

MPS NEWS

Volume 29, Number 12

Editor: Heidi Bunes

April 2016

In This Issue

[Take Action on Insurance Abuses](#)

p. 2

[Irv Cohen - Lifetime of Service](#)

p. 3

[March MPS Council Highlights](#)

p. 3

[MPS Legislative Update](#)

p. 4 - 5

[Medicaid PDL Changes](#)

p. 5

[March APA BOT Highlights](#)

p. 6

[New Option for MOC Part IV](#)

p. 7

[Opioid Prescribing Guidelines](#)

p. 8

[Free Opioid Prescribing Training](#)

p. 8

[Medicare Revalidation](#)

p. 9

[Medicare Updates](#)

p. 10

[April CME: LGBT Patient Care](#)

p. 11

[April MPS Annual Meeting](#)

p. 11

In Every Issue

[Membership](#)

p. 2

[Classifieds](#)

p. 12 - 14

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

The next MPS Council meeting is 8 PM Tuesday, April 12th in the MPS office.

President's Column

Thank You

Its hard to believe that my year as president is coming to a close. As I write my last article, I would like to highlight the activities of the MPS as well as the contributions by our staff and members.

The Legislative Committee was very active this year, under the effective leadership of Jennifer Palmer and Anne Hanson. A number of bills dealing with psychiatry were introduced in the legislature. Regarding Death with Dignity legislation (physician-assisted suicide), we realized that our members have diverse views on whether physician-assisted suicide should ever be allowed. We opposed passage of the bill because it did not provide adequate protections to those suffering from mental illness - the bill was ultimately defeated. Other important legislation introduced this year dealt with the criminalization of failure to report child abuse (defeated) and the requirement of insurance companies to maintain accurate provider lists.

The Maryland Psychiatric Political Action Committee continues to serve an integral role in having our voice in the Maryland legislature. I would like to thank Bruce Taylor (Chair) and Leonard Hertzberg (Treasurer) for their years of service on the PAC. The upcoming year will bring changes: Andrew Angelino will become Chair, and Dina Sokal will become Treasurer.

The MPS has been working more closely with the American Psychiatric Association. Last fall, we met with APA representatives to discuss avenues to increase membership. Additionally, I attended an

APA event with a focus on how the APA can help with advocacy in state legislatures. The APA has resources to provide information and advocacy regarding a wide array of psychiatric issues. Finally, through our Area 3 meetings, the MPS has been able to work with other local psychiatric societies on a variety of activities.

We have continued to foster our relationship with the Suburban Maryland Psychiatric Society. This has been particularly important regarding legislative issues, as both of our organizations deal with the ramifications of legislation within the state of Maryland. We continue work with the SMPS on advocacy, lobbying and education. I would like to thank Marilou Tablang-Jimenez (SMPS President) for her work with our organization.

The Program and CME Committee, under the leadership of Jason Addison and Scott Aaronson, has continued to provide excellent educational opportunities to our members. This past fall, we had an extremely successful CME focused on substance abuse. The event was informative and well received. In a few weeks, we will be holding our spring CME ([Treating LGBT Patients](#)) on April 30 at Med Chi. Additionally, we will be holding training regarding maintenance of certification on April 25 at MPS.

The Membership Committee serves an important role at the MPS. Over the past several years, many professional organizations have had difficulty in attracting and retaining members. Without our members, we would not exist as an organization. Susan Lehmann and the committee have worked hard on maintaining members and communicating the value of

(Continued on next page)

membership in our society.

I would like to thank the Executive Committee for all their hard work over the past year. I learned the importance of having the immediate past president on the Executive Committee – Sally Waddington has provided me with valuable input and advice. Both Merle McCann and Jennifer Palmer have proven to be excellent colleagues who have been a pleasure to work with. I look forward to working with them as well as our new Secretary-Treasurer, Patrick Triplett, in the coming year.

Of course, none of this would be possible without the hard work and contributions of the staff at the Maryland Psychiatric Society. Kery Hummel has helped the organization in navigating a host of issues throughout the year. Heidi Bunes, with her knowledge and insight, has helped maintain our financial health and has worked hard on the website development and with the Maryland Foundation for Psychiatry. Meagan Floyd's dedication, knowledge and organizational skills have been valuable in event planning, website development and communication with our members and the public.

Finally, I would like to thank you, our members, for your contributions to the Maryland Psychiatric Society. It has been a joy to serve as your president.

Brian Zimnitzky, M.D.

Membership

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

Michelle S. Horner, D.O.
Bhinna P. Park, M.D.
Crystal Salcido, M.D.
Hang Wang, M.D.
Edgar Woznica, MD

Transfers Into Maryland

Lisa R. Carchedi, M.D.
Manoj Puthiyathu, M.D.
Yakir K. Vaks, M.D.

A new document, [Maryland Medicaid and You 2016](#), has been published in connection with the 50th anniversary of the State Medicaid program, which now covers over one million Marylanders. It describes the current system and explores possible future innovations such as telehealth.

Take Action!

MPS members are encouraged to use the following contacts when confronted with egregious roadblocks to delivering quality care in their practices.

For assistance with parity complaints

APA

[Colleen Coyle](#), APA General Counsel, can help assess possible parity violations

[Sam Muszynski](#), APA Director of Parity Enforcement, is another resource (call 703-907-8594).

You can also FAX information below to Maureen Bailey at APA – 703-907-1089

1. Name of patient's insurance company
2. Source of the insurance for the patient (Medicare, exchange plan, employer plan and if so, name of employer if you know it)
3. Name of the pharmacy benefit company
4. Drug requiring pre cert
5. Time you spent trying to get the prior authorization
6. Any impact on the patient while waiting.

Maryland Parity Project

Adrienne Ellis

443-901-1550

Maryland Insurance Administration

Attn: Consumer Complaint Investigation
(*indicate complaint is regarding Life/Health Insurance*)

200 St. Paul Place, Suite 2700

Baltimore, MD 21202

Phone: 410-468-2000 or 1-800-492-6116

Fax: 410-468-2270 or 410-468-2260

(Life and Health/Appeals and Grievance)

[Complaint form](#)

For problems with prior authorization of medication

Contact those above if the problem is related to parity or directly affects the patient, such as not being able to get a certain dose or lack of medicine will lead to hospitalization, etc. Otherwise, appeal to the chief medical officers of pharmacy management companies below. More suggestions are on [page 7](#).

