

MPS NEWS

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Editor: Heidi Bunes

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

President's Column

Clozapine

I, like many outpatient psychiatrists, have historically had little experience in prescribing clozapine to my patients. The exposure I had was on inpatient adult psychiatric units and working at a public mental health clinic. Over the past year, through both clinical work and reading, I have learned more about the importance of clozapine in the treatment of patients with psychotic disorders. Given [reports of the under-utilization](#) of this medication, as well as recent changes to the clozapine registry, I believe that it is timely to write an article about this medication.

Clozapine is an atypical antipsychotic medication approved by the FDA in 1989. It has been demonstrated to be an effective treatment for individuals whose psychotic symptoms have not responded to treatment with other antipsychotics. Clozapine carries black box warnings for agranulocytosis, seizures (particularly at higher doses), myocarditis, and other adverse cardiovascular and respiratory effects. Given the risk for agranulocytosis, the FDA approved the medication only for the treatment of individuals with treatment-resistant schizophrenia. Additionally, patients are required to have routine monitoring of white blood cell and absolute neutrophil counts.

In my outpatient practice, I considered the use of clozapine as a last resort. I knew about the risk of significant side effects. What I was less sure of were the logistical steps I needed to go through in order to prescribe the medication. That changed about six months ago. One of my patients, a man in his 20's with

Schizoaffective Disorder, had a significant deterioration in his condition. He experienced episodes of mania and depression with florid psychotic symptoms. He had multiple antipsychotic medication trials, multiple psychiatric hospitalizations as well as a course of ECT. However, he continued to have debilitating psychotic symptoms (delusions and auditory hallucinations). After a thorough discussion with the patient and his mother, he was started on clozapine. I spoke with his pharmacy and was provided forms for initial registration. I wrote an order for my patient to have a weekly CBC. I then sent in a weekly prescription for clozapine along with his CBC results. After working out the initial kinks of coordinating the CBC and the prescriptions, it has worked fairly smoothly. I am happy to report that although my patient continues to have psychotic symptoms, they are significantly reduced with the clozapine. Since he has received clozapine for 6 months, he has now graduated from weekly CBC's to every other week.

The one exception to the process working smoothly occurred with the change in the registry. Previously, there were approximately five registries for the monitoring of CBC's and the use of clozapine. Initially, this worked quite seamlessly for my patient and me, as the pharmacy sent the results of the CBC to the registry. A few months ago, I received notification that there would be a consolidation to one clozapine registry, "Clozapine REMS." I was told that I needed to go to the website to register. I then registered and was told I would receive a registration email (I didn't). I called the help line, like many others, and couldn't get through. I registered the only way that I knew how, via fax. I then received an email

(Continued on next page)

The next MPS Council meeting will be 8 PM Tuesday, January 12 in the MPS office.

telling me that I had to complete their education process. I tried to sign on and again was told that I needed to click on the link to my verification email. By this time I was taking deep breaths. On the MPS listserv [see [page 11](#)], I learned that I was not alone. I later tried to sign in and, somehow, it worked. I completed the educational module. Now, in addition to sending the labs to the pharmacy, I have to enter the CBC results on the Clozapine REMS. One more step, but it doesn't take too long.

The education process took about a half hour to complete. It was helpful and informative, discussing in detail the CBC monitoring requirements for prescribing clozapine. I learned about the frequency of CBC monitoring, as well as when a patient's clozapine should be held or discontinued. Additionally, I learned about Benign Ethnic Neutropenia (BEN), in which individuals of African or Middle Eastern ancestry have baseline low absolute neutrophil counts but have no increased risk of severe neutropenia or infection. Deanna L. Kelly, Pharm.D., BCPP (Professor of Psychiatry, University of Maryland School of Medicine) is conducting a study of patients with possible Benign Ethnic Neutropenia. This will be the first prospective study to examine the safety of clozapine in BEN patients. Patients will be enrolled in the study for six months using the guidelines established by the FDA. Criteria for enrollment in the study are: 1) recommended for clozapine treatment, 2) absolute neutrophil count <2500 cells/mm³, 3) 18 to 64 years old, and 4) no serious medical conditions or current signs of infection. For more information regarding this study, please contact Matt Glassman at 410-402-6411 or mglassman@mprc.umaryland.edu.

Despite the hurdles of treating patients with clozapine, it can be a valuable and effective medication in treating individual with psychotic disorders who have failed to respond to other treatments.

Brian Zimnitzky, M.D.

Pay dues this month to increase deductible expenses for 2015 income tax purposes!

Following the APA's decision to change its dues policies, the MPS Council voted to move the MPS drop date in line with the new APA date and MPS members voted to ratify the change. Members who do not either pay dues in full or schedule a payment plan before the deadline will be dropped as of **March 31**.

MPS dues are payable within 90 days following the first notice. A fourth invoice was sent to members who still owed dues in November. Monthly reminders will continue with late fees added. If you still owe MPS dues, please remit your payment as soon as possible. Please [contact the MPS](#) with questions, or to discuss dues relief options or payment arrangements.

FDA Extends Deadlines for Clozapine REMS Program

The FDA is extending deadlines for provider and pharmacy certification for participation in the Clozapine Risk Evaluation and Mitigation Strategy (REMS). In an **ANNOUNCEMENT**, the FDA said it is **indefinitely** extending the deadlines due to technical and other problems associated with the Clozapine REMS. Healthcare providers should prioritize the medical needs of their patients and, as appropriate, continue prescribing and dispensing clozapine to patients with an absolute neutrophil count (ANC) within the acceptable ranges. Prescribers and pharmacies should continue to work with the Clozapine REMS Program administrators to resolve any issues and continue their efforts to complete certification and update patient information to meet the requirements of the program. New deadlines will be issued after further evaluation by the administration to ensure that health care professionals have sufficient time to complete this process and that patient access to clozapine is maintained. The FDA is also evaluating next steps regarding the December 14 pre-dispense authorization launch. Read **MORE**.

From [November 20 Psychiatric News Alert](#)

MPS Book Club News

The MPS Book Club meets five times per year, with book choices made by a consensus of members present. We began our Fall season in September at the home of Virginia Ashley. We discussed **The Infatuations** by Javier Marias, a Spanish novelist. We met again in November at Dinah Miller's home to discuss **The Good Doctor** by Damon Galgut, a South African novelist. Susan Wait will host the January MPS Book Club meeting which will feature **Euphoria** by Lily King. The novel is based on the life of Margaret Mead. Members interested in participating should contact me at cebrdk@verizon.net for details.

