy of Minors

The General Assembly enacted a ban on the controversial practice of conversion therapy for minors. Under [Senate Bill 1028/House Bill 902](#), entitled the Youth Mental Health Protection Act and introduced by Senator Richard Madaleno (D –Montgomery County) and Delegate Bonnie Cullison (D-Montgomery County), “conversion therapy” occurs when a licensed mental health or child care practitioner provides services that seek to change an individual’s sexual orientation or gender identity, and includes any effort to change the behavioral expression of an individual’s sexual orientation; change gender expression; or eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same gender. After lengthy and emotional debate, the bill passed both houses with overwhelming, bipartisan support. The ban becomes law October 1, 2018.

Telemedicine

The Maryland General assembly passed [Senate Bill 704/House Bill 1652](#), which require that if the Maryland Department of Health (MDH) specifies by regulation the types of health care providers eligible to receive reimbursement for Medicaid telemedicine services, the types of providers must include psychiatrists providing assertive community treatment (ACT) or mobile treatment services (MTS) in a home or community-based setting. The bill also specifies that ACT and MTS, for purposes of reimbursement and any fidelity standards established by MDH, are equivalent to the same health care service when provided through in-person consultation. The bills were sponsored by Senator Kathy Klausmeier (D – Baltimore County) and Delegate Sheree Sample-Hughes (D – Dorchester & Wicomico Counties) and will take effect July 1, 2018

A second telemedicine bill, [Senate Bill 211](#), failed to pass. Sponsored by Senator Stephen Waugh, SB 211 would have required the regulations governing behavioral health programs to include a provision authorizing a behavioral health program located in a federally designated health professional shortage area to satisfy any regulatory requirement that the medical director be on site through the medical director’s use of telehealth. The bill was introduced to assist

small business outpatient mental health centers in federally designated shortage areas to be able to more easily recruit and retain psychiatrists to serve as medical directors. The bill passed out of the Senate and on the final day of session, the House Health and Government Operations Committee gave the bill a favorable vote. The bill failed, however, because the entire House chamber was unable to cast a final vote on the bill.

Extreme Risk Protective Orders

[House Bill 1302](#), sponsored by Delegate Geraldine Valentino-Smith (D-Prince George's County) establishes procedures by which specified health professionals, a law enforcement officer, or any other interested person may petition the court to obtain an “extreme risk prevention order” on a respondent who poses an immediate and present danger of causing personal injury to themselves, the petitioner, or another by possessing a firearm and that the extreme risk prevention order is necessary to prevent personal injury to the respondent, the petitioner, or another.

A petitioner who, in good faith, files a petition for an extreme risk prevention order is not civilly or criminally liable for filing the petition. Similar to the protective order process, the court may issue temporary or final extreme risk prevention orders. A person who fails to comply with the provisions of a temporary or a final extreme risk prevention order is guilty of a misdemeanor and subject to maximum penalties of a \$1,000 fine and/or 90 days imprisonment for a first offense. For a second or subsequent offense, the court may impose a \$2,500 fine and/or one year imprisonment. Finally, a law enforcement officer must arrest with or without a warrant and take into custody a person who the officer has probable cause to believe is in violation of a temporary or a final extreme risk prevention order in effect at the time of the violation. HB 1302 will become law on October 1, 2018.

Criminalization of Mandatory Reporters for Failing to Report Suspected Abuse or Neglect

A perennial favorite, [Senate Bill 132/House Bill 500](#) as originally drafted would have made it a misdemeanor for a worker to knowingly fail to provide a required notice or make a required report of suspected child abuse or neglect if the worker (1) has actual knowledge of the abuse or neglect or (2) witnesses the act of the abuse or neglect. A mandatory reporter who would have violated this bill would have been guilty of a misdemeanor and subject to a maximum penalty of up to six months imprisonment and/or a \$1,000 fine. The bill would have only applied to a failure to report child abuse that occurs during the time the child is a

(Continued on next page)

Maryland News

2018 Legislative Session (*cont.*)

minor. The sponsor of SB 132, Chairman Bobby Zirkin (D – Baltimore County), amended his bill to only penalize “actual knowledge” of abuse or neglect, which arguably already includes the second prong, witnessing of abuse or neglect. SB 132 was able to pass the Senate, but both bills died in the House Judiciary Committee, where neither bill received a vote.