Express Scripts
Caremark
OptumRx

Steve Miller, M.D.

977-503-4073

Troyen Brennan, M.D.

Brian K. Solow, M.D.

*Laura Gaffney, M.D., Chair
Payer Relations Committee*

March 8 Council Highlights

Executive Committee Report

- Dr. Zimnitzky announced that MPPAC leadership will change at the MPS annual meeting on April 28. Dr. Andrew Angelino will become Chair and Dr. Dina Sokal will become Treasurer. They will replace Drs. Bruce Taylor and Leonard Hertzberg, respectively.
- A big focus for the MPS Legislative Committee has been the End of Life Options. Dr. Anne Hanson has been instrumental in her research and testimony on this topic.
- He reminded Council that MPS ballots have been sent. The postmark deadline is March 31.
- He encouraged attendance at the LGBT CME symposium and the annual meeting in April.

Executive Director's Report

- Council received a flyer for the RFM and ECP Happy Hour on March 29. Those present were encouraged to attend and network with residents and early career psychiatrists.
- Dr. Zimnitzky and Mr. Hummel attended the Area 3 Council meeting in Philadelphia along with representatives from DC, Pennsylvania, Delaware and New Jersey. These meetings are part of the APA Assembly. Drs. Roca, Daviss and Hanson are the MPS representatives.
- Dr. Steven Sharfstein will be the guest speaker at the MPS annual meeting April 28 at the Belvedere 13th Floor. Dr. Merle McCann will become MPS President.
- G1440 continues its work on the 3 phase IT operation. Phase 1 is converting the MPS Access data base to SQL and transferring the current data to the new platform. Phase 2 is adding the Find a Psychiatrist feature to the MPS website. Phase 3 will allow members to interface online with the database to change personal information and to pay for events and dues. Staff shared with EC a preliminary view of the FAP feature in Phase 2, which will be open for the public in a month or two after the latest data is transferred. Mr. Hummel assured Council that until all testing and security features are implemented, Phase 3 will not be active. Development and testing are currently underway.

Legislative Committee Report

Dr. Palmer thanked everyone for participating on the Legislative Committee conference calls every Wednesday during the legislative session. She reported on positions that the MPS Legislative Committee has taken on legislation of importance to psychiatry. [Please see details on [page 4.](#)]

Program and CME Committee Report

Dr. Aaronson provided additional details for the Spring 2016 Conference – *Treating LGBT Patients: Ethical Issues, Gender Dysphoria & Mental Health* on April 30th at MedChi, and the Southern Psychiatric Association Annual Meeting–*Innovation, Empowerment, and Collaboration in Psychiatry* at the Renaissance Harborplace Hotel in Baltimore, September 28-October 2, 2016. He also announced that MedChi

and MPS will jointly present Dr. Richard Kogan on *Beethoven's Deafness: Psychological Crisis & Artistic Triumph* on November 19, 2016 at Goucher College.

Membership Committee Report

Dr. Lehmann distributed the latest dues drop list to all Council members. Some members owe MPS dues only, some owe APA dues only, and some owe both MPS and APA dues. Last year, Council voted to move the drop date for non-payment of dues to coincide with the APA's - March 31st. There will be a 90-day grace period in which members can reinstate without completing a full application and waiting for the normal approval process. After that time period, additional requirements apply. There are 64 names on the drop list, and Council as well as the Membership Committee are contacting all members on the list and encouraging them to pay their dues. If these dues are not collected, the result is an overall \$20,000 annual loss of income to the MPS.

Lifetime of Service Award

Ballots for the Lifetime of Service Award were distributed to voting Council members. Dr. Waddington invited those present to speak about any of the nominees. After members voted, the results were tabulated and it was announced that Dr. Irvin Cohen will receive the 2016 Lifetime of Service Award.

CONGRATULATIONS



After considering member input, the MPS Council voted on March 8th to award

Irvin Cohen, M.D.

2016 MPS Lifetime of Service Award

Thank you Dr. Cohen for your invaluable service over these many years! Please join us at our [Annual Dinner on April 28th](#) to honor Dr. Cohen for this achievement.

See [page 11](#) for more information.

Volunteer Opportunity - The [Shepherd's Clinic](#) in Baltimore provides health services to people without insurance, mostly via volunteers. The range of patients is interesting and rewarding. Contact Bill Breakey (bbreakey@jhmi.edu).

Maryland News

Legislative Update

Following is a sampling of the bills being addressed this session by the MPS Legislative Committee. The information is current as of March 24. A final report on the 2016 General Assembly will appear in the May issue.

Oppose:

[HB 404 \(SB 418\)- Richard E. Israel and Roger "Pip" Moyer End-of-Life Option Act](#) - Authorizing an individual to request aid in dying by making specified requests; prohibiting another individual from requesting aid in dying on behalf of an individual; requiring a written request for aid in dying to meet specified requirements; establishing requirements for witnesses to a written request for aid in dying; requiring a written request for aid in dying to be in a specified form; requiring an attending physician who receives a written request for aid in dying to make a specified determination; etc.

Status: Withdrawn in the Senate and will likely be withdrawn in the House shortly.

[HB 245 \(SB 310\)- Child Abuse and Neglect - Failure to Report](#)

- Requiring an agency that is participating in a child abuse or neglect investigation and that has substantial grounds to believe that a person has knowingly failed to report child abuse as required under a specified provision of law to file a specified complaint with a specified board, agency, institution, or facility.

Status: Both bills have passed out of their respective chambers of origin in the same form, so this is likely to pass. We opposed on the grounds that the definitions of child and abuse are too broad.

[HB 944- Criminal Law - Professional Counselors and Therapists - Misconduct \(Lynette's Law\)](#) - Prohibiting a specified professional counselor or therapist from engaging in a sexual act, sexual contact, or vaginal intercourse with a person who is receiving counseling from the professional counselor or therapist or has received counseling from the professional counselor or therapist within the 2 years preceding the sexual act, sexual contact, or vaginal intercourse; etc.

Status: Heard 3/10. Our lobbyist gave oral testimony based on last year. We are working in tandem with psychologists and therapists against this legislation. Unlikely to pass.

