

# MPS NEWS

Volume 34, Number 2

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June 2020

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

MPS News Design & Layout  
Meagan Floyd

## President's Column

### Reflections on the Pandemic (Plus an Addendum)

Over the Memorial Day weekend, I had the chance to catch up with two of my very good friends from college on a Zoom call. This year marks the 40<sup>th</sup> year since our graduation. It is hard to know where the time went. After catching up regarding our respective families, the conversation inevitably turned to the coronavirus pandemic. In fact, I believe it took up most of the conversation. One of my friends lives in Northern California, which shut down early, and the other in the epicenter of the pandemic, Manhattan. The virus, the illness and death that it has caused, our nation's response to it, its differential effect on different members of our society, and its effect on our daily lives has become all-consuming. The 24-hour news channels seem to cover nothing else. I know that from time to time I would like to think about something else, so I apologize in advance for bringing it up here.

While clearly there have been difficulties and stresses, my sense is that our profession has adjusted relatively well compared to some others. A lot of us have been able to see many of our outpatients using telehealth platforms. Services provided within institutions and those provided to some of our most severely ill patients, however, have faced some additional challenges. While consultation services in general hospitals, psychiatric emergency rooms, and inpatient psychiatric facilities have utilized telehealth platforms to some degree, these settings often still require face-to-face assessment. Many patients served by various clinics suffer from severe mental illness and the patients do not have the ability to be seen using telehealth platforms. As

one of my colleagues mentioned to me, it's hard to give an intramuscular injection virtually.

These psychiatrists along with our colleagues in other medical specialties must care for patients while also coping with the chronic anxiety of becoming infected. This situation has been exacerbated by the shortage of testing and personal protective equipment. Many of those on the front lines who are providing care in these settings are trainees. This is true in our department where our PGY2 residents are the ones that are in the house the most and on the front lines of providing service. The stresses of being a trainee during this pandemic was also vividly described in a May 9 [Boston Globe article](#) by Deanna Pan entitled, "Young medical residents worry their lives are on the line as they treat coronavirus patients." This stress is not going to go away soon, as states loosen their stay-at-home orders and the virus is likely to remain an issue for the next year or more.

Hospitals and training programs were already being encouraged to focus on physician wellness due to the high rates of burnout and depression prior to the advent of the pandemic, and this need has escalated dramatically since.

What can we do to help ourselves, our medical colleagues, and our patients during these difficult times? For our patients, we can do what we have always done. We can be there and care for them virtually or in person, address their needs to the best of abilities, fight to maintain funding of needed mental health services (see the legislative committee), and encourage additional funding to our healthcare institutions that have suffered significant economic losses due to the virus.

(Continued)

The MPS Council will meet next by videoconference on June 9 at 8 PM. All members welcome!

For our medical colleagues, we need to do what we can to prevent the "Parallel Pandemic" and "Protect Clinician's Wellbeing" as outlined in Drs. Dzau, Kirsch, and Nasca's [May 13 article](#) in *the New England Journal of Medicine*. They argued for the integration of chief wellness officers into organization's decision-making bodies, expanding well-being programs, and federal funding for the care of clinicians affected by their Covid-19 service.

In addition, some of our MPS members are volunteering their time on physician support lines to provide help to physicians around the country. Similarly, the psychiatry residents at our institution have started a peer to peer support line for all the housestaff at the University of Maryland Medical Center.

There are other things that can be done to provide support to each other. We all know that social connectedness improves both physical and mental health. So, I encourage you to stay connected with others. Some of us have had a chance to interact more with neighbors, others have connected more with family using virtual means. Recently the MPS sponsored a Zoom meeting that had many members discussing their recent experiences in coping with the pandemic. These can be expanded if there is a desire on the part of the membership. The listserv has functioned as a great forum for sharing concerns and solutions. We owe Dinah Miller a great debt for having created this listserv. The Book Club met virtually this month and will reconvene in September. There are many ways to connect with your colleagues and to get involved in the MPS. Let us know if there are more ways we can be of service to you, Covid-19 related or otherwise.

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One of the issues with the delay between writing these columns and when they get published is that they may tend to seem dated. Since the time this column was written, we have seen the tragic death of George Floyd at the hands of a police officer in Minneapolis. This clearly reverberates here in Maryland where Freddie Gray died five years ago while in police custody. This past week, the MPS CME event on "The Impact of Gun Violence on Patients & Communities: What Can We Do About It?" included a viewing of the movie [Charm City](#) by Marilyn Ness and a wonderful presentation by Carol Vidal demonstrating the clear connection between structural racism and the poverty, violence, and healthcare disparities that are so evident in Baltimore. The clear message from the event is that we all have a role to play to make things better. Obviously, this topic deserves much further discussion.