Emergency Evaluations to Treat Substance Abuse

[Senate Bill 527/House Bill 499](#), sponsored by Senator John Astle (D – Anne Arundel County) and Delegate Nic Kipke (R – Anne Arundel County), would have altered both the criteria for involuntary admission to an inpatient facility or Veterans’ Administration hospital and the criteria for a petition for an emergency evaluation to allow admission or a petition if an individual otherwise meets specified criteria and (1) is not a minor; (2) has experienced a drug overdose; and (3) has health insurance coverage as a dependent under the individual’s parent’s health insurance plan. The House sponsor withdrew his bill after a somewhat rocky hearing before the House Health and Government Operations Committee. The Senate bill never received a vote from the Senate Finance Committee despite the sponsor being the vice chair of that committee.

In closing, the MPS Legislative Committee stayed very busy this year reviewing bills every Wednesday evening to develop positions that represent the best interests of psychiatrists across the state. The committee was especially helpful in amending “bad” bills to make them more palatable in practice. [Click here](#) for a complete list of the bills that the MPS considered. With the help of MPS’ lobbying team at Harris Jones & Malone, MPS conducted numerous in-person meetings with legislators, drafted testimony, offered oral testimony at bill hearings, and in the end had a very meaningful impact on health care policy in Maryland.

*Thomas R. Tompsett Jr., Esq.
Harris Jones & Malone*

May 6-12 Children's Mental Health Matters Campaign

This month the [Children's Mental Health Matters](#) Campaign will raise public awareness of the importance of children's mental health and connect families with information and services. On **May 7**, Maryland First Lady Yumi Hogan will showcase work from a state-wide youth art project in Annapolis at *Celebrating Through Art: The First Lady's Mental Health Awareness Youth Art Display*. Click the link above for more information and events.

Possible Relief for Health Insurance Increases in 2019

Under section 1332 of the Affordable Care Act, states can apply for State Innovation Waivers to waive certain federal requirements with the goal of improving their health insurance markets. During the 2018 session, the Maryland General Assembly passed [House Bill 1795](#) – Establishment of a State Reinsurance Program, which Governor Hogan signed on April 5. House Bill 1795, as an emergency measure, directs the Maryland Health Benefit Exchange to submit a State Innovation Waiver to establish a State Reinsurance Program to mitigate the premium impact of high cost enrollees on carriers that participate in the individual market. The State Reinsurance Program will reduce rates from what they would have been without the program, creating some relief for Marylanders who have experienced high rate increases on their health insurance premiums.

Please see the [DRAFT Maryland 1332 State Innovation Waiver Application](#), which would cover plan years 2019 to 2023. Total program costs for 2019 are expected to be approximately \$462 million. A 2.75% assessment on certain health insurance plans and state regulated Medicaid managed care organizations will help fund the reinsurance program (estimated \$365 million in 2019). Through the waiver application, Maryland is seeking federal pass-through funding through net APTC savings to fund the remainder of the program costs. Maryland is proposing a cap of \$250,000 and a coinsurance rate of 80% for the 2019 plan year. The attachment point will be determined after further analyses and in consultation with stakeholders during the public comment and hearing processes. The MHBE will establish the payment parameters each year. It is estimated that the reinsurance program will reduce premiums by 30% in 2019.

States are required to post State Innovation Waiver Applications for public comment for a minimum of 30 days. Comments should be emailed to mhbe.publiccomments@maryland.gov. In addition, [public hearings](#) will be held.

More Legislative Updates

Harris Jones Malone, the firm that lobbys on behalf of the MPS, has posted general highlights from the Maryland General Assembly: [2018 Legislative Wrap-Up](#).

The Mental Health Association of Maryland has posted its [Legislative Wrap-Up](#) and [Final Bill List](#) for a complete review of the 2018 session.

Maryland News

Bills of Note Signed Into Law

[HB 1302](#) sponsored by Delegate Geraldine Valentino-Smith (D-Prince George's County) establishes procedures by which specified health professionals, a law enforcement officer, or any other interested person may petition the court to obtain an "extreme risk prevention order" on a respondent who poses an immediate and present danger of causing personal injury to themselves, the petitioner, or another by possessing a firearm and that the extreme risk prevention order is necessary to prevent personal injury to the respondent, the petitioner, or another. The bill will become effective on October 1, 2018.

