

# MPS NEWS

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Editor: Heidi Bunes

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## In This Issue

<a href="#">Practice Tips for Vacation</a>	p. 2
<a href="#">PDMP Use Mandated July 1</a>	p. 3
<a href="#">Laws Taking Effect July 1</a>	p. 4
<a href="#">Guidance for Medical Cannabis</a>	p. 4
<a href="#">Interstate Licensure Compact</a>	p. 5
<a href="#">Md. Primary Elections June 26</a>	p. 5
<a href="#">Integrated Care and APMs</a>	p. 6
<a href="#">Non-enrolled Medicaid Prescriber</a>	p. 7
<a href="#">Opioid Prescribing Resources</a>	p. 7
<a href="#">Medicare News</a>	p. 8
<a href="#">APA Assembly Highlights</a>	p. 9
<a href="#">APA Resources and Advocacy</a>	p. 10

## In Every Issue

<a href="#">Membership</a>	p. 2
<a href="#">Classifieds</a>	p. 11-12

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

MPS News Design & Layout  
Meagan Floyd

## President's Column

### Notes On The Annual Meeting

As most members are probably aware, the APA 2018 annual meeting was held last month in New York. Saul Levin, CEO and Medical Director of the APA (and an MPS member) informed us that there are now over 37,000 APA members. The size of the organization and the commitment of APA members was hard to miss at the Javits Center and other sites around Manhattan.

In addition to the broad array of topics under discussion at the sessions, the APA convenes a meeting for District Branch and State Association Presidents and Presidents-Elect for an orientation and update. It runs for several hours and is a whirlwind tour of important topics at the state and national levels. Representatives from many states were there and it was clear that district branches around the country face similar challenges, such as the complexities of Medicaid expansion and coverage of psychiatric services, scope of practice/prescribing issues, network adequacy problems and a host of others.

The session was also an encouraging reminder of the powerful voice the APA can bring to bear regarding shared concerns of psychiatrists nationwide. A recent example comes in light of the Joint Commission's proclamations on "ligature risk" during surveys. For those who do not work in a hospital setting, Joint Commission surveyors began citing hospitals for any and all potential anchoring sites or other ligature risks, for hanging or other self-harm. The proposed "fixes" for these findings at some hospitals can easily run into the millions of dollars. Not responding to the citations can lead to an "Immediate Jeopardy" finding from the Joint Commission and possibly decertification by CMS, end-

ing a hospital's participation with Medicare and Medicaid. We learned that in response to these Joint Commission surveys and findings, 13 states have lost psychiatric beds or even complete units because of ligature citations. The timing for this could not be worse, as demand for inpatient psychiatric care has continued to rise, a phenomenon we have seen here in Maryland. There are also questions about the effectiveness of recommended interventions in actually mitigating risk. In response, the APA has taken an active role as part of an effort at the national level to address these requirements, which are now incentivizing hospitals to cut psychiatric services.

The meeting was also a great reminder of some of the things we might mistakenly take for granted at MPS. Not all states have such a dedicated and well-run psychiatric association. We heard stories of the perils of poor organization and engagement at the state or district branch level. We are fortunate to have an institutional structure created and honed over a period of decades, as well as vigorous and effective legislative efforts and committees active on a number of fronts, advocating for psychiatrists and our patients. Just as importantly, we have committed staff in Heidi Bunes and Meagan Floyd, who stay on top of constant changes in the field, while continuing to be responsive to our members and those seeking care.

The meeting was a useful review of challenges and responsibilities for the coming year, but was also an opportunity to survey strengths and opportunities and I left New York with a renewed sense of commitment to our various endeavors.

*Patrick T. Triplett, M.D.*

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

## Attention Graduating Residents

### Action Required: Time to Advance your APA and MPS Membership

Congratulations! Where to next? As you prepare to graduate from your training program, complete your APA [membership advancement](#). This lets us know if you are continuing in a fellowship or advancing to practice to ensure you can access your benefits, including [resources](#) to assist you in your early career. Your MPS dues are not affected by this change! The [form](#) takes less than 5 minutes to complete, and you'll receive a **\$5 Amazon gift card** by email if you complete it by **June 30!**

## Member Updates and Survey

The MPS sent member information update forms as well as the [2018 member survey](#) in May. Please watch your US mail and return your information promptly!

The MPS membership directory will be published in late Summer and we depend on you to make sure our information is up to date. If you opt in, this data is also used for the online Find a Psychiatrist and the telephone patient referral service. **We are adding more insurance participation options**, so be sure to indicate all networks you're part of. **The deadline for directory changes is July 31.**

Please give input on some possible new MPS priorities, and help guide how MPS committees, Council and staff will work for you in the coming year. **INCENTIVE: Three respondents who complete the entire survey and include their names will be chosen at random for a \$100 credit that can be applied toward MPS dues or an MPS event.** [CLICK HERE](#) to start – this should take less than 5 minutes!

Please call the MPS office at 410-625-0232 or email [mps@mdpsych.org](mailto:mps@mdpsych.org) with questions.

## Membership

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

Abayomi I. Jaji, M.D.

### **Reinstatement**

Irfan Saeed, M.D.

### **Transfer Into Maryland**

Ameya U. Amritwar, M.D.

## Amazon Shoppers: Help Support the Foundation

Father's Day is June 17. When you shop for Father's Day (or any time) at <http://smile.amazon.com/ch/52-1701356>, Amazon will donate to Maryland Foundation for Psychiatry.