Lisa Beasley, M.D., Co-Chair

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.

Viviana Alvarez Toro, M.D. (RFM)
 Mariel Herbert, M.D. (RFM)
 Akira Sawa, M.D. (GM)

November 10 Council Highlights

Gayle Jordan-Randolph, Maryland's Deputy Secretary for Behavioral Health was invited to give an update. She announced that Barbara J. Bazron, Ph.D. has been selected as Executive Director of the Behavioral Health Administration [see article on [page 5](#)]. Regarding the Medicaid prescribing issue, she stated that DHMH is proceeding with the CMS regulations as this is a federal mandate. A relationship with primary care doctors who participate with Medicaid may become a part of the solution for psychiatrists who do not want to enroll. She underscored that Maryland physicians need to be creative to resolve this issue. Her final comments focused on Maryland being the only state that retains a carve-out for mental health services. DHMH has stated this has been cost effective and that it has led to expanded mental health system services. Maryland has received a planning grant from SAMHSA to develop two organizations that will model federally qualified mental health centers. Maryland will also be applying for the additional grant for implementation and potentially expanding the program.

Executive Committee Report

Dr. McCann gave the Executive Committee report in Dr. Zimnitzky's absence:

- The three MPS member candidates running in the APA will be invited to attend the January 12 MPS Council meeting to speak, along with their opponents. [see [page 7](#) for more info.] Council meetings are open to all.
- The second annual review of the MPS investment reserve fund managed by Financial Advantage Associates indicated that the fund has weathered a complete market cycle and has increased by 2% annually, net of fees. This is a better return than the funds would have made in CDs.
- The MPS database and website project is moving forward, with staff reviewing a revised contract to implement the final 3 phases of the data conversion, Find a Psychiatrist and member accounts.
- The MPS is the only APA District Branch with a budget year based on July 1 - June 30. The others, as well as the APA, use the calendar year. The Executive Committee researched changing to a calendar year for financial purposes. The advantages would be that the incoming Secretary-Treasurer would not have to present a budget early in the term to a new Council, and that dues billings for MPS and APA would coincide. The Executive Committee's recommendation that the MPS change from a fiscal year to a calendar year was approved unanimously.
- The MPS accreditation by MedChi/ACCME to approve programs for CME credit is up for renewal in 2016. The Executive Committee discussed whether to continue this program or utilize the APA for approving programs for CME credit, as many other District Branches do, and realize some cost savings. Staff recommended the APA option, which would reduce the administrative work of maintaining accreditation. We work closely with MedChi and would continue to pursue joint events. The Executive Committee recommended drop-

ping accreditation, and Council unanimously supported the change.

Network Adequacy

Dr. Daviss gave an update on network adequacy initiatives in Maryland. He participates on the Maryland Health Benefit Exchange Network Adequacy/Essential Provider Community Network Workgroup where Megan Mason of the Maryland Insurance Administration reported that MIA took action on the last day of October against five Maryland Health Benefit Exchange plans for violating the Mental Health Parity and Addiction Equity Act. CareFirst, BlueChoice, GHMS, Kaiser, Cigna, and Evergreen were each sent Orders with various findings and required corrective actions. Two received administrative penalties (\$30K & \$9K) and all must correct the violations within specified timeframes. The orders are to be published on the [MIA website](#). Members should [email Dr. Daviss](#) for more information. The types of violations in the findings include:

- Inadequate networks for methadone providers, geriatric psychiatrists, psych/neuro DOs, LCPCs
- Different methods of determining reimbursement rates (the Evergreen one mentions CPT codes) for MH vs. med/surg
- Failure to ensure that carveouts coordinate with the plan so as to use similar methods for network credentialing and for reimbursement rates
- Incredibly, one of them (Cigna) required MH providers with a personal history of substance abuse treatment to have two years of sobriety before they can be credentialed, but no similar requirement for med/surg providers.

Executive Director's Report

Mr. Hummel stated that he attended the APA District Branch executives meeting in Washington DC October 28-30. He also attended the Area 3 meeting on October 30. He noted that staff continue to work on the [MPS website](#) and encouraged all members to visit. Completion of the database should be early 2016.

Secretary-Treasurer's Report

Dr. Palmer presented the first quarter MPS financial statements ending September 30. Current assets are down from last year which reflects expenditures on the new website (\$43K). The investment reserve fund will be reconciled at year end but it has increased nearly \$1.5K. Accounts receivable are up over last year but this is due to pledges for the amicus brief as well as directory ad payments that are due. The MPS is also holding nearly \$5K of Area 3 MOC funds at their request. At the end of the first quarter, there is a \$19K surplus with revenues exceeding budget by \$20K. However, the expenses for the amicus, the directory and the November CME expenses have yet to come in. *MPS News* ads are up \$5K over budget, and there is a surplus for the amicus brief, which is being held in case there are any appeal proceedings. Compared to last

(Continued on next page)

year, total revenues are \$1K more and expenses are \$2K less which result in \$3K more net assets. Since July 1, operations have resulted in a \$52K increase in cash, mostly from dues payments. An additional \$4K was spent in the first quarter for the database website project resulting in a net \$48K increase in cash. Council approved the report unanimously.

Program and CME Committee Report

In Dr. Addison's absence, Dr. Aaronson reported that the November 7 CME conference, *From Screening to Treatment and Everything in Between*, had over 100 people in attendance and a preliminary profit of \$3K. The Spring 2016 CME will be a half day focused on current issues relating to treatment in the LGBT community. The committee is in the process of developing topic areas and welcomes input. Fall 2016 may bring a joint program with MedChi featuring Richard Kogan, M.D. discussing *Beethoven's Deafness: Psychological Crisis & Artistic Triumph*.

Membership Committee Report

Dr. Lehmann reminded Council that the drop date for non-payment of MPS dues will coincide with the APA drop date-March 31, 2016. She encouraged all members to pay their dues before the drop date.

Nominations and Elections Committee Report

Dr. Lehmann presented the list of nominees for the 2016 MPS election.

Secretary-Treasurer Patrick Triplett, M.D.

Councilor (4 positions)

Jason Addison, M.D.	Ronald Means, M.D.
Thomas Franklin, M.D.	Vani Rao, M.D.
Ann Hackman, M.D.	Karen Swartz, M.D.
Margo Lauterbach, M.D.	Nancy Wahls, M.D.