[SB 703/HB 1092](#), sponsored by Senator Kathy Klausmeier (D – Baltimore County) and Delegate Sandy Rosenberg (D – Baltimore City), establishes a Behavioral Health Crisis Response Grant Program in the Maryland Department of Health. Distributed funds may be used to establish or expand specified programs and services, including mobile crisis teams, on-demand walk-in services, and crisis residential beds. Under the bill, the Governor must include the following appropriations in the State operating budget for the program: (1) \$3.0 million for fiscal 2020; (2) \$4.0 million for fiscal 2021; (3) \$5.0 million for fiscal 2022; and (4) \$8.0 million for fiscal 2023. The Maryland Behavioral Health Coalition advocated vigorously for this legislative priority. The bill takes effect July 1, 2018.

[SB 1265](#), sponsored by Senator Katherine Klausmeier (D-Baltimore County), Senator Steve Waugh (R-Calvert and St. Mary's Counties), & Senator J. B. Jennings (R-Baltimore and Harford Counties) and Senate President Thomas V. Mike Miller, Jr. (D-Prince George's and Calvert Counties). A series of four bills, entitled The School Safety Act, with one focusing on "[Anticipation](#)," the next focusing on "[Prevention](#)," another focusing on "[Deterrence](#)," and the last focusing on "[Protection](#)," reflected a bipartisan effort of the Maryland Senate to address school safety issues, particularly those related to school shootings. The bills were eventually refined in to one bill, SB 1265, The Maryland Safe to Learn Act of 2018. The bill as amended and passed makes comprehensive changes designed to improve the safety of the State's public schools as well as to help those students who may need meaningful mental health services. By September 1, 2018, each local school system must appoint a mental health services coordinator to coordinate existing mental health services and referral procedures within the local school system.

Please Take the Parity Survey!

The MPS is working with the **Maryland Parity at 10 Campaign** to disseminate a provider knowledge survey. The goal of the Parity at 10 Campaign is to expand access to mental health and substance use disorder services through strong enforcement of the Mental Health Parity and Addiction Equity Act. The Maryland Parity Coalition is working with five national organizations - Legal Action Center, The National Center on Addiction and Substance Abuse, The Kennedy Forum, Partnership for Drug-Free Kids, and Public Health Management Corporation - on the campaign. The national organizations have drafted this survey with local input.

We are asking that **you** and **as many staff as possible** (including staff who provide direct clinical services or administrative support, as well as senior leadership) complete this survey. Please also share the survey widely to give us the best understanding of what parity education or technical assistance may be helpful to the different individuals involved in service delivery.

Access the survey at http://bit.ly/provider_survey.

It takes about 10 minutes to complete.

The deadline is May 18!

New Maryland Law on Prescribing Opioids Starts July 1

Beginning July 1, prescribers must first query the Prescription Drug Monitoring Program (PDMP) before prescribing opioids as mandated by law. A prescriber must:

- 1) Request (at least) the prior 4 months of a patient's prescription monitoring data before initiating a course of treatment for the patient that includes prescribing or dispensing an opioid or benzodiazepine;
- 2) Request a patient's prescription monitoring data at least every 90 days until the course of treatment that includes an opioid or benzodiazepine has ended; and
- 3) Assess the prescription monitoring data before deciding whether to prescribe or dispense or continue to prescribe or dispense an opioid or benzodiazepine

A prescriber must document in the patient's medical record that the prescription monitoring data was requested and assessed. The MPS will hold a CME training on PDMP use on **May 24** – [click here](#) or go to the next page for details.

The Maryland Psychiatric Society
presents

Assessing Risk in Psychiatric Practice

Rescheduled due to
weather - **new date!**



2 CME Hours*

MedChi's Osler Hall
1211 Cathedral St
Baltimore, MD 21201

This program covers two very important topics:

- The first **risk management** course is an interactive audience response lecture allowing you to engage with a risk management specialist to discuss real-life scenarios based on actual calls received by the PRMS risk management helpline. How would you deal with a law enforcement demand for patient records, a "Friend" request from a patient, pharmacist report of prescription alteration or an estranged parent demand for records?
- Next is **PDMP use***, which is mandated for CDS prescribing effective **July 1**. Checking PDMP helps avoid the possibility of dangerous prescribing and adverse outcomes.