## June 5 Mental Health Film Festival

[Horizon Foundation](#) will hold an event in Columbia from 6 -9 PM on June 5 to build awareness and compassion for community members who face mental health challenges. The free event will feature four concurrently running films, each followed by a discussion and reflections from individuals living with mental illness. [Registration](#) is required.

## MPS Members Out & About

**Mark Komrad, M.D.** was the keynote speaker at a May 19 event co-sponsored by Cecil County Core Service Agency, NAMI Maryland and On Our Own of Cecil County in recognition of "May is Mental Health Awareness Month."

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

## Practical Pointers While on Vacation or Away from Your Practice

It's summer and you have finally managed to clear your schedule long enough to take a much-deserved break. Unfortunately, clearing your desk and leaving a message on your voicemail is not enough to prevent problems from occurring in your absence. Before taking time away from your practice, [consider these tips](#) provided by Professional Risk Management Services, Inc. (PRMS). Advance planning and some risk management steps will go a long way in ensuring your time spent away from the office is pleasurable rather than problematic.

*PRMS, Manager of The Psychiatrists' Program  
Medical Professional Liability Insurance for Psychiatrists*

## FY 2019 ICD-10-PCS Procedure Codes

FY 2019 ICD-10-PCS procedure code updates including a complete list of code titles are posted on the [2019 ICD-10-PCS](#) webpage. FY 2019 ICD-10-CM diagnosis code updates will be posted later this month.

# Maryland News

## PDMP Use Mandate Starts July 1

### Effective July 1, 2018 Maryland statute (§21-2A-04.2) requires CDS prescribers in Maryland to request and to assess data from the Maryland Prescription Drug Monitoring Program (PDMP) in certain prescribing situations.

The PDMP is administered by the Behavioral Health Administration. The PDMP collects and securely stores information on drugs that contain controlled substances and are dispensed to patients in Maryland; the Program then makes these data available to authorized end users, such as clinicians. To register and access the PDMP database, prescribers must use the Chesapeake Regional Information System for our Patients (CRISP), the state-designated health information exchange, which also serves as the IT partner for the program. Registration was required as of July 1, 2017. [Click here](#) for registration information.

### When must Prescribers query the PDMP?

- Before beginning a new course of treatment with opioids or benzodiazepines
- When a course of treatment extends beyond 90 days, in which case prescribers must query again at least every 90 days thereafter before prescribing or dispensing opioids or benzodiazepines
- Must view at least the last 4 months of data, which will always be available within a PDMP data view
- Note: A prescriber can delegate responsibility to pull the PDMP data, but the prescriber remains responsible for assessing the data prior to making a prescribing decision.

### Exceptions to the PDMP Use Mandate

A prescriber is NOT REQUIRED to request PDMP data if the opioid or benzodiazepine is prescribed or dispensed to an individual:

- For a period of 3 days or less (<3 days)
- For cancer treatment or cancer-related pain
- For a patient who is:
  - ◆ Receiving treatment in an inpatient unit of a hospital
  - ◆ Part of a general hospice program\*
  - ◆ Diagnosed with a terminal illness \*
  - ◆ Residing in a nursing home, long-term care, develop mental disability, or assisted living facility
- To treat or prevent acute pain for a period of 14 days or less (<14 days) following:
  - ◆ Surgical procedure\*
  - ◆ Bone Fracture
  - ◆ Significant trauma\*
  - ◆ Childbirth
- The following scenarios\*\* are also considered exempt from the PDMP Use Mandate:
  - ◆ When accessing PDMP data would result in a delay of treatment that would negatively impact the medical condition of the patient

- ◆ When electronic access is not operational, as determined by the Department of Health
- ◆ In the event of temporary electrical or technological failure

\* See Use Mandate FAQs on [PDMP website](#) for definitions.

\*\*If one of these exemptions applies, the provider must **use reasonable medical judgment** in determining whether to prescribe or dispense an opioid or benzodiazepine and must document in the patient's health record **the reason PDMP data was not accessed**.

### What do I need to document in the medical record?

To comply with requirements of the use mandate, prescribers need to document in the patient's health record that the PDMP data was requested and assessed prior to prescribing the opioid or benzodiazepine.

**If you have questions about implementing the use mandate**, see online resources at [www.MarylandPDMP.org](http://www.MarylandPDMP.org) or contact the PDMP Use Mandate Call Center staffed by MedChi.

Please be aware that prescribers are subject to disciplinary action by the appropriate licensing entity for failure to comply with mandatory registration and use requirements. PDMP may review prescription monitoring data for indications of a possible violation of law or a possible breach of professional standards by a prescriber. If indicated, PDMP may notify and provide education to the prescriber after obtaining certain clinical guidance from the technical advisory committee.

## PDMP Use Mandate Call Center

**PHONE:** From 8 AM to 6 PM, please call **800-492-1056 X3324** or **410-878-9688** to speak with a staff member. If you call after hours or on weekends, please leave a message and a staff member will return your call within two business days.

**EMAIL:** [pdmp@medchi.org](mailto:pdmp@medchi.org), and someone will reply within two business days.

### What should I do if I don't know if I'm registered, or if I can't find my PDMP Registration Confirmation Code?

Go to the PDMP Auto-Registration front page (<https://crisphealth.force.com/crispregkeydata>), select Physician for Member Title, and enter license and DEA numbers. Then enter the red characters displayed in the gray window and hit "Submit." If you are already registered, the system will let you know and show your PDMP Registration Confirmation Code and your email account on record will also be emailed a copy of your Confirmation Code.