*Mark J. Ehrenreich, M.D.*

## Attention Graduating Residents

Congratulations! As you prepare to move on from your residency training program, please complete the APA [membership advancement form](#). This lets us know if you are continuing in a fellowship or advancing to practice. As a General Member, you can access additional benefits, including [resources](#) for early career psychiatrists. Your MPS dues will remain the same! The [form](#) takes less than 5 minutes to complete.

## Member Updates and Survey

The MPS sent member information update forms and the [2020 member survey](#) in May. Please watch your US mail and return your information promptly!

### Member Update Form

The MPS membership directory will be published in late Summer. Please ensure that your information on file with MPS is up to date. If you opt in, this data is also used for the online Find a Psychiatrist and the telephone patient referral service. Please indicate all insurance networks where you participate in-network. You can also log in to your member account on the MPS website to directly enter updates. **The deadline for directory changes is July 31.**

### Member Survey

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

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

## Special Member Rate for 2020 MPS Directory Ad

MPS members can advertise their practice, new office location, specialty, new book, etc. for a special members-only rate of \$100 for 1/3 page in the directory. The 2020-2021 directory will be out in early fall 2020, so order soon!

For details, email Meagan at [mfloyd@mdpsych.org](mailto:mfloyd@mdpsych.org).

## 2020-2021 MPS Committee Chairs

**Academic Psychiatry**

Jennifer M. Coughlin, M.D., Chair (410) 955-5212  
Enhances collaboration between the MPS and the academic community, focuses on its needs and highlights its accomplishments via annual paper and poster contests.

**APA Assembly Delegation**

Annette L. Hanson, M.D., Co-Chair (410) 724-3149  
Elias K. Shaya, M.D., Co-Chair (443) 444-4540  
Brian Zimnitzky, M.D., Co-Chair (443) 603-1344  
This group of MPS members serving in the APA Assembly is co-chaired by MPS's Assembly Reps. It coordinates MPS representation in the APA and is a forum for MPS members with concerns they would like APA to address.

**Community Psychiatry & Diversity Coalition**

Theodora G. Balis, M.D., Co-Chair (410) 383-4914  
Ann L. Hackman, M.D., Co-Chair (410) 328-2564  
Advocates for integrating the elements of diversity into the MPS by acting as a liaison to other community organizations with related interests, both clinically and academically. In addition, it represents the MPS on issues related to community psychiatry, including the proper use and role of psychiatrists in public settings and the quality of psychiatric care for patients. There is a recovery focus on under-served individuals with serious mental illness.

**Distinguished Fellowship**

Karen L. Swartz, M.D., Chair (410) 955-5212  
Selects the MPS nominees for APA Distinguished Fellow in accordance with APA guidelines. Committee members must be Distinguished Fellows or Distinguished Life Fellows.

**Editorial Advisory Board**

Bruce Hershfield, M.D., Editor (410) 771-4575  
Responsible to the Council for supervising and advising the Editor of *The Maryland Psychiatrist* regarding policies, article selections, and general management of the publication.

**Ethics**

Joanna D. Brandt, M.D., Co-Chair (410) 321-1525  
Ronald F. Means, M.D., Co-Chair (410) 724-3000  
Reviews ethical dilemmas in psychiatric practice and provides leadership and guidance to members. Also responsible for investigating ethical complaints against members. It is constitutionally limited to eight members, three of whom must be past presidents.

**Health Policy Advisory Group**

Chair pending  
Assists MPS committees and the Council in navigating the threats and opportunities resulting from several state government initiatives to focus MPS attention and resources in ways that best serve the interests of psychiatrists and their patients.

**Legislative**

Annette L. Hanson, M.D., Co-Chair (410) 724-3149  
Jennifer Palmer, M.D., Co-Chair (410) 235-0005  
Pursues the interests of the membership in all mental health matters, initiating and responding to proposed state legislation as well as proposed regulations affecting psychiatry. Liaison with our lobbyist, other MPS committees, MedChi, and other patient and professional advocacy groups is integral to this work, much of which occurs during the legislative session from early January to early April each year. Members critique bills and can testify in Annapolis on bills the committee feels are most important.