[HB 441- Public Health - Assisted Outpatient Treatment and Mobile Crisis Teams](#) - Providing that an application for assisted outpatient treatment may be submitted to a court by specified individuals; authorizing, under specified circumstances, a court to order assisted outpatient treatment for a specified individual; requiring the Maryland Behavioral Health Crisis Response System to include a crisis communication center in each jurisdiction or region to provide mobile

crisis teams operating in a specified manner; etc.

Status: Unfavorable Report by Health and Government Operations; Withdrawn.

Support:

[HB 802- Health Insurance - Provider Panel Lists](#) - Altering the information about providers on a provider panel that insurance carriers must make available to specified enrollees under specified circumstances; requiring the information provided in printed form to be accurate on the date of publication; requiring the information provided on the Internet to be accurate on the date of initial posting and update; requiring a carrier to demonstrate the accuracy of certain information on request of the Maryland Insurance Commissioner; etc.

Status: This bill and others ([SB 334](#), [SB929](#)) address network adequacy and accuracy of provider [directories](#). Following meetings to combine elements from the three different bills into one, HB802 was withdrawn and HB 1318/SB 929 emerged as the vehicle for movement on the issue of network adequacy/accuracy. MPS's desired amendment to include a phone number on the website for consumers to contact the Insurance Administration with issues is likely to be added. An amended bill has passed both chambers and the provider community believes that the bill, while not ideal, is a big step in the right direction in terms of improving carrier directories and improving access to care.

[HB 1103- Health Care Practitioners - Use of Teletherapy](#) - Authorizing specified health care practitioners to use teletherapy for a specified patient under specified circumstances; establishing specified requirements for the technology a health care practitioner uses for teletherapy; requiring a health care practitioner to make a specified identification and establish a safety protocol that includes specified information before the first teletherapy session; etc.

Status: Heard 3/9 – unfavorable report/withdrawn by sponsor.

[HB 185- State Board of Physicians - Licensed Physicians - Continuing Education Requirements](#) - Prohibiting the State Board of Physicians from establishing a continuing education requirement that every licensed physician complete a specific course or program as a condition to the renewal of a license.

Status: Moved out of the House and is now in the Senate. Likely to pass.

[SB 899/ HB 1217- Maryland Medical Assistance Program - Specialty Mental Health and Substance Use Disorder Services – Parity](#) – Requiring the Department of Health and Mental Hygiene, on or before June 30, 2017, to adopt regulations to ensure that the Maryland Medical Assistance Program is in com

Maryland News

(Legislative Update, continued)

pliance with the Mental Health Parity and Addiction Equity Act of 2008. Requiring the regulations to include standards regarding treatment limitations for specialty mental health and substance use disorder services that comply with the federal laws and relate to specified items; etc.

Status: An amended bill has moved through both chambers.

[HB 682 \(SB 551\)- Department of Health and Mental Hygiene - Clinical Crisis Walk-In Services and Mobile Crisis Teams - Strategic Plan](#) – Requiring the Department of Health and Mental Hygiene, in consultation with specified agencies and specified health providers, to develop a strategic plan for ensuring that specified crisis services and specified teams are available statewide and operating in a specified manner; requiring the Department to submit a specified strategic plan to the Governor and the General Assembly on or before December 1, 2016; etc.

Status: Both bills have passed out of their chambers of origin as amended. Link above shows amended version.

[HB 595/ SB 497- Behavioral Health Community Providers - Keep the Door Open Act](#) - Requires the Governor's proposed budget for fiscal 2018 and each year thereafter to include rate adjustments for community providers based on funding provided in the prior year's legislative appropriation for specified services. The rate adjustment must equal the average annual percentage change in the Consumer Price Index (CPI) for the three-year period ending in July of the immediately preceding fiscal year.

Status: An amended SB 497 has moved out of the Senate and is set for a hearing in the House on 3/29. No movement on House version.

Follow MedChi:

[HB 437 \(SB 537\) – DHMH – Prescription Drug Monitoring Program – Modifications](#) - Requiring that specified authorized providers and prescribers be registered with the Prescription Drug Monitoring Program before obtaining a new or renewal controlled dangerous substance registration or by July 1, 2017, whichever is sooner; requiring that pharmacists be registered with the Program by July 1, 2017; altering the mission of the Program; authorizing the Secretary of Health and Mental Hygiene to identify and publish a list of monitored prescription drugs that have low potential for abuse; etc.

Status: MedChi is trying to remove mandatory query of PDMP provision and associated penalties. Don't have a problem with mandatory registration by a certain date. Senate bill received a favorable with amendments report and is likely to move out of the Senate.

Keep the Door Open Campaign

Over 500 people filled Lawyer's Mall on February 25 to support funding for Maryland's public behavioral health system and to ensure the statewide availability of 24/7 clinical crisis walk-in services and mobile crisis teams. The rally was featured by [television](#), [radio](#) and [print](#) outlets, and generated lots of [social media activity](#). Click [here](#) to view a video. Hearings on the Keep the Door Open Act and the crisis services bill later that day went well, but the bills still haven't made it through the legislature. For more details, see the listing in the Legislative Update on this page.

Medicaid PDL Changes

The Maryland Medicaid Pharmacy Program changed two preferred brands on its Preferred Drug List effective **March 21**. Brands Lidoderm® (lidocaine patch 5%) and **Depakote® Sprinkle Capsules** (divalproex sodium delayed release capsules) are **no longer preferred** over their generic equivalents. Claims for these drugs will be handled as for other multisource drugs; fee-for-service claims will adjudicate only if there is prior authorization based on an approved [Medwatch form](#). Please click for a complete [Preferred Drug List](#), or use [Epocrates](#) on your desktop computer or smartphone. Epocrates is updated weekly.

2016 Children's Mental Health Matters Campaign

Maryland's First Lady, Yumi Hogan, is Honorary Chair of the 2016 Children's Mental Health Matters Campaign. Recognizing the importance of mental health awareness and the expressive power of art, she is endorsing a state-wide art project where children and youth create artwork expressing something that makes them feel mentally happy, healthy, and/or hopeful. Schools or programs are each invited to submit one piece by **April 15**. Selected works will be showcased in Annapolis at the *First Lady's Mental Health Awareness Youth Art Display*. For questions and to submit artwork, contact [Carrie McGraw](#) at 410.767.3660. [Click here](#) for details.