# Maryland News

## Bills Signed into Law to Take Effect July 1

Several priority bills were signed into law by Governor Hogan on May 15, including:

[SB 835](#), sponsored by Senator Richard Madaleno (D – Montgomery County) establishes a **Collaborative Care Pilot Program**, administered through the Maryland Department of Health (MDH). MDH must select up to three sites where a Collaborative Care Model must be established in primary care settings for HealthChoice enrollees over a four-year period. For fiscal 2020 through 2023, the Governor must include \$550,000 in the annual budget for the pilot program. MDH must report to the Governor and the General Assembly on the pilot program by November 1, 2023. The bill takes effect July 1, 2018 and terminates June 30, 2024.

[Senate Bill 977/House Bill 1517: Behavioral Health Services and Voluntary Placement Agreements – Children and Young Adults](#) Sponsored by Senator Kathy Klausmeier (D – Baltimore County) and Delegate Sheree Sample-Hughes (D – Dorchester & Wicomico Counties), mandate that the Behavioral Health Administration's (BHA) annual report must include, for children and young adults according to age group and jurisdiction, discharges and residents at residential treatment centers. Both annual reports must be prepared in consultation with interested stakeholders and submitted to the Governor and the General Assembly. The bills take effect July 1, 2018.

[SB 703/HB 1092](#), sponsored by Senator Kathy Klausmeier (D – Baltimore County) and Delegate Sandy Rosenberg (D – Baltimore City), establish 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 bills takes effect July 1, 2018.

[SB 704/HB 1652](#), sponsored by Senator Kathy Klausmeier (D – Baltimore County) and Delegate Sheree Sample-Hughes (D – Dorchester & Wicomico Counties), require that the types of providers eligible to receive reimbursement for **Medicaid telemedicine services 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. MDH must report on the global fund impact by Sep-

tember 30, 2020. The bill takes effect July 1, 2018 and sunsets after two years.

There is a small Medicaid fee increase for physicians from 92% to 93% for E & M codes effective July 1, 2018.

## MedChi Issues New Guidance for Medical Cannabis in Maryland

The MedChi House of Delegates issued new guidance for medical recommenders of cannabis in Maryland at the April 29 House of Delegates meeting. The new guidance is meant to assist practitioners in recommending the substance. Current law allows patients who receive a cannabis recommendation to obtain 120 grams per month if the practitioner does not specify a specific amount in the recommendation. 120 grams is an extremely large amount of cannabis. Furthermore, the law requires a "bona fide relationship" between the patient and recommender, requiring at least one office visit per year. MedChi's guidance suggests that medical cannabis recommenders see their patients more than once per year and specify the amount of cannabis in the recommendation. The House of Delegates felt no patient should be on that amount of experimental medication for that much time without seeing a practitioner.

Only a small percentage of practitioners are cannabis recommenders. If you are a physician who isn't comfortable with this new practice, MedChi has a [list of members](#) who are trying to provide these services in an appropriate manner. A [study published in JAMA](#) showing that cannabis could be a reasonable step down tool for opioids adds more to the debate around medical cannabis. Clearly, there is very little direction in the way of validated medical studies or treatment protocols for this new wave.

From [May 7 MedChi News](#)

## More MedChi Updates

Final reports and resolutions from the 428<sup>th</sup> MedChi House of Delegates (HOD) meeting on April 29 are available at [www.medchi.org/HOD](http://www.medchi.org/HOD). The HOD discusses and sets policy for MedChi. One of the resolutions that it adopted calls for the inclusion of questions on eating disorders in national and state youth risk assessment tools. The Fall 2018 HOD meeting will be on Saturday, September 22 at The Hotel at Arundel Preserve in Hanover.

## Maryland News

### Maryland Primary Elections June 26

Democratic and Republican primaries will be held this month. This year, Maryland will elect a Governor and Lt. Governor, an Attorney General and all 188 members of the General Assembly. Voters will also elect eight candidates to serve in the U.S. House of Representatives and one U.S. Senator.

The Board of Elections website lists all [candidates](#) for the various races for statewide and local office. To see only the candidates who will appear on the ballot in your precinct, go to [vote411.org](http://vote411.org) and enter your address. To find your current elected officials and your Maryland Legislative or U.S. Congressional District, use this [lookup tool](#). Please take some time to become familiar with the candidates and cast your vote. If you still need to register, [click here](#) (you have until **9 PM on June 5** to submit your application online for the June 26 primary). The 2018 election will take place on November 6.

MedChi [published](#) the following list of the physician candidates for the General Assembly:

Clarence Lam, M.D. (Sen. District 12)  
 Terri Hill, M.D. (Leg. District 12)  
 Richard Bruno, M.D. (Leg. District 41)  
 Nilesh Kalyanaraman, M.D. (Leg. District 43)  
 Paul Manicone, M.D. (Leg. District 23B)  
 Tim Robinson, M.D. (Leg. District 42B)  
 Jay Jalisi, M.D. (Leg. District 10)

### Support Maryland Psychiatric Political Action Committee

Please support the Maryland Psychiatric Political Action Committee, which advocates on behalf of psychiatrists and their patients. The greater need for funds during this election year, in combination with the PAC account balance nearing historical lows, makes it especially important for psychiatrists to contribute now! Make a [donation online](#) or mail a check to 1101 St. Paul Street #305, Baltimore, MD 21202.