**Thursday,
May 24, 2018
6:30 - 9:00PM**

Agenda

6:30-7:00PM
Registration, Coffee/Dessert

7:00-8:00
What Would You Do?

8:00-9:00
Maryland's Prescription Drug Monitoring
Program (PDMP): Best Practice and Clinical Use

Registration is **\$20.00**.
Fees are non-refundable.

[REGISTER AND PAY ONLINE TODAY!](#)

Objectives

After attending this course, you will be able to:

- Describe the most frequent types of risk management concerns.
- Incorporate into clinical practice two risk management strategies to increase patient safety and reduce professional liability risk.
- Describe the Maryland Prescription Drug Monitoring Program (PDMP).
- Determine when PDMP will be required.
- Summarize what the PDMP query portal looks like.
- Confirm what other states' data can be accessed through the query portal.
- Establish how to use the PDMP as a clinical tool.
- Identify where to find safe opioid prescribing resources.

***Accreditation Statement**

Professional Risk Management Services, Inc. (PRMS, Inc.) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

AMA Credit Designation Statement

Professional Risk Management Services, Inc. (PRMS, Inc.) designates this course for a maximum of 1 *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Accreditation Statement

MedChi, the Maryland State Medical Society is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

AMA Credit Designation Statement

MedChi designates this live activity for a maximum of 1 *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Thank you to our event sponsor:  **PRMS**
Professional Risk Management Services, Inc.

APA News & Information

APA Resources for Burnout

Addressing the problem of physician burnout has become one of the most pressing issues for medicine. The APA is committed to helping psychiatrists achieve well-being and addressing individual and system-level challenges that contribute to professional burnout. [Click here](#) to explore the information available on the APA website.

American Journal of Psychotherapy Archives Available Online Now

For the first time ever, the entire archive of the American Journal of Psychotherapy is available in digital form online. Begun in 1947, the American Journal of Psychotherapy is the newest addition to the APA Journals portfolio, and provides a forum for advancing the theory, science, and clinical practice of psychotherapy. [Learn more and subscribe.](#)

Telepsychiatry Resources from APA

The use of video-based telepsychiatry helps meet patients' needs for convenient, affordable and readily-accessible mental health services. With a robust evidence base that shows telepsychiatry leading to improved outcomes and higher patient satisfaction ratings, policy makers, payers and providers are increasingly considering ways to implement and use telepsychiatry. The APA is helping psychiatrists learn about and adopt telepsychiatry through its Committee on Telepsychiatry, The Telepsychiatry Toolkit and its Best Practices in Videoconferencing-Based Telemental Health guide. [Click here](#) to access more information on the APA website.

Help Preserve APA's History with the Adopt-A-Book Program

You can help preserve some of the valuable artifacts from psychiatry's past housed in the **Melvin Sabshin, M.D. Library and Archives** by participating in the [APA Foundation's Adopt-A-Book program](#). These tax-deductible adoptions range from \$200-5,000 and support preservation of the collection, conservation of works in need of repair, digitization, and acquisition of notable artifacts, documents and rare books important to the history of psychiatry and the APA.

Free Members' Course of the Month

The May Course of the Month is entitled, "**Lithium and Bipolar Disorder in Children.**" Lithium continues to be highly recommended in international guidelines for the pharmacotherapy of bipolar disorder, but worldwide usage by clinicians seems less frequent than expected. This may be due to a lack of appreciation of the strength of the evidence base favoring lithium use, but also, studies show high discontinuation rates in patients started on lithium, and clinical experience may be similar, leading to a reluctance to initiate prescriptions. The side effect burden of lithium is considerable, and clinicians may not be up-to-date on reasonable strategies for managing side effects. This presentation reviews the advantages and disadvantages of lithium as a treatment in bipolar disorder in children and discusses the major side effects and how they can be optimally managed. Presented by Othman M. Mohammad, M.D. of Baystate Medical Center. [Click here to access the Course of the Month and sign-up for updates about this free member benefit.](#)

Nominations Invited for Guttmacher Award

The deadline for nominations for the 2019 Manfred S. Guttmacher Award is **Friday, June 1**. This APA award recognizes an outstanding contribution to the literature of forensic psychiatry in the form of a book, monograph, paper, or other work published or presented at a professional meeting between May 1 and April 30 of the award year cycle. [Click here](#) for more details.