Children's Mental Health Matters Awareness Week is **May 1 -7**. A Mental Health and Me panel will be held Tuesday, May 3, 6:00-8:00 pm in the Charles Carol Room A 2203K, Stamp Student Union at the University of Maryland. In addition, partnerships with diverse organizations are planned to reach families, caregivers, educators and providers. Schools can participate by designating a School Champion Coordinator (or Team). Check the [campaign website](#), for details.

APA News & Information

March APA Board of Trustees Meeting Unofficial Highlights

The Board of Trustees voted to immediately develop a **mental health registry**, with funding for two years. Implementation is expected in early 2017. With an increasing national focus on quality and cost, there is an opportunity to leverage clinical registries to improve outcomes and appropriate utilization. The APA believes that a registry will assist members in meeting these new requirements. It will help members comply with Physician Quality Reporting System (PQRS) & Merit-Based Incentive Payment System (MIPS) requirements and avoid penalties, which began in 2016 (2%) and will increase to 9% in 2022. It would also allow members to submit performance and practice data from the registry for MOC Part IV credit. A registry can provide a national research data base with aggregate de-identified data to help improve patient outcomes, develop new diagnostics and therapeutics, develop practice guidelines, identify gaps in care and inform APA educational programs, and support advocacy initiatives. It will also allow the APA to develop new psychiatric quality measures (with funding from CMS until 2019). A Registry Oversight Committee with representatives from various components, including the Assembly, will be established.

Telepsychiatry Work Group Chair Jay Shore, M.D. reported that they developed a toolkit for members with a series of videos on telepsychiatry, including clinical, training, and policy considerations. They also presented at both the annual meeting and IPS meetings. Other recommendations include: 1) the APA should take a leadership role in advocating for and educating about telepsychiatry at the national and state level to improve access to care (e.g. develop model state legislation, endorse the Interstate Medical Licensure Compact, support an extension of federal telemedicine license process); 2) the APA should collaborate with the American Telemedicine Association (ATA) on a joint telepsychiatry guideline; and 3) the APA should collaborate with the American Academy of Pediatrics and the American Association of Directors of Psychiatric Residency Training Programs on providing telepsychiatry education materials for residency programs. The Board approved establishing a telepsychiatry committee to continue the work group's effort.

Dr. Saul Levin reported that the APA has **reorganized the staff** of Healthcare Systems and Financing (HSF) and Quality Improvement and Psychiatric Services (QIPS), by creating three coordinated areas: 1) Reimbursement Policy, 2) Practice Management and Systems Delivery Policy and 3) Mental Health Parity Enforcement and Implementation Policy. He noted three new employees who joined APA in recent weeks and are key to the implementation of the reorganization and APA strategic initiatives:

- Eileen Shannon Carlson, R.N., J.D. is Director of Reimbursement Policy (eshannon@psych.org).
- Michelle Dirst is Director of Practice Management and Delivery Systems Policy (mdirst@psych.org).
- Brandon Batiste is Deputy Director of the Division of Diversity and Health Equity (ebatiste@psych.org).

Overall APA **membership** of 36,490 is one of the highest in 13 years. From 2013-2015 there was an 8% increase in total membership from and a 5% increase in dues paying members. Based on historical trends, APA has reached or is nearing a membership ceiling. The APA continues to build and promote member benefits for each segment. New or updated in the past six months are:

- **SET for Success:** Dozens of free online courses supplement and reinforce what RFMs are learning in the patient care setting and help them prepare for the business side of medicine.
- **A Resident's Guide to Surviving Residency Training:** Helps with over 50 day-to-day challenges of training.
- **RFM Handbook:** information about benefits, leadership and fellowship opportunities, awards and competitions, the APA's governance structure, and how APA policy is created.
- **Building a Career in Psychiatry:** helps transitioning RFMs, and ECPs in their first few years of practice with evaluating practice settings, how health insurance works, medical liability and disability insurance, marketing, etc.
- **Find a Psychiatrist:** Now the largest opt-in database with over 1,000 psychiatrists, it is especially valued by ECPs who are starting to build a patient base.
- **Focus:** Through more strategic promotion, this now reaches more ECPs.
- **Members' Course of the Month:** Free access to a paid CME course on a trending topic.
- **Risk Management:** In partnership with the American Professional Agency (APA, Inc.), [nine courses](#) with Category I CME credit are offered free and also count toward the three hours needed for a 5% discount on the professional liability policy.
- **PIP and Self-Assessment credits** completed through the APA Learning Center now will automatically be conveyed to ABPN and, as in the past, are not subject to audit. This was a feature that the ECPs wanted and it was delivered.
- **Lifelong Members' Page:** aggregates resources and opportunities into one place.
- **Member Toolkits:** help communicate the benefits of APA membership to various audiences.

(continued next page)

APA News & Information

(BOT Highlights, continued)

The BOT approved **new editors**. Dr. Laura Roberts was selected as editor-in-chief of books and will begin her term in May. Dr. Lisa Dixon was selected as Editor of *Psychiatric Services* and her term begins officially in 2017, although she will work with the outgoing editor during the transition.

On April 18, the APA and APA Foundation will host the **American Psychiatric Excellence (APEX) Awards** in Washington, DC to honor those who are working to address the problem of criminalizing people with mental illness. Emceed by Cokie Roberts, the event will acknowledge public officials who are making a difference. As an "orange tie" event, it will feature stars from *Orange Is The New Black* (Jenji Kohan, Natasha Lyonne and Dascha Polanco). Tickets are available at www.psychiatry.org/apex, and proceeds benefit the APA Foundation.

The Board established a work group on communications issues, including the use of mass emails, and historical trends around the **APA elections**. The Board also supported a second year of producing candidate videos to help APA members get to know the national candidates.

The BOT approved a pilot program to expand **accreditation services** offered through the APA Joint Sponsorship Program. District Branches will be allowed to host twenty online CME courses through the APA learning management system. The pilot is approved for one year.

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

APA Members' Course of the Month

Try the APA Learning Center's free online CME. Each month, members can access an on-demand CME course on a popular topic.