*Disclaimer: The Maryland Psychiatric Political Action Committee (MPPAC) is the only psychiatric political action committee in Maryland. MPPAC provides political education, advocacy, and assists MPS/SMPS lobbying activity in Annapolis. MPPAC's primary goal is to promote the legislative and regulatory agenda for MPS/SMPS. MPS/SMPS does not favor or disadvantage anyone based upon MPPAC contributions. MPPAC contributions are not deductible as a charitable contribution or as a business expense.*

*By authority of Kim Jones-Fearing, M.D. - Treasurer*

### Maryland to Join Interstate Medical Licensure Compact

On May 8, Governor Hogan signed into law [Senate Bill 234, Physicians - Licensure - Grounds for Discipline and Interstate Medical Licensure Compact](#). The law will become effective on July 1, 2019 and sunsets on September 30, 2022. The [Interstate Medical Licensure Compact](#) (IMLC) offers an expedited pathway to licensure for physicians who want to practice in multiple states. The IMLC mission is to increase access to health care for patients in underserved or rural areas and allow them to more easily connect with medical experts using telemedicine. Maryland is the 25th State/Territory to join the Compact.

The Compact creates another pathway for licensure and does not otherwise change a state's existing medical practice act. The Compact also adopts the prevailing standard for licensure and affirms that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter, and therefore requires the physician to be under the jurisdiction of the state medical board where the patient is located. State medical boards that participate in the Compact retain the jurisdiction to impose an adverse action against a license to practice medicine in that state issued to a physician through the procedures in the Compact. For more information, please click on the links above or consult the [AMA Issue Brief](#).

### Substance Abuse Confidentiality Regulations Fact Sheets

#### [Disclosure of Substance Use Disorder Patient Records: Does Part 2 Apply to Me?](#)

This fact sheet explains a 42 CFR Part 2 Program and how healthcare providers can determine how Part 2 applies to them.

#### [Disclosure of Substance Use Disorder Patient Records: How Do I Exchange Part 2 Data?](#)

This fact sheet describes how 42 CFR Part 2 applies to the electronic exchange of healthcare records with a Part 2 Program.

[Click here](#) for more info from SAMHSA.

## Maryland News

### Innovative Practice Opportunity

The State of Maryland recently [announced](#) that it has entered into a Total Cost of Care All-Payer Model contract with the Federal Government that is designed to coordinate care for patients across both hospital and non-hospital settings, improve health outcomes, and constrain the growth of health care costs in Maryland. A key element of the model is the development of a voluntary [Maryland Primary Care Program \(MDPCP\)](#), designed to support the delivery of advanced primary care throughout the state to improve health outcomes, while controlling total health care spending growth. Importantly, MDPCP places a special emphasis on integrating behavioral health into the primary care setting.

MDPCP is being jointly developed by the Maryland Department of Health's Program Management Office (PMO) and CMS' Center for Medicare and Medicaid Innovation (CMMI). The program presents an unprecedented opportunity to participate in care transformation for physicians, clinical nurse specialists, nurse practitioners, and physician assistants with a variety of specialty designations, including **co-located Psychiatry**.

Modeled after CMMI's national [Comprehensive Primary Care Plus Model \(CPC+\)](#), participating practices would receive additional prospective payments from Medicare to make transformative changes to the way they deliver care. Practices would also receive technical assistance and data supports to accelerate transformation. In addition, the MDPCP has proposed the formation of Care Transformation Organizations (CTOs) that would provide care management resources, infrastructure, and technical assistance to practices.

The State anticipates the start-up of the MDPCP in January 2019, pending federal approval. Consequently, we would like to request your assistance with disseminating information about MDPCP to potentially eligible **Psychiatric** practices in Maryland. Current educational resources that can help practices prepare for the program, as well as a schedule of upcoming in-person and online presentations, are available on our website at <https://health.maryland.gov/MDPCP>.

For an overview of the key elements of the program, please [click here](#). A two-page summary is available [here](#). Applications are expected to be released this month and the application period for practices is open until the Fall. If you have any questions, please contact Alice Sowinski-Rice at [mdh.pcmmodel@maryland.gov](mailto:mdh.pcmmodel@maryland.gov).

*Chad Perman, Project Manager, Primary Care Program  
Maryland Department of Health Public Health Services*

### Implement Integrated Care

The APA [website](#) offers help for learning how to implement integrated care, including the Collaborative Care Model. The information includes reimbursement for the model and funding opportunities available. APA's Support and Alignment Network and the Advancing Integrated Mental Health Solutions (AIMS) Center, in collaboration with the [Institute for Family Health](#), created a Financial Modeling Workbook that helps practices more accurately:

- Estimate visit volume and the number of patients served;
- Define and analyze how much time staff engage in key integrated care tasks; and
- Estimate fee-for-service and G-code potential revenues

To assist with questions, the APA offers monthly office hours on Wednesdays from noon to 1 PM on the following dates: **June 6, July 11, August 1 and others through the fall**. If you have questions, please contact [SAN@psych.org](mailto:SAN@psych.org).

### Survey on Preparation for Alternative Payment Models

MedChi and the Maryland Health Care Commission (MHCC) want to gain a better understanding of how physician practices are progressing in practice transformation. The MHCC is an independent regulatory agency with broad responsibility in health care; one of its tasks is to advance innovative care delivery. MedChi and MHCC are surveying practices regarding team-based care, clinical quality and performance measurement, health IT, professional satisfaction, practice organization and finance. Findings will identify innovative care delivery strategies to help physician practices meet the care delivery requirements under emerging alternative payment models. MedChi encourages all physicians to complete the survey. Results will be anonymized and findings presented at a statewide level. Please contact Melanie Cavaliere at [melanie.cavaliere@maryland.gov](mailto:melanie.cavaliere@maryland.gov) or 410-764-3282 with any questions. The survey should take about five minutes to complete and can be accessed at this [link](#).