APA Awards: Call for Nominations

The June 1 deadline for many APA Awards is fast approaching. Honor your colleagues who have done outstanding work for their patients and the field of psychiatry by nominating them for an award. There is an award category for just about every field in psychiatry (e.g. Child & Adolescent Psychiatry, Geriatric Psychiatry and Forensic Psychiatry), as well as for Teaching and Mentoring, Diversity and Research. There are also awards for achievements in psychiatric services and public outreach. [View the awards with upcoming deadlines here.](#)

May is Mental Health Month!

This year's theme is *Fitness #4Mind4Body*, with a focus on what individuals can do to be fit – no matter where they happen to be on their personal journeys to health and wellness. [Click here](#) for more info.

Medicare News

May 15 Open Payments Deadline

May 15 is the deadline for physicians to review and dispute data on payments or other transfers they received from pharmaceutical companies, biological makers, and device makers that were reported to CMS as part of the Open Payments program. [Data will be made available to the public](#) beginning June 30. After the review period closes on May 15, physicians can still initiate disputes, but updated data will not be displayed until the next reporting cycle.

CMS developed the Open Payments program to comply with the Physician Payment Sunshine Act, which is part of the Affordable Care Act. The review process is voluntary, but registration in both the CMS Enterprise Identity Management System (EIDM) and the Open Payments system is required to review the data and file disputes. APA members who have not yet registered on the Open Payments database can review [resources here](#).

2018 MIPS Eligibility Tool

Use the updated [MIPS Participation Lookup Tool](#) to check on your 2018 eligibility for the Merit-based Incentive Payment System (MIPS). Enter your [National Provider Identifier](#) to find out whether you need to participate during the 2018 performance year. To reduce the burden on small practices, CMS changed the eligibility threshold for 2018. Clinicians and groups are now **excluded** from MIPS if they:

- Billed \$90,000 or less in Medicare Part B allowed charges for covered professional services under the Physician Fee Schedule
- Furnished covered professional services under the PFS to 200 or fewer Medicare Part B -enrolled beneficiaries

Help Your Patients with the New Medicare Card

CMS is mailing new Medicare cards with new Medicare numbers to people newly enrolling in Medicare. In addition, people in the Mid-Atlantic who already have Medicare coverage will receive their cards this month. You can help as follows:

- Your Medicare patients will not get new cards if their addresses are not correct. If the address in your files is different from the Medicare address you get in electronic eligibility transaction responses, ask your patient to correct their address through [Social Security](#).
- Prepare to answer your patients' questions: Read the [Medicare.Gov](#) webpage and [messaging guidelines](#).
- Display a [poster](#) in your office or give your patients [tear-off sheets](#) or [flyers](#).

Market Saturation and Utilization Data

CMS developed a [Market Saturation and Utilization Data Tool](#) that includes interactive maps and a dataset that shows national-, state-, and county-level provider services and utilization data for selected health service areas, including psychotherapy. This tool can help health care providers make informed decisions about their service locations and the beneficiary population they serve. See the [CMS Fact Sheet](#) for more details.

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

PSYCHIATRIST – full or part time, independent contractor position with thriving multidisciplinary practice. PsychCare has three desirable locations (Pikesville, Columbia, & Silver Spring), congenial colleagues and comprehensive administrative support. Competitive salary and flexible schedule. For more information about PsychCare, visit our website: www.PsychCareMD.com To discuss this opportunity, please call Levi Breuer at 410-343-9756 x 700 or email Hiring@PsychCareMD.com

PSYCHIATRIST - full or half time, independent contractor position with well-established & growing multidisciplinary practice. Spectrum Behavioral Health is an Annapolis area private practice with three desirable locations, congenial colleagues and comprehensive administrative support. For more information about SBH, visit our website: www.spectrum-behavioral.com. To discuss this opportunity, please call Barbara Usher, Operations Administrator, at 410-757-2077 x7121 or email barbara.usher@spectrum-behavioral.com.