RFM Councilor Paul Nestadt, M.D.

APA Assembly Rep. Annette Hanson, M.D.

Council voted unanimously to approve the slate.

Nominations for Nominating Committee

Council voted to nominate the following members to run for two positions on the Nominations and Elections Committee: Drs. Andrew Angelino, Anne Hanson Sally Waddington and Brian Zimnitzky.

Review of Executive Director's FY16 Compensation

In accordance with the MPS policy of complying with IRS 990 requirements related to executive compensation, Dr. Palmer reported that the MPS Executive Committee reviewed the Maryland Nonprofits' Salary Survey for comparable salaries paid to top level executives. Council discussed Mr. Hummel's current compensation after he was asked to leave the room, and voted to approve it.

APA Assembly Representative's Report

Dr. Daviss and Dr. Roca reported on Action Papers that involved the Veteran Administration and changes to nominations for APA and Area elections. A full report on the Assembly actions will be forthcoming.

Help Support MPS & APA Parity Efforts

Organized psychiatry is working to influence implementation of the Mental Health Parity and Addiction Equity Act. This federal law makes it clear that insurers can no longer discriminate against patients with mental illness, including substance use. [Click here](#) to become familiar with its provisions and limitations.

The [Maryland Parity Project](#) is actively partnering with the MPS and the APA to investigate possible violations and ensure that all insurers comply with the law. [For example, see the MIA actions on [page 3](#) under Network Adequacy.]

Many people are unaware of what constitutes a violation. One way that members can help is to print the informative flyer on the [MPS website](#) and make it available to patients and others in their waiting rooms. Patients who know their rights are better equipped to protect their rights. If you do not have access to a printer, please contact the MPS office for paper copies.

Another way members can help is to provide documentation of discriminatory reimbursement and/or improper prior authorization procedures. For full details of these two initiatives, please [click here](#) and scroll down to the heading that begins "PLEASE HELP..."

For more information or to get involved, please contact Kery Hummel at khummel@psych.org or 410-625-0232.

Holiday Hours

The MPS office will be closed on December 24, 25, 31, and January 1 in observance of the holiday season.

Medication for Alcohol Use Disorder

Medications are underused in the treatment of alcohol use disorder, so SAMHSA created a pocket guide, [Medication for the Treatment of Alcohol Use Disorder](#), which offers a checklist for prescribing medication, approved medications for the treatment of alcohol use disorder, standard drink sizes/amounts and recommended limits, and more. Click the link to download for free or place an order.

Maryland News

New BHA Executive Director

On November 6, DHMH Secretary Van T. Mitchell and Deputy Secretary Gayle Jordan-Randolph, M.D. announced the appointment of Barbara J. Bazron, Ph.D. to the position of Executive Director of the DHMH Behavioral Health Administration (BHA). Dr. Bazron succeeds Albert Zachik, M.D., who was appointed Acting Executive Director when Brian Hepburn, M.D. retired earlier this year. Dr. Bazron will join the Department effective December 9.

Dr. Bazron has over 25 years of executive leadership experience within the fields of addictions, mental health and special education. She comes from the District of Columbia Department of Behavioral Health where, as Acting Director, she led the agency responsible for developing and managing D.C.'s public behavioral health system with an annual budget of \$277 million. Previously, she served as Senior Deputy Director where she was responsible for overseeing the continuum of recovery-oriented services for adults, children, and youth, including:

- Treatment for individuals with both substance use and mental health disorders;
- Specialized housing and a system of support for transition age youth;
- Innovation programs, including a suicide hotline with the public transit system, an urgent care clinic, and a youth behavioral health diversion program; and
- An applied research and evaluation unit.

Dr. Bazron attended Oberlin College where she earned her Bachelor of Arts in Anthropology and Archeology. She earned her Masters of Education, with a concentration in Special Education, from the University of Cincinnati and her Doctorate of Philosophy from the University of Pittsburgh.

2015 MIA Report on Medical Liability Insurance in Maryland

The Maryland Insurance Administration has released its "[2015 Report on Availability and Affordability of Health Care Medical Professional Liability Insurance in Maryland](#)," which states that the number of companies offering medical malpractice insurance in Maryland has remained relatively stable but highly concentrated. In 2014, two insurer groups wrote just over 60 percent of all premiums. Overall, insurance premiums increased significantly between 2002 and 2005, and then decreased or remained the same through 2014.

Exhibit D shows rates for psychiatrists in three geographic areas. Although there were significant differences in the rates charged by various companies, most companies did not change their premiums over the past four years.

2015 MIA Report on Health Benefit Plan Covered Lives

In November, Insurance Commissioner Redmer [reported to the legislature](#) on the estimated number of insured and self-insured health plans and covered lives under age 65. There are two types of health benefit plans in the commercial market: insured health benefit plans and other employment-based health benefit plans. Insured health benefit plans include group and individual insured health benefit plans. Insured health benefit plans are regulated by the Maryland Insurance Administration (MIA) and subject to Maryland law. Other employment-based health benefit plans include group self-insured health benefit plans and the Federal Employees Health Benefit Plan. These health benefit plans are not regulated by the MIA and, for the most part, are not subject to Maryland law. **As of 2015, the MIA regulates and Maryland state law applies to commercial health benefit plans for approximately 20% of the population under the age of 65, and for approximately 36% of all covered lives.** The report includes four tables of data that illustrate the trend of decreasing proportions of the population covered by commercial plans.

Physicians Must Register to Certify Patients for Medical Cannabis

Under the new Maryland law regarding medical cannabis, physicians in the state must register with the Maryland Medical Cannabis Commission (MMCC) if they wish to certify patients for medical cannabis treatment. MMCC, which anticipates medical cannabis will be available to patients during the second half of 2016, has established an online physicians' registry at the Commission's website, MMCC.maryland.gov.

In order to complete the registration, physicians will need to provide their Maryland medical license number and controlled dangerous substance (CDS) number. After successfully registering, physicians will receive an instant email message confirming the process is complete. The confirmation email will make reference to the patient registry and the written certification form, although these documents are not currently available on the website. The commission anticipates these materials will be available in early 2016.

In addition to the physician registry, the MMCC website includes extensive information regarding medical cannabis as a treatment option for patients, including links to online courses and training in the science and medicine of cannabis. The site also includes notices of seminars and other live events of interest to Maryland physicians.