From [May 29 MedChi News](#)

## Maryland News

### Update on Medicaid Prescriptions by Non-Enrolled Prescribers

As described on page 5 of the [May MPS News](#), the MPS has advocated at both the state and federal levels regarding denials of prescriptions written by non-enrolled providers for their Medicaid patients. We have been asking Maryland Medicaid to use the arrangement that is in place in New York, where non-enrolled psychiatrists to be able to continue to treat Medicaid patients privately while their medication and related services ordered by the psychiatrist continue to be covered under the Medicaid program.

This resulted in a temporary reprieve until CMS issues final guidance about the discretion states have in implementing the ACA requirement. **Psychiatrists affected should email their NPI number to [mdh.rxenroll@maryland.gov](mailto:mdh.rxenroll@maryland.gov) and request to be removed from the list of providers whose prescriptions are being denied.**

Members who have emailed a request as indicated above report receiving a confusing autoreply message that states essentially that their prescriptions will be denied. Later they have received a personal email confirming that the change has been made, but it will not be effective at the pharmacy for another day. Please consider this timing when communicating the change to patients.

MPS has suggested revisions to the confusing autoreply message; however, the Medicaid office has stated they will not change the message. Members who have emailed, but have not received a personal confirmation indicating the date when their prescriptions can again be filled at the pharmacy, should send their NPI number and the date of their email to [heidi@mdpsych.org](mailto:heidi@mdpsych.org) so she can follow up. (This should not take more than a couple of business days.) Please also send any other information that could be helpful in this effort.

On May 3, MPS representatives had a conference call with about a dozen Maryland Congressional Delegation staffers to seek their support. We hope to partner with them and with Medicaid officials in working toward the [MPS mission](#) to support patient choice and access to effective care, and to protect the therapeutic alliance between patient and psychiatrist.

### Mental Health Apps on Your Smartphone: Do They Work?

A webinar on Tuesday, **June 5** from 12–1 PM will review the mental health apps in light of evidence-based treatment strategies. Speakers will review when have been found to be helpful and discuss the evolving regulatory landscape of health apps, including efforts to obtain FDA approval. [Click to register.](#)

### MedChi and MDH Provide Free Online Opioids Education

MedChi, The Maryland State Medical Society, announced the launch of its new online [Continuing Medical Education Catalog](#). The site will provide physicians and other health care clinicians educational resources to address their needs and improve patient care.

The inaugural activity for the platform is ***Maryland PDMP Best Practice and Clinical Usage***. The presentation describes the Maryland Prescription Drug Monitoring Program (PDMP), addresses when PDMP query is required, summarizes what the PDMP query portal looks like, and outlines the data that are available from other states through the query portal. It also establishes how to use the PDMP as a clinical tool and to identify where to find safe opioid prescribing resources. This presentation is accredited for CME credit for physicians.

From [May 29 MedChi News](#)

### Opioids: CDC Online Training Series

More than 40 people die daily from prescription opioid-involved overdose. The CDC [Guideline for Prescribing Opioids for Chronic Pain](#) has recommendations for safer and more effective prescribing of opioids for chronic pain in adult outpatients outside of active cancer treatment, palliative care, and end-of-life care. The [series](#) includes interactive patient scenarios, videos, knowledge checks, tips, and resources. [Applying CDC's Guideline for Prescribing Opioids](#)  
[Treating Chronic Pain without Opioids](#)  
[Communicating with Patients](#)  
[Reducing the Risks of Opioids](#)

### Medication-Assisted Treatment for Opioid Use Disorders Telehealth Grant

The Maryland Health Care Commission [announced](#) it has awarded a grant to expand access to medication-assisted treatment (MAT) through telehealth. The grant will operate May 2018 through November 2019. Funding for the project is approximately \$346,000. Mosaic Community Services, Inc., in collaboration with the Montgomery County Core Service Agency, plans to use telehealth technology to connect a Baltimore area prescriber to a new treatment facility located in Montgomery County, where there is currently a shortage of prescribers. Increasing access to MAT is intended to improve retention of clients receiving treatment and reduce the occurrence of relapses.

From [May 21 MedChi News](#)

## Medicare News

### Check for 2018 MIPS Clinician Eligibility

You can now log in to the CMS [Quality Payment Program website](#) to check your **group's** 2018 eligibility for the Merit-based Incentive Payment System (MIPS). After logging in using your EIDM credentials, browse to the Taxpayer Identification Number (TIN) affiliated with your group, and click into the details screen to see the eligibility status of every clinician based on their National Provider Identifier (NPI) and find out whether they need to participate during the 2018 performance year for MIPS. To set up an EIDM account, use the [Enterprise Identity Management \(EIDM\) User Guide](#).

As a reminder, the eligibility threshold for 2018 is different - 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 (PFS)

**OR**

- Furnished covered professional services under the PFS to 200 or fewer Medicare Part B -enrolled beneficiaries

In other words, to be included in MIPS for the 2018 performance period you need to have billed more than \$90,000 in Medicare Part B allowed charges for covered professional services under the PFS **AND** furnished covered professional services under the PFS to more than 200 Medicare Part B enrolled beneficiaries.