April's [course of the month](#) is **An Update on Neurocognitive Disorders for the General Psychiatrist: An Approach to the Assessment and Management of Dementia in Psychiatric Practice**. The course will still be available for a fee after the month expires.

During 2015, the APA adopted numerous **official positions** on topics including opioids, confidentiality, ECT, hypnosis, outpatient commitment, PTSD, psychotherapy, and many more. [Click here](#) for a list with links to the documents.

APA's website also lists [resource documents](#) organized by date, including outpatient commitment, caregivers, access to firearms, marijuana, telepsychiatry, and others.

New Option for MOC Part IV

The ABPN has [expanded](#) the allowed options for meeting the Improvement in Medical Practice (also known as Performance in Practice, or PIP) requirement for Part IV of Maintenance of Certification (MOC). Diplomates may now use a "Clinical Module" or a "Feedback Module" to meet the PIP requirement. Prior to the change, instituted in February, the feedback module was not available. (The PIP Unit is a quality improvement exercise designed to identify and implement areas for clinical improvement.)

According to the ABPN website, preapproval is not needed for using a feedback module if the questionnaire or survey meets general competencies. The six general competencies to be reviewed on the feedback forms are medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, patient care, and system-based practices. The module can consist of any one of the following feedback methods: patient feedback from five patients, peer feedback from five peers, resident evaluations from five respondents, "360 degree evaluations" from five respondents, institutional peer reviews from five respondents, and a supervisor evaluation from one supervisor. Qualified feedback modules, as well as clinical modules, are listed on the ABPN website.

Information about options for meeting the PIP requirement and about MOC generally is posted on the [ABPN's website](#).

From [March 11 Psychiatric News](#)

Suggestions for Managing Prior Authorization for Medications

1. Have the patient call the insurance plan to request that the required form be faxed to you.
2. Use an electronic prior authorization website, such as CoverMyMeds. Some pharmacies are willing to send a note to CoverMyMeds, which will contact you with the insurance information needed.
3. For appeals, write a letter to the insurance company or pharmacy benefit management company and cc the letter to Maryland Insurance Administration (this may make the insurance company take the case more seriously).
4. If a medication is not authorized and the patient ends up in the hospital, let the insurance company know that the pharmacy benefit management company cost them a lot more money than they saved.

You can also use the Step Therapy Law in Maryland. If a patient has been stable on a medicine for 6 months, the insurance company has to approve it without making the patient try other medications first. Most insurance companies now include that question.

*Laura Gaffney, M.D., Chair
Payer Relations Committee*

New Guideline for Prescribing Opioids

In March, the CDC [announced](#) its [CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016](#) intended to improve communication between clinicians and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy. The guideline addresses 1) when to initiate or continue opioids for chronic pain; 2) opioid selection, dosage, duration, follow-up, and discontinuation; and 3) assessing risk and addressing harms of opioid use. *The CDC also provided a [checklist](#) for prescribing opioids for chronic pain, as well as a [website](#) with additional tools to guide clinicians in implementing the recommendations.*

AMA Board Chair-Elect and [AMA Task Force to Reduce Opioid Abuse](#) Patrice Harris, M.D. said that AMA is “largely supportive of the guidelines.” But she highlighted concerns that remain, including the evidence base; conflicts with existing state laws and product labeling; and possible unintended consequences associated with implementation, which includes access and insurance coverage limitations for non-pharmacologic treatments, especially comprehensive care. Click [here](#) for more on her and other physicians’ responses in *AMA Wire*.

Free MAT Training

As the country strives to overcome the opioid epidemic, the Providers’ Clinical Support System (PCSS) is offering free training for medication-assisted treatment (MAT), which is treatment for substance use disorders that pairs medication with counseling and other support. In order to prescribe buprenorphine, physicians must have eight hours of certified training and obtain a waiver. The “Half and Half” PCSS [certified MAT training for physicians](#) is completed in two parts:

- 1. The first half** of the course is 3.75 hours of online training on substance abuse treatment, opioids and the use of buprenorphine in the treatment of opioid use disorders. Physicians obtain their waivers after successfully completing an examination.
- 2. The second half** of the course is 4.25 hours of live training, which focuses on the specifics of treating patients with opioid use disorders in office-based settings and clinical vignettes to help trainees think through real-life experiences in opioid use disorder treatment.

[Register](#) for training webinars being held now and in the coming months.

Opioid Use Disorders Treatment Webinar

The APA will present the webinar, *Incorporating Evidence-Based Treatment For Opioid Use Disorders Into Practice*, on **Tuesday, April 12** at noon. The webinar will provide an overview of the evidence supporting the Veterans Administration–Department of Defense Practice Guideline for Management of Substance Use Disorders and specific recommendations relevant to opioid use disorder treatment. Discussion will focus on anticipating barriers to evidence-based treatment of opioid use disorder. Register [NOW](#).

EHR and Ransomware Alert

PRMS Risk Management VP Donna Vanderpool recently [posted](#) on the threat of ransomware, a malicious software that makes data inaccessible. A Los Angeles hospital’s computer system was taken over by hackers, and the criminals demanded a ransom payment in Bitcoin to release the electronic medical records. Use of ransomware by cybercriminals has increased significantly. Ransomware is malicious software that, when deployed, effectively walls off data so that it is inaccessible to authorized users. Ransomware frequently infects devices and systems through spam and phishing messages, botnets, exploit kits, compromised websites, and malvertising.

To combat the threat of ransomware, consider:

- Backing up data onto segmented networks or external devices and making sure backups are current.
- Ensuring software patches and anti-virus are current and updated.
- Installing pop-up blockers and ad-blocking software.
- Implementing browser filters and smart email practices.

MPS Members Out & About

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

Barbara Young, M.D. and her photo “The Blue Room” are featured on the front page of the March 18 *Psychiatric News*. She is also [profiled](#) in the same issue along with two other psychiatrists who are over 90.

Thomas Franklin, M.D. will race in the 140.6 mile Ironman Lake Placid triathlon on July 24th to fight stigma, show that treatment works, and raise money for the Sheppard Pratt Patient Care Fund. [Click here](#) to read his blog and donate.