From [November 9 MedChi News](#)

Maryland News

Md Health Connection Open Enrollment Dec. 15 Deadline for Jan. 1 Coverage

Maryland's state-based marketplace for health coverage opened November 1 with improved [in-person help for consumers](#), a [broker directory](#), [enrollment events](#), a more mobile-friendly [website](#) and a streamlined application process. In 2015, more than 700,000 Marylanders enrolled through Maryland Health Connection in its second year, including 120,000 in private plans and more than 600,000 in Medicaid. Nine of every 10 people received some type of financial help to offset the cost of premiums. Improvements for 2016 include:

Simpler renewal: Most 2015 enrollees in Maryland Health Connection will be renewed automatically in the same plan or a similar plan if their plan has changed. If they received a subsidy in 2015, in most cases if their income hasn't changed much they will receive a similar one in 2016. Consumers may want to compare plan prices since some have increased and others have decreased.

Small business coverage: The Small Business Health Options Program (SHOP) is open to businesses with 50 or fewer full-time-equivalent employees. The program offers a two-year tax credit to help offset costs for qualifying businesses and more coverage options.

New dental plans: For 2016, Marylanders can enroll online in a dental-only plan or enroll in dental at the same time they enroll in a health plan — 19 plans in all from 6 dental insurers.

For 2016, the federal tax penalty for lacking coverage increases to 2.5% of gross household income over the federal income tax filing threshold, or \$695 per individual — whichever is greater. That compares to the 2015 penalty of 2% of income over the threshold or \$325 per individual. The law provides certain exemptions, including for people below a certain income and those who are without coverage for fewer than three months.

Coverage will begin on January 1 for enrollments completed by December 15. Enrollments completed December 16 - January 15 will have coverage starting February 1. Enrollments completed January 16 - 31, the last day of open enrollment, will have coverage starting March 1.

[The Maryland Health Benefit Exchange](#) is a public corporation and independent unit of the state government established in 2011 in accordance with the Patient Protection and Affordable Care Act of 2010. It is responsible for administering the [Maryland Health Connection](#), which is the state-based health insurance marketplace for comparing and enrolling in health insurance, as well as determining eligibility for Medicaid and other assistance programs, federal tax credits and cost-sharing reductions.

New Drug Coverage Law Takes Effect in 2016

The MPS Legislative Committee took action on the following bill enacted during the 2015 General Assembly. It establishes a new drug coverage requirement for Maryland health insurance carriers. Please click on the link for details or contact [Kery Hummel](#).

[SENATE BILL 606 \(Chapter 372\) – Health Insurance-Abuse-Deterrent Opioid Analgesic Drug Products-Coverage](#)

Requires carriers that provide prescription drug coverage to provide coverage for (1) at least two brand-name abuse-deterrent opioid analgesic drug products, each containing different analgesic ingredients and (2) if available, at least two generic abuse-deterrent opioid analgesic drug products, each containing different analgesic ingredients. The required offerings of abuse-deterrent opioid analgesic brand-name or generic drug product must be on the lowest cost tier for brand-name or generic prescription drugs on the carrier's drug formulary, respectively.

Prohibits carriers from requiring an insured or enrollee to first use an opioid analgesic drug product without abuse-deterrent labeling before providing coverage for an abuse-deterrent opioid analgesic drug product covered on the entity's prescription drug formulary.

Establishes that carriers may undertake utilization review, including preauthorization, for abuse-deterrent opioid analgesic drug products covered by the carrier, if the same requirements are applied to non-abuse-deterrent opioid analgesic drug products covered by the carrier in the same formulary tier as the abuse-deterrent opioid analgesic product.

Effective Date: January 1, 2016

MPS Members Out & About

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

Mark Komrad M.D. was featured on the [Baltimore Sun](#) Dan Rodricks *Roughly Speaking* [podcast](#) sounding an alarm on physician-assisted suicide in Europe, where two countries allow it for people who have not been declared terminally ill by a doctor. His segment starts at 26min 30sec.

APA News & Updates

Three MPS Members on APA Ballot

The coming 2016 APA election slate includes what is probably an unprecedented number of MPS members among the races for top APA positions, including APA President-Elect, APA Trustee-at-Large and APA Area 3 Trustee. (The slate is considered public, but not official, until the Board of Trustees approves it at their December 2015 meeting.) These members all have an excellent foundation of proven leadership with the MPS that they would be able to build on in new roles at APA.

Anita Everett, M.D. is at the top of the ballot running for APA **President-Elect** against Frank W. Brown, M.D. Anita is a past president of the MPS and currently serves on the board of directors of the Maryland Foundation for Psychiatry. She is the section director of the Community Psychiatry division at Johns Hopkins Bayview Medical Center. Dr. Everett states, "MPS is a great district branch that is welcoming and represents our profession and the patients we serve well. It has been an honor to have been involved with MPS for many years and I hope to carry that experience forward to APA nationally." In addition, she is President, American Association of Community Psychiatrists and Trustee At Large, APA Board of Trustees. Dr. Everett's website, www.anitaapa.com, shares her three top priorities: ensuring access to psychotherapy and treatment for all Americans, modernizing APA member benefits to make APA membership indispensable for practicing psychiatrists, and highlighting successful community psychiatry services. The theme of her campaign is *Moving Forward*.

Geetha Jayaram, M.D., M.B.A. is in a 4-way race against Jenny L. Boyer, M.D., Ph.D., J.D., Rebecca Brendel, M.D. J.D. and Richard Summers, M.D. for APA **Trustee-at-Large**. Geetha has served on over 20 committees and councils of the MPS and the APA. During her 35 years of MPS membership, she has been elected to four terms on the MPS Council as well as two terms as the MPS representative to the APA Assembly. She also chaired the MPS Program and CME Committee. Dr. Jayaram is an Associate Professor at Johns Hopkins Hospital, in both the Department of Psychiatry and the Department of Health Policy and Management. She is also on the faculty of the Armstrong Institute for Patient Safety and Quality. Her campaign statement includes "...We must evaluate low cost systems of care for those unable to afford services and medications; promote the science that underlies all psychiatric disorders; encourage the involvement and participation of our members in training and early career psychiatrists at all levels of the APA." For more details, go to www.GeethaJayaram.com.