Use the [MIPS Participation Lookup Tool](#) to find out whether **individual** clinicians are eligible for the 2018 performance year without needing to login to the feature.

### MIPS Promoting Interoperability

Recently, CMS [announced](#) a new name for the Merit-based Incentive Payment System (MIPS) "Advancing Care Information" performance category, which is now called the "Promoting Interoperability" performance category. This is not a new performance category. 2018 requirements are the same as what was finalized for the Advancing Care Information performance category. Review the [fact sheet](#) for an overview and participation requirements. CMS is in the process of updating the [2018 measure specifications](#) to reflect the name change.

CMS also changed the name of the Electronic Health Record Incentive Programs to the [Promoting Interoperability Programs](#). For more information, visit the [MIPS](#) webpage, the [2018 Resources](#) webpage or contact the Quality Payment Program Service Center at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov) or 866-288-8292 (TTY: 877-715-6222). A webinar providing information about this performance category will be held on **June 12 from 1 to 2 PM**; please click to [register](#).

### Dashboards to Improve Transparency of Drug Prices

CMS [announced](#) a redesigned version of its [Drug Spending Dashboards](#). For the first time, the dashboards include year-over-year information on drug pricing and highlight which manufacturers have been increasing their prices, an important step to bringing transparency and accountability to what has been a largely hidden process. The dashboards are interactive online tools that allow patients, clinicians, researchers, and the public to understand trends in drug spending. Data is reported for both Medicare and Medicaid. The new version of the dashboard reports the percentage change in spending on drugs per dosage unit and includes an expanded list of drugs. In 2012, Medicare spent 17 percent of its total budget, or \$109 billion, on prescription drugs. By 2016, spending had increased to 23 percent, or \$174 billion.

CMS also updated its [Part D Prescriber Public Use File](#) with data for 2016. This file includes summarized information on more than one million distinct health care providers who prescribed drugs under the Part D program in 2016. None of these CMS releases include any patient-identifiable data.

### New Medicare Cards

By the end of this month, CMS should have finished mailing new Medicare cards to beneficiaries in Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia. The new cards have a unique, randomly-assigned number in place of the patient's Social Security number.

Last fall, CMS mailed a letter and fact sheet to Medicare Fee-For-Service providers explaining the changes. (View a [sample letter](#) and [fact sheet](#).) CMS also posted the [new Medicare card design](#) and a [press release](#) with more information. A [MLN Matters® Special Edition Article](#) explains Medicare Beneficiary Identifier changes initiated by people with Medicare, their authorized representatives, or CMS, as well as related eligibility and claims processing information.

Once people with Medicare get their new Medicare cards, they can start using them right away. Healthcare providers and suppliers can use either the former Social Security-based Health Insurance Claim Number or the new alphanumeric Medicare Beneficiary Identifier (MBI) through December 31, 2019.

Starting this month, Novitasphere has a [lookup tool](#) for finding patients' new Medicare numbers, which requires users to be enrolled.

# APA News & Information

## May APA Assembly Meeting Highlights

Medical Director Dr. Saul Levin announced the opening of the new APA headquarters in Washington DC, where the 175th anniversary of the APA will be celebrated in 2019. Membership in the APA reached a 15 year high in 2017, with 37,896 members. The APA is taking a national survey to study the financial impact on hospitals of the new CMS mandate to eliminate ligature-point risks. Many states have reported millions of dollars in fines, and added costs due to physical modifications, and there is concern that the financial impact will lead general hospitals to decline admission to psychiatric patients or close units entirely.

The major discussion at the Assembly was about changing the Rule of 95, the APA policy that allowed members to transition to reduced or no dues, once their age and length of membership add up to 95. After the APA convened a work-group to study alternatives, the conclusion was that projected financial shortfalls could not be made up for by membership growth. The action paper to revise the Rule of 95 was endorsed by Area 3 and passed by the Assembly. The new plan will require new Rule of 95 members to pay one-half the usual dues if they are semi-retired, and one-third the usual dues if fully retired. Current Rule of 95 members would be "grandfathered" in and would still be exempt from dues payment.

More than twenty action papers were considered by the Assembly:

- The Assembly passed a paper that requires the APA to work to oppose the use of maintenance of certification for licensure, paneling by insurance companies, or hospital credentialing.
- Three papers addressed scope of practice by nurse practitioners, physician assistants, and psychologists. All three papers passed, and called upon the APA to promote research regarding the safety and efficacy of non-physician prescribing and to educate the public regarding the differences in professional qualifications. The third paper asked the APA to adopt the [American Academy of Child and Adolescent Psychiatry's position statement](#) opposed to psychologist prescribing. This paper also passed, however the position will only become official after it has been approved by the Board of Trustees. The APA has not had a formal position about psychologist prescribing before this.
- The Assembly voted to modify the APA's position statement on gun violence and mental illness. The revised position statement supports efforts to ban the use of high capacity weapons or modifications that create high capacity weapons (e.g. "bump stocks").
- The most controversial paper arose from Area 3, and would have encouraged the APA's political action committee

("PAC") to consider a candidate's NRA funding before making a contribution for that candidate. Many Assembly members spoke in favor of the paper, with members from Montana and Texas speaking in opposition. Opponents felt that making support conditional on a single issue would hamper the APA's ability to influence legislation on other issues, such as access to care. Supporters of the paper pointed to many incidents of mass shootings and other gun-related violence. After extended debate, the paper was narrowly defeated.

MPS members who would like more information related to any of the Assembly actions can view [notes](#) prepared by Adam Nelson, M.D. or log in to the APA's [Action Item Tracking System](#).