Medicare News & Information

Medicare Revalidations Required

The Affordable Care Act requires all Medicare providers to [revalidate](#) their information under new enrollment screening criteria. The most efficient way to submit your revalidation information is by using the Internet-based PECOS at <https://pecos.cms.hhs.gov/pecos/login.do>. PECOS allows you to review information currently on file, update and submit your revalidation. You must electronically sign the revalidation application, or print, sign, date, and mail the paper certification statement to Novitas. In addition, please upload any supporting documentation into PECOS, or mail it with your paper certification statement. Include all active practice locations and/or current reassignments.

What's new?

- A list of currently enrolled providers is available at <https://data.cms.gov/revalidation>. Those due for revalidation display a revalidation due date; all others display "TBD" (To Be Determined). The revalidation due date will be posted up to 6 months in advance to provide time to comply. Either use the due date lookup tool or download the entire data set.
- A crosswalk to the organizations that the provider reassigns benefits is also available at <https://data.cms.gov/revalidation>.
- CMS has established due dates (always the last day of the month) by which you must submit your revalidation application. Generally, this date will continue throughout subsequent revalidation cycles.
- Please do not submit a revalidation application if there is not a due date reflected on the file. If a due date is listed as "TBD" and you have not received an email or letter from Novitas requesting you to revalidate, an application should not be submitted. All unsolicited revalidation applications submitted more than six months in advance of your due date will be returned.
- To submit a change to your provider enrollment record, you must submit a 'change of information' application using Internet-based PECOS or the appropriate CMS-855 form ([855i](#) for physicians).

Novitas will send a revalidation notice with the due date 2-3 months prior to your revalidation due date either by email (to email addresses reported on your prior applications) or regular mail. If you are within 2 months of the listed due date on <https://data.cms.gov/revalidation> but have not received a notice from Novitas to revalidate, you are encouraged to submit your revalidation application.

Non-response to revalidation or development requests can result in a hold on your Medicare payments and possible deactivation of your Medicare billing privileges. If your application is received after the due date, or if you provide

additional requested information after the due date, your provider enrollment record may be deactivated. Providers who are deactivated will be required to submit a new full and complete application in order to reestablish their provider enrollment and Medicare billing privileges. The provider will maintain the original PTAN; however, an interruption in billing will occur during the period of deactivation. This will result in a gap in coverage. The reactivation date will be based on the receipt date of the new full and complete application. Retroactive billing privileges for the period of deactivation will not be granted.

Review Open Payments Data

Industry is submitting data to the Open Payments System on payments made to physicians during 2015. Beginning in April, physicians have 45 days to review and dispute records attributed to them. CMS will publish the 2015 payment data and updates to the 2013 and 2014 data on June 30.

If you registered last year, you are not required to register again this year. However, if it has been over 180 days since you logged onto the EIDM, your account has been deactivated for security purposes. Contact the Help Desk at openpayments@cms.hhs.gov or 855-326-8366, Monday through Friday from 8:30 am to 7:30 pm.

Registering in the Open Payments System is voluntary, but it is required to review and dispute data attributed to you. Initial registration is a two-step process that takes about 30 minutes. You should have your National Provider Identifier (NPI) number, Drug Enforcement Agency (DEA) number and state license number (SLN) available. First, register in the [CMS Enterprise Identity Management System](#) (EIDM). Then, register in the Open Payments system (accessible via the EIDM).

For a description of an **April 12** call from 2:30 – 3:30 on how to review reported data, [click here](#). A registration link is included if you want to participate.

For More Information:

[EIDM Registration](#) Quick Reference Guide

[Physician Registration](#) Quick Reference Guide

[Open Payments Resources](#) webpage

[2015 Open Payments Program Overview and Enhancements](#)

Medicare News & Information

New July 1 Deadline to Avoid Payment Reductions

Physicians now have until **July 1** (3 more months) to apply for a hardship exemption from the electronic health record meaningful use penalties for the 2015 program year. Those who don't apply could have their Medicare payments cut by up to 3% in 2017.

CMS has [posted](#) information regarding changes to the Medicare EHR Incentive Program hardship exception process. The information needed to apply for an exception is being reduced as a result of the Patient Access and Medicare Protection Act enacted on December 28. Also, CMS has decided that groups of providers can apply for an exception on a single group application. The AMA [recommends](#) that all physicians apply. [Click here](#) for the application and more information from CMS.

2016 Novitas Medicare Symposiums

[Registration](#) is now available for these locations:

May 12 – Wilmington, DE

August 17 – Pikesville, MD

October 19 – Annapolis, MD

Details can be found in the [brochure](#), including agenda, class descriptions, and event day reminders.

Medicare Quality Reporting Videos

CMS has posted seven new MLN Connects videos on the Medicare Quality Reporting Programs, focusing on the requirements you need to meet in 2016:

- Introduction: [Medicare Quality Reporting Programs: What Eligible Professionals Need to Know in 2016](#). Run time: 15 minutes.
- Module 1: [Medicare Access and CHIP Reauthorization Act \(MACRA\) Preview](#). Run time: 6 minutes.
- Module 2: [2016 Incentive Payments and 2018 Payment Adjustments](#). Run time: 9 minutes.
- Module 3: [2016 Physician Quality Reporting System \(PQRS\) Updates](#). Run time: 20 minutes.
- Module 4: [2018 Value-Based Payment Modifier \(VM\) Policies](#). Run time: 17 minutes.
- Module 5: [Physician Compare Updates in 2016](#). Run time: 6 minutes.
- Module 6: [Meaningful Use of Certified Electronic Health Record Technology \(CEHRT\) in 2016](#). Run time: 16 minutes.

CMS Proposes Testing Part B Drug Models

CMS [announced](#) a proposed rule to test new models to improve how Medicare Part B pays for prescription drugs in order to drive prescribing the most effective drugs and reward positive patient outcomes. The proposal is part of the Administration's strategy to encourage better care, smarter spending, and healthier people. CMS seeks comments on the following approaches:

•[Improving incentives for best clinical care](#). Physicians often can choose among several drugs to treat a patient, and the current Medicare Part B drug payment methodology can penalize doctors for selecting lower-cost drugs, even when they are as good or better for patients based on the evidence. Medicare Part B generally pays physicians and hospital outpatient departments the average sales price of a drug, plus a 6 percent add-on. The proposed model would test whether changing the add-on payment to 2.5 percent plus a flat fee payment of \$16.80 per drug per day changes prescribing incentives and leads to improved quality and value. The proposed change to the add-on payment is budget neutral.