Steve Daviss, M.D. is running for **Area 3 Trustee** against another Marylander, Roger Peele, M.D., who is a longtime MPS Affiliate, with membership based in the Washington Psychiatric Society. Steve is a former MPS president, who has served as APA Assembly Rep since 2012, on the Maryland Foundation for Psychiatry Board since 2007, on numerous MPS committees, and as MedChi Delegate. At the APA, Dr. Daviss chairs the Committee on Mental Health IT, and sits on the Council on Quality. He is a C-L psychiatrist working at the intersections of psychiatry, primary care, information technology, and healthcare policy, a clinical assistant professor at University of Maryland and a former department chair at BWMC. He states, "Passionate advocacy and fresh perspectives are why you should vote for me. By participating at multiple levels to assert psychiatry's unique roles, I have worked to ensure that the value we bring to improving people's lives is recognized, understood, and fulfilled. APA needs to take control in shaping our future by being involved at every level of the rapid changes in healthcare..." Visit drdaviss.com.

Voting begins January 4. Not many people vote, so **PLEASE VOTE** - every vote counts!!! For more election information, please visit the [Election](#) section of the APA website or email election@psych.org.

SMPS MPPAC Phonathon

Saturday, January 9, 2016 from 1 to 5 PM
Dr. Tablang-Jimenez's home in Clarksburg, MD 20871

Bring your cell phones to contact SMPS members for PAC contributions. Refreshments will be provided.

By authority of Leonard Hertzberg, Treasurer MPPAC

Medicare Resources

The [Complying with Documentation Requirements for Laboratory Services](#) Fact Sheet explains how to properly document necessary information, including physician signature, intent to order and medical necessity.

The [Inpatient Psychiatric Facility Prospective Payment System](#) Fact Sheet has been updated. It describes how rates are set, quality reporting etc.

APA News & Updates

October APA Board of Trustees Meeting Highlights

Approved relaying the following feedback on MOC to the ABPN:

- The APA does not agree that there should be an exam every ten years for MOC.
- Certification of lifelong learning should be an integrated ongoing process relevant to actual practice.
- APA will work with ABPN to improve the certification of lifelong learning process—APA will recommend members for a committee to do this.
- Should there be an exam at any point; most questions should be related to the psychiatrist's subspecialty with inclusion of some relevant general psychiatry questions.
- No psychiatrist should be forced to maintain her/his underlying general and subspecialty certification through more than one certification process.
[unanimous vote]

I had the privilege of serving on the Ad Hoc Work Group on Social Issues, which recommended (and the Board approved) that the APA confine public statements to the issues meeting the four criteria listed below. It also decided to discard the term "social issues" and treat all issues alike.

- The APA should have substantial expertise or perspective to offer.
- Positions should be relevant to access of care or the prevention, diagnosis, or treatment of psychiatric disorders.
- The issue being considered should be significant for psychiatrists and their patients.
- The APA should develop positions on issues where the APA may have a meaningful impact and positively shape public opinion.

Approved signing the amicus brief of the Maryland Psychiatric Society in *Allmond v. Department of Health and Mental Hygiene* and the amicus brief of the Washington State Psychiatric Association in *Volks v. DeMeerleer*.

Approved broadening the Carol Davis Ethics Award criteria to include any APA member who has authored an outstanding publication on ethics in psychiatry, and changing the frequency from annual to periodic (given at the discretion of the Ethics Committee, but no more than once a year).

Brian Crowley, M.D., DLFAPA
Area 3 Trustee

APA Learning Center Course of the Month

To encourage members to try the new APA Learning Center, the APA now offers a free CME course each month. For December, the course is [Adding an Ounce of Prevention: Applying Prevention Principles to Modern Psychiatry](#). *Preventive interventions focused on mental illness are aimed at helping to reduce risk factors in order to decrease the incidence and prevalence of mental illnesses – while also alleviating their impact on the person, their family and society. But what do we currently know about applying prevention principles to schizophrenia, suicide prevention, and substance abuse prevention? This course will outline practical, universal preventive interventions you can incorporate into your daily practice.* Please click on the link for details.

APA Twitter Chat on Holiday Mental Health

On Thursday, December 3 at 1 PM, the APA will co-host a Twitter chat on Holiday Mental Health with the Association for Behavior Health and Wellness's [Stamp Out Stigma](#) campaign. Seasonal affective disorder, stress and a host of other issues will be covered. Follow the hashtag #SOSChat to join the conversation.

Take Advantage of this Member Benefit

The APA has launched a new tool to help patients find and connect with psychiatrists across the United States and Canada – the Find a Psychiatrist database. APA members who are accepting new patients can opt in to the database by clicking [here](#). If you have questions or need help, please contact APA Customer Service at 1-888-35-PSYCH or email apa@psych.org.

Free Film Preview Event

TOUCHED WITH FIRE, a feature film by Paul Dalio, will be screened on December 14 at 7:00 PM at The Charles Theatre, 1711 N. Charles Street, Baltimore, MD 21201. The screening will be followed by a question-and-answer session with the filmmaker, as well as experts from the Johns Hopkins Department of Psychiatry and Behavioral Sciences, Director J. Raymond DePaulo, Jr., M.D. and author and teacher Kay Redfield Jamison, Ph.D. The event is free, but [please RSVP](#). To learn more, visit <http://www.hopkinsmedicine.org/psychiatry/film>.

Medicare News & Information

Medicare Enrollment/Change of Status Ends December 31

The annual open enrollment period for Medicare providers and suppliers ends **December 31**. Open enrollment gives nonparticipating providers an opportunity to become participating providers and vice versa. If you are a participating provider and have been receiving cuts in your Medicare reimbursement because you don't have an approved electronic health records system or have failed to participate in the Physician Quality Reporting System (PQRS), you may be able to recoup some of that income by becoming a nonparticipating provider. The effective date of changes submitted during the open enrollment period is **January 1**. Learn [MORE](#).

From [November 25 Psychiatric News Update](#)

Considering Opting Out of Medicare?

Beginning June 1, 2016, prescribers who write prescriptions for Part D drugs must be enrolled in an approved status or have a valid opt-out affidavit on file with Medicare in order for their prescriptions to be covered under Medicare Part D. Before opting out of Medicare, consider the following:

- You cannot be paid for Part A or B benefits offered by a Medicare Advantage plan, including supplementary benefits (other than emergency or urgently needed services)
- Opt out periods last for two years and cannot be terminated early unless you are opting out for the very first time and you terminate your opt out no later than 90 days after the effective date of your first opt out period

To learn more about the options available, refer to the [decision chart](#). The [APA website](#) also describes essential things to know, along with templates.