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

## Spring 2018 issue of *Focus*

*Focus*, the APA Journal of Lifelong Learning in Psychiatry, explores [biomarkers in psychiatry](#) in the Spring issue. A conceptual overview details what biomarkers are and what value they may bring to [clinical practice and decision making](#). A series of articles review the status of biomarker research in conditions such as [autism spectrum disorder](#), [posttraumatic stress disorder](#), [schizophrenia](#), and various [dementias](#). The issue also features a case study illustrating the relevance of biomarkers in [sleep-wake disorders](#). These and other articles also offer opportunities to earn CME credit. Early Career Psychiatrist members are eligible for a free online subscription!

## APA Webinar Help with MIPS Reporting for 2018

This one-hour webinar provides the tools needed to be successful in Medicare's Merit-based Incentive Payment System (MIPS). Many psychiatrists participating in Medicare were impacted by payment reform requirements last year and need to be aware of changes to the program. Topics addressed include how to:

- Identify what is new for the MIPS program in 2018
- Determine the circumstances under which physicians are required to do MIPS reporting for 2018
- Understand the 2018 MIPS reporting requirements
- Locate additional resources and help to guide physicians in doing MIPS reporting

This webinar, which provides 1 CME or Certificate of Participation, is available on APA's website. Free for APA members; \$25.00 for non-members. To view this webinar, [click here](#).

## APA News & Information

### APA Practice Guidance for Interactive Videoconferencing with Patients

In early May, the APA and the American Telemedicine Association (ATA) released "[Best Practices in Videoconferencing-Based Telemental Health](#)," a guide for mental health providers who want to use interactive videoconferencing to offer services to their patients. The guide was written by members from APA's Committee on Telepsychiatry and the ATA's Telemental Health Specialist Interest Group. The document is a consolidated update of previously published APA and ATA resources in telemental health and gives an overview of the use of clinical videoconferencing as a treatment medium.

This guide is the latest resource to join APA's [Telepsychiatry Toolkit](#). It broadly considers three essential components of videoconferencing-based telemental health practice:

- **Administrative considerations**, including information on program development, legal and regulatory issues (including information on licensure and prescribing), and standard operating procedures.
- **Technical considerations**, including videoconferencing platform requirements, HIPAA and state privacy requirements, and appropriate room set-up for telemental health sessions.
- **Clinical considerations**, including patient and setting selection, ethical issues, and factors to consider when treating specific populations (children and adolescents, patients in correctional settings, military, and more).

The guide is not intended to be an exhaustive list of "do's and don'ts" of telemental health; it is a practical starting point when setting up and using clinical videoconferencing in a practice. Please contact Nathan Tatro, Health Information Technology Specialist, at [ntatro@psych.org](mailto:ntatro@psych.org) with questions.

### APA Responds to 13 Reasons Why Season 2

The APA has been working with a coalition of organizations representing mental health, suicide prevention, and health care professionals around the country to encourage Netflix to responsibly cover the many difficult issues included in *13 Reasons Why*, season 2. A joint [press release](#) announces the coalition's efforts and includes a [toolkit](#) with guidance and resources for parents, teachers and students related to the content of the series. The APA has also posted a [blog](#) for members to share. Netflix has heard the concerns and is providing additional guidance on the show's content through [discussion guides](#). Please share these resources with your community.

### APA President Urges Services for Incarcerated Individuals

More than 2 million times every year, individuals with serious mental illness are arrested. Moreover, more than half a million people with serious mental illness are incarcerated at any given time. In fact, 44% of jail inmates and 37% of state and federal prisoners have a history of a mental illness. APA President Altha Stewart, M.D. noted these staggering numbers at a recent congressional briefing co-sponsored by the APA. Psychiatrists are the most highly trained, highly skilled physicians to manage the treatment of incarcerated individuals with serious mental disorders, yet are underrepresented in correctional settings. The costs are also staggering: total expenditures on prisons is nearly \$43 billion and states are spending \$33,000 per inmate per year.

To help prevent recidivism and encourage successful reentry into the community, Stewart urged support for [HR 4005](#), a bipartisan bill to permit the use of federal Medicaid funds for health care services for incarcerated individuals during the 30-day period preceding their release. Securing coverage prior to release would reduce the risk of relapse or overdose while also lowering the risk of recidivism back into the criminal justice system.

### Stepping Up Initiative Launches Phase 3

A national collaboration between the APA Foundation, Council of State Governments Justice Center, and National Association of Counties has launched the third year of the Stepping Up Initiative, which is aimed at helping reduce the number of people who have mental illnesses in jails. They announced an expansion of data collection efforts to ensure every county in the nation has the capacity to collect accurate, accessible data on 1) the number of people booked into their jails who have mental illnesses; 2) their length of stay in these facilities; 3) whether they are being connected to needed treatment after they're released; and 4) how often they return to jail. Check out this [op-ed](#) featuring APA President Altha Stewart, M.D., and learn how you can join the [Stepping Up Initiative](#).

### Free Members' Course of the Month

**June Course of the Month: Evaluating Adverse Drug Effects** - Psychiatrists are increasingly called upon to evaluate somatic and psychiatric symptoms and differentiate them from possible iatrogenic effects of psychotropic medications. This presentation focuses on anticipating, recognizing, and distinguishing adverse drug effects and detecting risk factors that increase propensity for adverse effects. Presented by Joseph Goldberg, MD, of the Icahn School of Medicine. [Click here to access the Course of the Month](#).