•[Discounting or eliminating patient cost-sharing](#). Patients are often required to pay for a portion of their care through cost-sharing. This proposed test would decrease or eliminate cost sharing to improve beneficiaries' access and appropriate use of effective drugs.

•[Feedback on prescribing patterns and online decision support tools](#). This proposed test would create evidence-based clinical decision support tools as a resource for providers and suppliers focused on safe and appropriate use for selected drugs and indications. Examples could include best practices in prescribing or information on a clinician's prescribing patterns relative to geographic and national trends.

•[Indications-based pricing](#). This proposed test would vary the payment for a drug based on its clinical effectiveness for different indications. For example, a medication might be used to treat one condition with high levels of success but an unrelated condition with less effectiveness, or for a longer duration of time. The goal is to pay for what works for patients.

•[Reference pricing](#). This proposed model would test the practice of setting a standard payment rate—a benchmark—for a group of therapeutically similar drug products.

•[Risk-sharing agreements based on outcomes](#). This proposed test would allow CMS to enter into voluntary agreements with drug manufacturers to link patient outcomes with price adjustments.

The proposed rule will be open to a 60-day comment period through **May 9**. The proposed rule is available at <https://www.federalregister.gov/public-inspection>.

2016 MPS Annual Dinner

**Thursday April 28, 2016
6:00PM**

Join us as we welcome
Merle McCann, M.D. as MPS President!

The 2016 Lifetime of Service Award will be presented to **Irvin Cohen, M.D.**
and **Steven Sharfstein, M.D.** will be the special guest speaker.

[*The 13th Floor*](#)
*1 East Chase Street
Baltimore, MD 21202*

The evening will start with a cocktail hour complete with live piano music.
Enjoy an open beer and wine bar for the duration of the event.
Plated dinner duo of braised short rib and crab cake, followed by a dessert buffet.

[**Buy Tickets Now!**](#)

The Maryland Psychiatric Society
presents

Treating LGBT Patients: Ethical Issues, Gender Dysphoria & Mental Health

**Saturday April 30, 2016
8:00 am-1:00 pm**

**MedChi
1211 Cathedral Street
Baltimore, MD 21201**

4.0 CME/CEU Hours

Registration is
\$75.00 for MPS Members and \$125.00 for Non-members.

**Click for more information or to
[REGISTER & PAY ONLINE.](#)**

CLASSIFIEDS**EMPLOYMENT OPPORTUNITIES**

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 Adult Inpatient Psychiatry Unit at MedStar Franklin Square Medical Center is in need of 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.

The Mental Health Association of Frederick County seeks a Child and/or Adult psychiatrist to join their team of Social workers and Professional counselors as a Medical Director. MHA is a private non-profit looking to expand our counseling services program to an OMHC. We offer daily administrative support, paid malpractice insurance, competitive salary, and flexible hours including evening and part to full time. Qualified candidates must be board eligible and possess a current license to practice in Maryland at the time of appointment. Board certification is strongly preferred. For more information please contact Ellie Bentz, Clinical Director, at 301 663 6135 x133.

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.pamlc.us

Psychiatrist, F/T or P/T needed for established busy behavioral health clinic in Severna Park, Md. 2 Psychiatrist and 12 therapist. Will panel with insurance companies. Email resume to: bab11@verizon.net or fax# 410 421-9135.

Established outpatient mental health clinic in Baltimore, MD is currently seeking Board Certified/Eligible adult psychiatrists to work in an in-patient setting. We are a CARF and JCAHO accredited organization with deemed status that provides mental health services through large outpatient clinics, off-site rehabilitation programs, mobile treatment, substance abuse treatment, school-based programs and to detained youth at the Baltimore City Juvenile Justice Center. Both full and part time positions are available. Excellent hourly pay. Experienced support team includes therapists, nurses, educators and a clinical psychologist. Visa assistance (J or H) is available as well as applicants needing H-1B1 visas. We are an HPSA/NHSC designated site. Contact Tanya Leanovich at 410-265-8737 or at tleanovich@hopehealthsystems.com

AVAILABLE OFFICE SPACE

Prime Office Space Available for rent, July 1. 1501 Sulgrave Avenue in the Mt. Washington Village. (21209) Spacious, 20'x11' office, w 2 large windows, in suite w/2 other psychiatrists. Shared Waiting room. Reserved underground parking space. Please contact Larry Sandler 410-664-2909, l.d.sandler@gmail.com or Hinda Dubin 410-389-0739, hindadubin@aol.com.

Towson-- Stunning private unfurnished office available in shared four-office psychotherapy suite. Stellar space. Many extras. Large windows, great views, balcony spanning length of the entire suite. Ideal location. Psychiatrist retiring. Contact dika.seltzer.llc@gmail.com or text 443 801 9611.

Professor Raphael Mechoulam, of the Hebrew University of Jerusalem Institute for Drug Research, will present **"The Future of Medical Marijuana in Maryland"** on Thursday, April 14, from 6:30 to 8:30 at MedChi. To RSVP, please email Catherine Johannesen at cjohannesen@medchi.org

The Johns Hopkins School of Medicine will present its **"Second Annual Service Members & Veterans: PTSD Today and Tomorrow"** on April 18th from 8:15AM-4:30PM at Turner Auditorium. For more information please [click here](#).



Psychiatrists

Situated only 30 minutes from the beaches of Ocean City, MD in the idyllic town of Salisbury, lies the Eastern Shore location of Adventist HealthCare Behavioral Health & Wellness Services, one of the largest not-for-profit behavioral health providers in the National Capital Area. The Salisbury/Ocean City area is home to over 150 restaurants, 75 shopping centers, numerous parks and trails, and 16 challenging golf courses; and is only 90 minutes from Washington, DC. If you are looking for an affordable cost of living, and an invigorating lifestyle then consider joining Adventist HealthCare. We offer a loan repayment program, a competitive salary, comprehensive benefits, flexible schedules, and access to a network of highly-skilled, compassionate behavioral health professionals.