PSYCHIATRIST---Outpatient Psychiatry Services at MedStar Franklin Square Medical Center is looking for an adult psychiatrist to work 36-40 hours per week. Evaluations are scheduled for 75 minutes, with 25 minutes for med checks. We offer flexible hours, CME reimbursement, 7 weeks paid time off, 403 B match, medical benefits and paid malpractice ins. Please email CV to stephen.pasko@medstar.net or call 443-777-7925 for details.

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

(Continued on next page)

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

BC/BE Psychiatrist for THRIVE Center in Columbia, MD - Outpatient MH program specializing in both ADHD/ Executive Function Disorder and in the intensive treatment of failure to launch young adults. Seeking a psychiatrist to work in both programmatic areas while building a long-term relationship with our center. Qualified applicants would have expertise/experience in some/all of the following: C&A Psychiatry, substance and process addictions patients, psychotherapy in addition to medication management, and intensive, wrap around outpatient programs. Expectations: High level of expertise, commitment and ability to work closely in a tightly coordinated treatment team, shared responsibilities with other staff for conducting evaluations, creating in-depth case formulations, generating and implementing treatment plans, and reviewing those plans with colleagues on a weekly basis. Opportunities for growth, professional satisfaction and management responsibilities depending on experience; including very competitive compensation. Contact Rose Cohen at 410.740.3240 Rose.cohen@mythrive.net.

Psych Associates of Maryland, LLC seeks Adult and Child and/or Adult psychiatrist to join its thriving practice in Towson. NEVER SPEAK TO INSURANCE COMPANY FOR PREAUTHS! Very flexible scheduling. Unlimited vacation time. Partnership available. Email Drmalik.baltimore@gmail.com or call 410-823-6408 x13. Visit our website at www.pamllc.us

SEEKING RESEARCH PHYSICIANS - Pharmasite Research, Inc., a leading clinical trials facility in suburban northwest Baltimore seeks qualified, licensed physicians for employment in clinical research. Qualified candidates may be trained in psychiatry, neurology or internal medicine, and must be licensed to practice in Maryland. Prior experience as a Principal Investigator and/or Sub-investigator on Phase II-III clinical trials is highly desirable. Independent contractor positions are available with flexible, part-time hours. Additionally, opportunity and space are available for a physician seeking both a research position and private psychiatric practice. To discuss these opportunities, please call Surya Korn, Director of Operations at 410.602.1440, or e-mail surya@pharmasiteresearch.com.

The Mental Health Association has served the community as a leading private, non-profit organization since 1965. PSYCHIATRIST—The Inpatient Psychiatric Unit at MedStar Franklin Square Medical Center is looking for an adult psychiatrist to work full time. Our unit treats voluntary and involuntary patients. The psychiatrist would be responsible for a maximum of 12 patients. On call responsibility is one weekend per 8. Our unit is very well established and has 29 beds. We offer 7 weeks paid time off, 403 B match, CME reimbursement, medical benefits, and paid malpractice ins. Please email CV to stephen.pasko@medstar.net or call 443-777-7925 for details.

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

AVAILABLE OFFICE SPACE

OWINGS MILLS OFFICE FOR RENT: Full-Time Office, with window, available in five-office suite of therapists & psychiatrists. One mile from 695. Amiable group of colleagues. Referral opportunities. included: Utilities, WiFi, Fax, Copier, Supplies, Parking. Contact Lori Hollander, 410-868-2039.

Sublet-Arnold-F/T & P/T office space available in a suite with mental health practitioners. Close to Annapolis and Severna Park. Includes fax, copier, WIFI, utilities, cleaning and supplies. Email or call: libbypsychwellness@gmail.com 410-279-8263.

Timonium, MD - Your own large consultation room, shared waiting room, and separate storage/computer/copier room with refrig, microwave and Keurig. Custom built-ins, faux finished walls and sconces. Close to I-83 Padonia Road exit. Free parking. Share rent and expenses. Contact neilblumbergmd@gmail.com.

Available in July: small office in a lovely suite of 5 mental health professionals in Mt. Washington Center. Includes a shared waiting room, storage room with microwave, fridge, Keurig, and a parking space under the building. Great location, no hassles, \$530/month. [Contact Dinah Miller, MD.](#)

Towson, Maryland – Stellar private office for rent in professional suite. Superb location. Large windows, solid walnut doors and trim, brass fixtures. Stunning balcony. Contact Dika 410-296-7862 or dika.seltzer.llc@gmail.com .