For more information on the prescriber enrollment requirements refer to the [Part D Prescriber Enrollment](#) webpage. Submit your application by **January 1**, so your application can be approved by the June 1 deadline.

Check the [list of enrolled providers](#) if you're not sure if you're already enrolled.

2016 Medicare Fees

Novitas announced that the Medicare Physician Fee Schedule for 2016 is [now available for download](#) in PDF, Excel, and Text formats. 2016 procedure codes will also be individually searchable through its [Fee Lookup Tool](#) beginning January 5, 2016.

Please also see [page 10](#) for several 2016 Medicare payment policy updates.

On Tuesday, **December 8** from 1:30 to 3 PM, a MLN Connects call will discuss how the 2016 Medicare Physician Fee Schedule [final rule](#) impacts Medicare quality reporting programs. ([Click here](#) to review the changes to various quality programs and Physician Compare.) A question and answer session will follow. To register, visit [MLN Connects Event Registration](#). The agenda includes:

- Program changes to the Physician Quality Reporting System (PQRS), Electronic Health Record Incentive Program, Comprehensive Primary Care initiative, Value-Based Payment Modifier (Value Modifier), Medicare Shared Savings Program (Shared Savings Program) and Physician Compare
- Final changes to PQRS and Value Modifier reporting criteria for 2016
- Criteria for satisfactorily reporting to avoid a PQRS negative payment adjustment and an automatic Value Modifier downward payment adjustment in 2018
- Moving toward the Merit-based Incentive Payment System and Alternative Payment Models, based on the amendment of the Medicare Access and CHIP Reauthorization Act of 2015

The target audience is physicians, Accountable Care Organizations, Medicare eligible professionals, therapists, medical group practices, practice managers, medical and specialty societies, payers, and insurers. This MLN Connects Call is being evaluated for CME and CEU continuing education credit (CE). Refer to the [call detail](#) for more information.

Novitas has issued a correction to a telephone number on the [2016 participation post card](#). The correct phone number to call if you do not have internet access and require a paper copy of the 2016 Participation Enrollment and Information Package is **1-877-235-8073**.



Medicare News & Information

Medicare Payment Policy Updates for 2016

With the release of a nearly 1,360-page [final rule](#), CMS issued the policies that will govern physicians' Medicare payments in 2016. The AMA has identified some particularly noteworthy changes:

1. Payment rates will drop slightly. The conversion factor used to calculate physician payments for the year was influenced by three different laws. With the 0.5 percent payment update from the Medicare Access and Chip Reauthorization Act (MACRA) included, next year's conversion factor will be \$35.83—down 10 cents from 2015.

2. Advanced care planning will be a covered service. Medicare will begin paying for two CPT codes for advanced care planning services, which include conversations between patients and their physicians before an illness progresses and during treatment. Previously, advanced care planning only was covered as part of the "Welcome to Medicare" visit for new enrollees.

3. "Incident to" services will not be restricted to certain professionals. CMS has made it clear that incident to services do not need to be supervised by the same physician who is "treating the patient more broadly," which accommodates group practices and multispecialty clinics that provide recurring treatments that may not be supervised by the physician managing the care.

5. Opting out of Medicare won't require biennial renewals. In the past, physicians who have wished to renew their opt-out status were required to file new valid affidavits with their Medicare administrative contractors every two years. However, now physicians who filed valid opt-out affidavits on or after June 16, 2015, will NOT need to file renewals. The only action required will be if these physicians choose to cancel their opt-out status. In that case, they simply will need to provide written notice to the Medicare administrative contractors with which they have filed an affidavit at least 30 days before the start of the new two-year opt-out period.

Learn more about these policy changes and others from the 2016 Medicare Physician Fee Schedule final rule in an [AMA synopsis](#) (log in).

From [November 13 AMA Wire post](#)

New Deadline for Informal Review of PQRS Reductions: December 16

There are no hardship exemptions for the PQRS payment adjustment. If you believe that the 2016 PQRS payment reduction is being applied in error, you can submit an informal review request. All informal review requests must be submitted **by December 16** via a web-based tool, the Quality Reporting [Communication Support Page](#). CMS will send a decision via email within 90 days. These decisions will be final and there will be no further review or appeal.

Click [here](#) for a 2014 PQRS overview with steps for completing the informal review process.

Value Modifier Review Period Extended to December 16; New QRURs Released November 16

December 16 is the new deadline for requesting an informal review of the 2016 Value Modifier to correct any perceived errors in the calculation. The 2014 Annual Quality and Resource Use Reports (QRURs) are available for every group practice and solo practitioner nationwide. These reports show 2014 performance on the quality and cost measures used to calculate the 2016 Value Modifier. For groups of 10 or more, the QRUR shows how the Value Modifier will apply to Medicare payments in 2016. For other groups and solo practitioners, the QRUR is for informational purposes only.

CMS identified issues that impacted the original 2014 QRURs that were released on September 8. There were issues with data submitted via electronic health record (EHR) and Qualified Clinical Data Registry (QCDR), as well as a technical issue with the claims used to calculate claims-based measures. After correcting these issues, CMS released revised 2014 Annual QRURs on November 16. **For a small percentage of groups, this correction resulted in a change to their Value-Based Payment Modifier (Value Modifier) calculation which will apply to 2016 Medicare payments. Therefore, we strongly encourage that you access and review your TIN's QRUR as soon as possible.**

Access the 2014 Annual QRURs on the [CMS Enterprise Portal](#) using an Enterprise Identify Data Management (EIDM) account with the correct role. For more information on how to access the 2014 Annual QRURs, visit [How to Obtain a QRUR](#). Additional information and how to request an informal review is available on the [2014 QRUR](#) website and through the Help Desk at pvhelpdesk@cms.hhs.gov or 888-734-6433 (select option 3).

[Click here](#) for a new Novitas Medicare Part B document on **Mental Health Services**.

Court Says Physicians can Sue Insurers for Underpaid Claims

The ruling of a U.S. court of appeal weighed whether physicians who are assigned insurance policy benefits have the right to bring lawsuits against insurers that fail to pay correctly for medically necessary services provided to covered patients. Its conclusion was a victory for physicians and patients: an assignment of the right to payment is sufficient to confer standing to sue under the Employee Retirement Income Security Act of 1974 (ERISA). The decision resolves several conflicting lower court rulings.