"We pride ourselves on our dedication to our patients."

Eastern Shore, MD - Salisbury, MD

- Adult Inpatient Psychiatrist
- Adult Outpatient Psychiatrist
- Child & Adolescent Inpatient Psychiatrist
- Child & Adolescent Outpatient Psychiatrist
- Adult & Adolescent Psychiatrist with Addiction Certification

For more information and to apply, e-mail Janet Fountain: jfountain@adventisthealthcare.com

AdventistHealthCare.com

EOE/Pre-employment drug screening and mandatory flu vaccine.
We are a tobacco-free campus.

Careers.AdventistHealthCare.com



Family Services, Inc.
PART OF THE SHEPPARD PRATT HEALTH SYSTEM

TWO OPENINGS FOR ADULT & CHILD PSYCHIATRISTS

Family Services, Inc. has two immediate openings for a part time contract Psychiatrists working 20 hours per week. We are seeking both an adult psychiatrist and a child/adolescent psychiatrist. We are a well-established Outpatient Mental Health Center serving a highly diverse client population including children, adults and families from a client centered, trauma informed and recovery oriented model of care. Psychiatrist will be responsible for direct psychiatric care including evaluations and medication management. Our Outpatient Mental Health Center (OMHC) offers mental health services to 1,200 clients annually and has offers opportunities to work in a wide spectrum of community psychiatry settings.

The OMHC is co-located with a Federally Qualified Health Center (FQHC), Community Clinic Inc. which creates opportunities for integration of behavioral health and primary care.

The OMHC has also developed a partnership with Neighborhood Opportunity Network to provide a social service component which offers social services located in the shared space.

This position also includes opportunity to work with an Early Intervention Program Coordinated Specialty Care team for adolescents and young adults following an initial episode of psychosis. Training and support from University of Maryland researchers is available for all team members.

Family Service Inc. operates a psychiatric rehabilitation program, Montgomery Station, which provides housing, outreach and day program for seriously mentally ill adults and adolescents with a focus on recovery. Experience with this population and interest in working alongside Montgomery Station staff is highly desired.

Candidates must be board certified or board eligible in psychiatry. Position is offered as a part-time contracted position and contract physician must have independent malpractice insurance. If you are interested in being considered for this opportunity or would like more information, please send your resume to jen.carberry@fsi-inc.org. Visit www.fs-inc.org for more information about Family Services.



Come Be a Part of the Change at Spring Grove Hospital Center!

Under new leadership, **Spring Grove Hospital Center (SGHC)** is hiring full-time and part-time Psychiatrists to lead a team of professionals in treating complicated mentally ill and legally encumbered patients. We are a 400 bed hospital operated by the State of Maryland and are the second oldest continuously operating psychiatric hospital in the United States, fully accredited and certified. We are conveniently located just outside of Baltimore on a scenic 200-acre campus.

We offer flexible and adjustable work schedules. After hours on site call is NOT provided by psychiatry! Our salaries are competitive and we have a comprehensive benefits package; including generous vacation and retirement plans. This position would be an excellent choice for an early career psychiatrist on a medical-director track or a later career psychiatrist looking to scale back. Mentoring is readily available and continuing medical education (CME) is accessible on site. Don't worry about billing, call, limited time with patients or lack of support

Interested candidates may visit www.dbm.maryland.gov for more specific information and to apply online for Physician Clinical Specialist. Candidates may also send their CV to:

Elizabeth R. Tomar, MD, Clinical Director
55 Wade Avenue
Catonsville, Maryland 21228
410-402-7596 (Phone)
410-402--7038 (fax)
elizabeth.tomar@maryland.gov
EOE

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>.

The MPS is planning some excellent CME activities for this fall so be sure to save the date!

Innovation, Empowerment & Collaboration In Psychiatry

RENAISSANCE HARBORPLACE HOTEL

SEPTEMBER 28 - OCTOBER 2

Jointly Sponsored in Conjunction with The Southern Psychiatric Association. Registration information will be sent summer 2016.

Music & Medicine: An Interdisciplinary Approach to Beethoven

featuring Richard Kogan, M.D.

Saturday, November 19

Goucher College, Towson, MD



DEDICATED TO PSYCHIATRY

PROVIDING PROTECTION, SUPPORT AND DEFENSE FOR PSYCHIATRISTS SINCE 1986



WE PROTECT YOU



OCCURRENCE AND
CLAIMS-MADE POLICIES
AVAILABLE



YOUR CONSENT TO
SETTLE IS REQUIRED WITH
NO ARBITRATION CLAUSE



COVERAGE INCLUDED FOR
TELEPSYCHIATRY AND
FORENSIC SERVICES

WE SUPPORT YOU



KNOWLEDGEABLE
IN-HOUSE RISK MANAGERS WITH
CLINICAL AND LEGAL BACKGROUNDS



ACCESS TO RISK
MANAGEMENT RESOURCES
AND TUTORIALS



ACCME-ACCREDITED WITH
COMMENDATION OFFERING COURSES
BOTH IN-PERSON AND ONLINE

WE DEFEND YOU



OVER 22,000 PSYCHIATRIC
CLAIMS MANAGED – MORE
THAN ANY OTHER COMPANY
IN THE UNITED STATES



UNPARALLELED EXPERTISE IN
PROTECTING AND DEFENDING
OUR CLIENTS' PROFESSIONAL
REPUTATIONS AND PRACTICES



NATIONWIDE NETWORK
OF DEFENSE ATTORNEYS WITH
EXTENSIVE EXPERIENCE IN
PSYCHIATRIC LITIGATION

PRMS has been dedicated to psychiatry for almost three decades, and we understand your unique needs and the risks you face. We are a trusted partner to the profession as the largest provider of psychiatric professional liability insurance in the United States with an impressive 95% client retention rate.

More than an insurance policy

800.245.3333 | PsychProgram.com/Dedicated | TheProgram@prms.com



Actual terms, coverages, conditions and exclusions may vary by state.
Unlimited consent to settle does not extend to sexual misconduct.

Insurance coverage provided by Fair American Insurance and Reinsurance Company (NAIC 35157). FAIRCO is an authorized carrier in California, ID number 3175-7. www.fairco.com

In California, only Transatlantic Professional Risk Management and Insurance Services.