## Career Night a Big Success!

The MPS held an event on May 17 that brought together psychiatrists in training, speakers with expertise in various subspecialty areas and organizations looking to connect with our members interested in exploring career options. Sustained by a spread of food and beverages, participants networked for the entire evening to create connections that will help establish meaningful work experiences following residency.

Thanks especially to the following speakers who volunteered their time and expertise to help others find their way in the world as psychiatrists:

**Jennifer Coughlin, M.D.**  
**Kim Gordon-Achebe, M.D.**  
**Karin Neufeld, M.D., MPH**  
**Lori Schwartz, M.D.**  
**Robin Weiss, M.D.**

For those who were unable to attend, contact information for employer/exhibitors is below. (Please click on the name of the organization for the website or the name of the individual to email.)

### [Sheppard Pratt Health System](#)

[Kathleen Hilzendege](#) 410-938-3460

### [Department of Veterans Affairs](#)

[Terry Anderson](#) 304-268-0377

### [Mental Health Association of Frederick County](#)

[Ellie Bentz LCSW-C](#) 301-663-6135 x133

### [Healthcare for the Homeless](#)

[Tria Lee](#) 443-703-1402

### [U.S. Army](#)

[Captain Caleb Manning](#) 636-575-5749

[Captain Benjamin Ingram](#) 443-306-8829

### [MHM Services, Inc.](#)

[Jane Dierberger](#) 414-534-0808

### [Maryland Behavioral Health Administration](#)

[Steven Whitefield, M.D.](#) 410-402-8429x8452

### [Clifton T. Perkins Hospital Center](#)

[Jazmine J. Rich](#) 410-724-3014

### [Professional Risk Management Services, Inc.](#)

[Rich Stagnato](#) 703-489-2515

### [American Professional Agency, Inc.](#)

[Christine Cotter](#) 240-888-9355

The MPS intends to make this an annual event! Please email feedback and ideas to [Meagan Floyd](#).

## CLASSIFIEDS

### EMPLOYMENT OPPORTUNITIES

**ADULT PSYCHIATRIST:** medication consultant for busy private practice in Severna Park, MD. Set your own hours and hourly rate regardless of collection. No overhead. Friendly staff, newly renovated office suite. Contact John Driscoll PhD at [babh1@verizon.net](mailto:babh1@verizon.net) or call 410-315-7864.

**PSYCHIATRIST—Outpatient Psychiatry Services at Behavioral Health Clinic (BHC)** is looking for a full or part time, independent contractor adult psychiatrist to work 20-40 hours per week. BHC has two locations in Baltimore (2310 N. Charles St & 700 Washington Blvd). Please email CV to [NNelluri@bhcbaltimore.com](mailto:NNelluri@bhcbaltimore.com) or 443-995-4113 for details.

American Psychiatric Care is hiring part time, outpatient psychiatrist in Ellicott City. No call or weekend, medical /dental and vision benefits, 401k benefits. Contact: (318)-344-3109. Email [contact@americanpsychcare.com](mailto:contact@americanpsychcare.com). [www.americanpsychcare.com](http://www.americanpsychcare.com)

**Psychiatrist – Full or part-time psychiatrist** wanted for a well-established, reputable, growing private practice in Anne Arundel County, MD. Position includes premium office space, attractive compensation, comprehensive administrative support, professional freedom, and collegial interaction with a multi-disciplinary staff in a desirable location. Opportunity to become involved in the TMS program (Transcranial Magnetic Stimulation) if desired. For more information please visit [www.spectrum-behavioral.com](http://www.spectrum-behavioral.com) or call Scott E. Smith, Ph.D. at 410-757-2077 X 7102 or email to [director@spectrum-behavioral.com](mailto:director@spectrum-behavioral.com).

**PRACTICE OPPORTUNITY-** Established, busy multi-disciplinary outpatient psychiatric practice in White Marsh is seeking an Adult Psychiatrist to provide psychiatric evaluations and medication management for adult patients. Join our practice of nineteen clinicians as a Limited Partner. Begin with an established case load and a potential for profit sharing. Medical/dental benefits are available. We participate with most major insurances and provide assistance with credentialing. Full-time and part-time hours are available. Collegial environment and pleasant staff. See our website [www.whitemarshpsych.com](http://www.whitemarshpsych.com). Please send your resume and cover letter to [dianne@whitemarshpsych.com](mailto:dianne@whitemarshpsych.com) and/or call George Strutt, PhD., President at 410-931-9280.

**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.

(Continued)

## 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](http://www.PsychCareMD.com) To discuss this opportunity, please call Levi Breuer at 410-343-9756 x 700 or email [Hiring@PsychCareMD.com](mailto:Hiring@PsychCareMD.com)

**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](mailto:surya@pharmasiteresearch.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)

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

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](mailto: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](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 week-ends. Eligible for loan repayment programs. Apply for Psychiatrist [using this link](#).

## CLASSIFIEDS

### AVAILABLE OFFICE SPACE

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.](#)

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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](mailto:neilblumbergmd@gmail.com)

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# Rewarding Opportunities for Psychiatrists Across Maryland



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

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### Trauma psychiatrist

Sheppard Pratt-Towson Campus  
Baltimore County

### School psychiatrist

Position serves multiple locations

### Child & adolescent psychiatrist

Sheppard Pratt-Ellicott City Campus  
Howard County

### Outpatient child & adolescent psychiatrists

Behavioral Health Partners of Frederick  
Frederick 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](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).

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