The North Jersey Brain and Spine Center (NJBSC) operated on three patients who were insured under employee benefit plans administered by Aetna. NJBSC obtained assignments "to all payments for medical services rendered" from each of these patients. All three surgeries were medically necessary and authorized by Aetna, yet the insurer denied or underpaid each of the claims. NJBSC appealed to Aetna without success and so filed a suit under ERISA.

A district court agreed with Aetna that the current assignments were insufficient. More specific language was required for patients to assign their full policy benefits to physicians, which would allow physicians to assert ERISA benefit claims. The ruling essentially meant that standard assignments of benefits weren't sufficient to give physicians grounds to file a lawsuit. Instead, physicians would be limited to whatever the insurance company happened to pay, even if that was less than the amount required under the patient's insurance policy.

On appeal, the U.S. court of appeals reversed the lower court decision. Physicians willingly provide medical care without demanding up-front payments because they are confident that, if necessary, they can pursue remedies under ERISA for denied or underpaid insurance benefits. Physicians' ability to deal directly with insurance companies when there is an issue with how a claim has been paid not only saves the patient, who may be ill, from dealing with overwhelming administrative processes, but also prevents financial constraints from interfering in the patient-physician relationship.

From [November 30 AMA Wire post](#)

Insurance Commissioners Propose More Expansive Health Networks

The National Association of Insurance Commissioners (NAIC) established a [1996 Managed Care Plan Network Adequacy Model Act](#), which specifies in Section 5 that networks should be "...sufficient in numbers and types of providers to assure that all services to covered persons will be accessible without unreasonable delay..." Their model act is currently under review, with extensive [revisions pending](#), including new sections addressing non-participating providers working at participating facilities and provider directories. For example, one new provision expands the instances when the carrier must cover as in-network the treatment by non-participating providers.

A November 8 [New York Times article stated](#) that the NAIC developed these proposals during an 18-month drafting process that was open to the public. It also reported that Harvard researchers found that almost 15% of health plans in the federal marketplace completely lacked in-network physicians for at least one specialty, with psychiatry among those most often missing. The model act can serve as a guideline for state legislatures seeking to improve patients' experience with accessing the benefits under their health insurance plans.

A [November 27 opinion piece](#) in the *Washington Post* underscores the problem of inadequate networks of mental health practitioners for Americans newly covered under the ACA and asks "...what good is insurance if there are no doctors available to treat them?"



The Caroline County Health Department

A State Agency Serving the People of Caroline County

BE/BC Child/Adolescent Psychiatrist Full-Time or Adult Psychiatrist Part-Time for out-patient community mental health facility on Maryland's scenic Eastern Shore, one hour, 15 minutes from Baltimore-Washington area. The clinic is located in a Professional Shortage Area, is a National Health Service Corps site and is eligible for loan repayment. Send resume & cover letter to Michael Campbell, LCSW-C, Director, Caroline Co. Mental Health Clinic, 606 Sunnyside Ave., Denton, MD, 21629, phone 410-479-3800, ext. 117, fax 410-479-0052 or e-mail: mike.campbell@maryland.gov

Join The MPS Listserv!

Join the on-line MPS listserv so you can quickly and easily share information with other MPS psychiatrists. An email message sent to the listserv goes to all the members who have joined. To join, click [here](#). You will need to wait for membership approval and will be notified by email. If you have trouble negotiating this, please call the MPS office at 410-625-0232.

CLASSIFIEDS**EMPLOYMENT OPPORTUNITIES**

Psych Associates of Maryland, LLC seeks Child and/or Adult psychiatrist to join its thriving practice in Towson. We offer a collaborative care model with both therapists and psychiatrists. Full administrative support daily. NEVER SPEAK TO INSURANCE COMPANY FOR PREAUTHS! Very flexible scheduling. Unlimited vacation time. Ability to be an Employee or Independent contractor. Potential partnership available. Email Drmalik.baltimore@gmail.com or call 410-823-6408 x13. Visit our website at www.pamllc.us

PSYCHIATRIST—The outpatient psychiatry clinic at MedStar Franklin Square Medical center is expanding. We currently have 11 psychiatrists. We are looking for a full time or two half time psychiatrists. We allow 75 minutes for evaluations and 25 minutes for medication management. WE HAVE RECENTLY REVISED OUR COMPENSATION STRUCTURE. We offer flexible hours, CME reimbursement, 6 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.

The Inpatient Psychiatry Units at MedStar Franklin Square Medical Center have expanded and are in need of the following psychiatrists: A PART TIME CHILD PSYCHIATRIST to work in an 11 bed adolescent unit; A FULL TIME ADULT PSYCHIATRIST to work in a 29 bed unit, and; A FULL TIME PSYCHIATRIST to work on the consultation and liaison service. MedStar Franklin Square Medical Center is a community hospital located in Baltimore County. We offer flexible hours, 6 weeks paid time off, CME reimbursement, 403B match, medical benefits, paid malpractice insurance and a collegial atmosphere. Please email CV to Corneliu Sanda, M.D., Chair, at Corneliu.sanda@medstar.net or call 443-777-7144 for details.

Established outpatient mental health clinic in Baltimore, MD is currently seeking Board Certified/Eligible child/adolescent and/or adult psychiatrists to work in the Baltimore area. We are a CARF and Joint Commission accredited organization and provide mental health services through large outpatient clinics, offsite rehabilitation programs, mobile treatment, substance abuse treatment, growing school-based programs and to detained youth at the Baltimore City Juvenile Justice Center. Both full and part time positions are available. Flexible hours including after hours and weekends. Excellent hourly pay. Experienced support team includes therapists, nurses, educators and a clinical psychologist. Visa assistance (J or H) is available. We are an HPSA designated site. Contact Monica Trish at 410-265-8737 or mtrish@hopehealthsystems.com

Key Point Health Services is actively seeking Psychiatrists and/or Nurse Practitioners for Permanent or Contractual positions in Catonsville, Dundalk, Aberdeen, Towson, and Perryville. Prescribers provide direct psychiatric assessment and care to individuals and families in Key Point treatment programs, including psychiatric evaluation, psychopharmacotherapy, and other psychiatric interventions as applicable for the populations assigned. Reviews charts, and consults with staff to develop accurate assessments and treatment plans. Based on assessments writes orders for medications required and develops plans for non-medical interventions. Ensures that clients and families are appropriately informed and obtains necessary consents for treatment. Completes required documentation including consents, assessment notes, contact notes, recommended treatments, etc. Ensures that documentation is adequately maintained. Key Point offers a full range of benefits under the State of Maryland satellite employee program and generous paid time off. Requirements: Current license to practice in the state of Maryland Must clear OIG, SOR, criminal, and drug screen. If working with children will require fingerprinting. Email CV to jobs@keypoint.org www.keypoint.org

Part-Time Psychiatrist needed. Nonpublic school in PG County seeks a candidate to provide medication management and consultation with ED students aged 6-21 and their families 1-2 days a week. Opening is immediate. For more information, please go to www.highroadschool.com, or email kwhite@highroadschool.com if interested.

