

Position Statement on Psychiatrists Practicing in Managed Care: Rights and Regulations

Approved by the Board of Trustees, September 2009

Approved by the Assembly, May 2009

Reaffirmed, December 2014

"Policy documents are approved by the APA Assembly and Board of Trustees...These are...position statements that define APA official policy on specific subjects..." – *APA Operations Manual*.

Contract Issues

- Psychiatrists should be allowed to practice to the full extent of their training and licensure and should be permitted to provide services to patients based on medical necessity.
- Medical necessity should be as defined by the AMA, APA, State Legislature or State Regulatory Boards.
- Hold harmless clauses should be eliminated.
- Termination clauses must delineate the specific causes that may lead to termination.

Psychiatrist-Patient Relationships

- The interests of the patients are primary and psychiatrists should be advocates for any treatments believed to be clinically beneficial to the patient.
- No physician should be dropped from a panel for advocating for his patient.

Relationship with managed care organizations

- Economic profiling and pay for performance programs should enhance clinical services.
- Preferred provider status should be explained in all contracts with providers and all subscribing patients. This should be a transparent procedure, explaining the criteria and process used to designate a contracted

provider as a "preferred provider." Managed care companies should explain in writing what "preferred provider" status means as related to utilization of services, patient care authorization or denial and impact on referrals.

- Peer review should be based on AMA, APA, State Legislative or State Regulatory Board definitions of medical necessity, and should be performed by peers equal in specialty training and licensed in that state.
- Appeal mechanisms should be transparent and easily accessible and timely, in regards to the criteria used to determine "medical necessity". Mechanisms should be readily available for review by an Independent Review Organization.
- Physicians should not be unfairly terminated after making appropriate complaints to state or federal healthcare agencies.

Managed care organizations should be expected to make every effort to have current listings of network physicians without phantom networks.

- NCQA and URAC policies should be standard expectations
- Reasonable fees and prompt payment should be required.

Developed by the Committee on Managed Care (Paul H. Wick, M.D., Chair, Robert C. Bransfield, M.D. Co-chair, Gregory G. Harris, M.D., George D. Santos, M.D., Jonathan L. Weker, M.D., Barry K. Herman, M.D., Alan A. Axelson, M.D., Anthony L. Pelonero, M.D., Nicolas Abid, M.D., Joel Johnson, M.D.)