Forget the excessive paperwork and pre-authorization headaches with insurance companies.

Get back to doing what you *LOVE* – Getting patients back to their best state of mental health.

WE HAVE BEEN AWARDED THE CONTRACT ONCE AGAIN!

MHM Services partnered with the **Maryland Department of Public Safety** and Correctional Services and have provided mental health to this underserved population since 2005. Several new positions have been added statewide! Our dynamic team of **Psychiatrists & Psychiatric Nurse Practitioners** provide care to incarcerated individuals throughout Maryland.

We offer many unique advantages, including:

- ✓ Excellent Staff of Psychiatrists for Collaboration
- ✓ Manageable Caseloads
- ✓ Competitive Guaranteed Salaries
- ✓ Comprehensive Benefits
- ✓ Freedom from Reimbursement Hassles
- ✓ Professional Satisfaction Treating Diverse and Clinically Interesting Cases

- * **Bonus Offered** (for select locations)
- * **Exceptional Benefits Package**

Available Positions Include:

Assistant Medical Director

Full-time and Part-time provider positions also available



Sounds too good to be true? *It's not!*

Contact Jane Dierberger, In-House Recruiter at 844-477-6420 or jane@mhmcareers.com to get more information!

 **MHM Services, Inc.**

Rewarding Opportunities for Psychiatrists Across Maryland



Sheppard Pratt
HEALTH SYSTEM

Sheppard Pratt Health System is seeking psychiatrists to work in multiple Sheppard Pratt programs across Maryland.

Opportunities Include:

Mann Residential Treatment Center Medical Director

Sheppard Pratt-Towson Campus
Baltimore County

Adolescent Female Unit Service Chief

Sheppard Pratt-Towson Campus
Baltimore County

Trauma psychiatrist

Sheppard Pratt-Towson Campus
Baltimore County

Outpatient child & adolescent psychiatrists

Behavioral Health Partners of Frederick
Frederick County

School psychiatrist

The Forbush School at Glyndon
Baltimore County

Child & adolescent psychiatrist

Sheppard Pratt-Ellicott City Campus
Howard County

Requirements:

- Must be board-certified or board-eligible
- Must have a current license to practice in Maryland at the time of hire
- Individuals hired for inpatient, PHP, and residential school services participate in a call schedule

Why Sheppard Pratt Health System?

- Physician-led organization
- Generous compensation package with comprehensive benefits, including medical, dental, vision, and life insurance; an extensive wellness program; and ample leave
- Relocation assistance
- Sign-on bonus
- A network of the brightest minds in psychiatry
- Grand rounds, CME opportunities, on-site lectures
- State-of-the-art research and technology
- Cross-discipline collaboration

About Sheppard Pratt Health System

Consistently ranked as one of the top ten psychiatric hospitals by *U.S. News & World Report*, Sheppard Pratt is the nation's largest private, non-profit provider of mental health, substance use, special education, and social services. We employ more than 95 doctors who all share a passion for providing the best care to those we serve. To learn more about our services, visit sheppardpratt.org. EOE.



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

NO MATTER THE SIZE OF YOUR PRACTICE WE HAVE YOU COVERED



WE PROTECT YOU

All providers in your practice - psychiatrists, psychologists, social workers and other behavioral healthcare providers - can be covered under one medical professional liability insurance policy, along with the entity itself.

- ✓ Access to a comprehensive professional liability insurance policy
- ✓ Simplified administration - single bill and one point of contact
- ✓ Custom rating leverages the best premium for your practice
- ✓ Coverage for multiple locations even if in different states
- ✓ Entity coverage available
- ✓ Separate and shared limits available
- ✓ Discounted background check packages



GAP and PRMS Working Together

PRMS is proud to endow the Child Psychiatry Fellowship for GAP.

When selecting a partner to protect your group practice, consider the program that puts psychiatrists first. Contact us today.



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SENIOR ACCOUNT MANAGER

More than an insurance policy

(800) 245-3333 | PsychProgram.com/Dedicated | 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). FARC is an authorized carrier in California, ID number 3175-7. www.fairco.com

In California, d/b/a Transatlantic Professional Risk Management and Insurance Services.