2016 Awards for Advancing Minority Mental Health

The American Psychiatric Association Foundation is accepting applications for its 2016 [AWARDS FOR ADVANCING MINORITY MENTAL HEALTH PROGRAM](#). This annual award recognizes mental health professionals, programs, and organizations that are working to increase access to mental health care for underserved minorities and/or improve the quality of that care. Apply or nominate a colleague or organization. The deadline is **January 22**. Awards will be presented at the APA annual meeting in Atlanta.

(Continued on next page)

CLASSIFIEDS

EMPLOYMENT OPPORTUNITIES

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

Frederick County Behavioral Health Services is seeking a full time, benefitted adult psychiatrist for outpatient mental health clinic, to provide medication evaluation and management services. Flexible hours, full admin support, multidisciplinary team, no on call required. Must be board certified or board eligible and possess current Maryland license. Free parking available. Please go to <http://jobsaps.com/MD/> to apply.

AVAILABLE OFFICE SPACE

Beautiful office with large windows for rent in Crofton, Maryland in lovely, modern elevator building with covered parking available. Office is on the third floor, with wonderful views, in a suite with a psychiatrist, a social worker, and a receptionist. Crofton location is convenient and central to Washington, D.C., Baltimore, Annapolis and the suburbs in between in a highly populated area. Cleaning, utilities included, shared waiting room is fully furnished, \$1200 per month. Please call Jill Joyce, MD at 410-721-5030.

ELLCOTT CITY -- Full time (unfurnished) and part time (attractively furnished) offices in established, multi-disciplinary mental health suite. Ample parking and handicapped access. Expansive, welcoming waiting rooms with pleasant music throughout. Private staff bathrooms, full size staff kitchen with refrigerator, microwave, dishwasher, Keurig coffees and teas. Staff workroom with mailboxes, photocopier, fax machine, secondary refrigerator and microwave. Wireless internet access available. Plenty of networking and cross-referral opportunities with colleagues who enjoy creating a relaxed and congenial professional atmosphere. Convenient to Routes 40, 29, 70 and 695. Contact Dr. Mike Boyle, 410-465-2500

Jewish Community Services (JCS), is a non-profit human services agency that provides programs and services to support meeting basic needs for economic sufficiency; living independently; achieving mental health and competence; and feeling supported by and connected to the Jewish community in ways that are meaningful.

Jewish Community Services is seeking a Full or Part-Time (20 hours/week) Psychiatrist for our outpatient mental health center.

Job Skills/Qualifications:

-Conduct psychiatric evaluations and medication management

Experience:

-Psychiatric Resident or Fellow
-Child and adolescent experience a plus

Education:

-MD; Licensed in Maryland, DEA certification, liability insurance

Fax your resume and cover letter to 443-200-6108 or apply directly online to:

<https://home.eease.adp.com/recruit/?id=14919471>.

BOARD CERTIFIED PSYCHIATRISTS PART-TIME AND FULL-TIME OASIS: The Center for Mental Health Annapolis, MD

Thriving private outpatient mental health center in Annapolis, MD, has openings for PT and FT board certified psychiatrists able to treat children through adults. Hours flexible days/evenings until 10 p.m. weekdays and on Saturdays. Excellent working conditions with admin support; no "on call." Competitive salary and benefits.

If excellence is your standard, we want you on our team! Contact **Kathy Miller, MA LCPC**, 410-268-8590 or fax 410-263-8539.



OASIS: The Center for Mental Health
175 Admiral Cochrane Drive • Suite 110
Annapolis, MD 21401
www.oasismentalhealth.net
410.571.0888



Spring Grove Hospital Center

PSYCHIATRISTS (Contractual)

Spring Grove Hospital Center is a State of Maryland in-patient facility. SGHC is located in Catonsville, a suburb of Baltimore.

We are looking for **contractual** Psychiatrists willing to provide daytime coverage to our inpatients units for a minimum of 15 hours a week.

Adjustable work schedules are negotiable. Continuing medical education (CME) is available on site. Off-hours coverage is provided primarily by medicine rather than psychiatry.

Interested candidates, please visit www.dbm.maryland.gov to apply for our **contractual** Physician Clinical Specialist (Board Certification Required).

Send CV to:
Elizabeth Tomar, MD, Clinical Director
55 Wade Avenue
Catonsville, Maryland 21228
410-402-7596 * 410-402-7038 (fax)
elizabeth.tomar@maryland.gov

Adult/General Psychiatrist (M.D.) (fulltime) MedStar Good Samaritan Hospital

Educational Requirements: Completion of an approved psychiatric residency and Board Certified/Board Eligible in Psychiatry.

Experience: Experience in working with general adult psychiatric patients, and in providing psychiatric consultation to general hospital medical/surgical inpatient units.

Job Description: The Division of Psychiatry of MedStar Good Samaritan Hospital is expanding psychiatric services under the leadership of Elias K. Shaya, M.D. We are recruiting a full-time Psychiatrist whose time will be divided between office-based outpatient treatment and consultation to inpatient medical/surgical units of Good Samaritan Hospital, as well as teaching students and residents. Research opportunities will also be available and encouraged, if interested.

Our Psychiatrist will be supported by an excellent administrative staff and will collaborate with an experienced team of Social Worker/ Psychotherapists, Nurse Practitioners and other Psychiatrists. For more information, contact Ed Matriardi, LCSW-C, Operations Director, at 443.444.2237.

Position Benefits (for full time): Highly competitive compensation package including 25 PTO days, 6 Holidays, 3 Personal Holidays, a comprehensive medical plan with prescription, vision and dental coverage. Benefits also include short-term and long-term disability plans, a 403(b) retirement plan with company match, as well CME allowance.

Annual Salary:

Matches experience.

Start Date: As soon as credentialing is completed.

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