**Membership & Recruitment**

Constance N. Lacap, D.O., Co-Chair (410) 328-6325  
Virginia L. Ashley, M.D., Co-Chair (410) 938-8467  
Recruits and evaluates applicants for membership, in accordance with MPS and APA policy. Also considers special member requests, works on recruitment, including outreach to area residency training programs, and carries out retention efforts.

**Program & Continuing Medical Education**

Christopher M. Marano, M.D., Co-Chair (410) 328-6610  
Paul Nestadt, M.D., Co-Chair (410) 955-6114  
Plans MPS scientific programs and ensures that they qualify for CME credit.

**MPS Advocates for Continued Funding**

In the context of last month's budget cuts, the MPS signed on to two Behavioral Health Coalition letters to Governor Hogan. The [first letter](#) asks that the FY21 budget **retain the mandatory 4% rate increase** designated for community behavioral health, developmental disabilities, complex medical needs, and senior care services. The [second letter](#) requests continued support for individuals with behavioral health needs by **preserving the Behavioral Health Administration's funding in the FY21 budget**. It emphasizes that the need for behavioral health care will expand significantly due to COVID-19, which means the allocated funding will be even more important to our state.

**MPS Members Out & About**

Centenarian member **Robert McAllister, M.D., Ph.D.** reflected on the COVID crisis in the [May 15 Psychiatric News](#).  
Help us spotlight news of MPS members in the community by sending info to [mps@mdpsych.org](mailto:mps@mdpsych.org).

# Maryland News

## COVID-19 Fiscal Impact in Maryland

The State of Maryland has begun to address the fiscal impact of COVID-19 on its economy. [Harris Jones Malone](#) compiled the following information coming out of Maryland's executive and legislative branches.

### Board of Public Works

The [Board of Public Works \(BPW\) met May 20](#) to consider and ultimately approve a Supplemental Budget, put forth by the Department of Budget and Management (DBM), to reduce the FY20 Operating Budget by more than \$120 million. The cuts will decrease several departmental budgets, including Education, Planning, and Housing and Community Development, and reduce the State Reserve Fund by nearly \$100 million. By law, the three-member board comprised of the Governor, Comptroller, and Treasurer can trim up to 25% of an agency's budget without legislative approval. Over the next six weeks, the BPW will examine further cuts to address the estimated \$1.1 billion shortfall caused by the pandemic. Click [here](#) for a recording of the meeting.

The MPS joined with the Maryland Behavioral Health Coalition to advocate for preserving the mandatory 4% [rate increase](#) designated for community behavioral health, developmental disabilities, complex medical needs, and senior care services as well as for [maintaining funding for the Behavioral Health Administration](#).

### Maryland General Assembly

The Maryland General Assembly (MGA) has also begun to evaluate the fiscal impact of COVID-19. Both the [Senate Budget and Taxation](#) and the [House Appropriations](#) committees were briefed on the Maryland economy and the Operating Budget. [Click here](#) for the agenda and meetings materials. In addition, the MGA asked the Department of Legislative Services (DLS) for an updated analysis of the [impact of COVID-19 on State Government](#). Among other things, it found: (1) early indications of an increased demand for entitlement programs; (2) declining populations in State correctional institutions; and (3) significant reductions in revenues in higher education institutions, the Transportation Trust Fund, the Maryland Transportation Authority, and smaller economic development agencies. DLS has also monitored [federal funding appropriated to the State](#) in response to the pandemic.

Finally, DLS released an in-depth summary of the 2020 Legislative Session, entitled the [71-Day Report](#), a departure from the standard 90-Day Report. This summary reviews major issues and accomplishments of the historic session and includes significant legislative and budgetary action. It also has an analysis of the Governor's recent vetoes and their relation to the current crisis.

## Resuming Non-Urgent Patient Care

On May 6, Governor Hogan issued new state requirements for reopening medical practices and facilities. Beginning May 7, medical practices can offer non-urgent patient care if the specified conditions are met:

- Exercise independent professional judgment about what services to provide and which patients to see.
- Have at least a week's supply on hand for the physician, staff and, as appropriate, patients.
- Maintain social distancing requirements in all settings where people must wait.
- Daily COVID screening for staff and patient screening upon arrival. Symptomatic staff must stay home
- Implement workplace infection control measures in accordance with the most [current CDC guidelines](#).
- Immediately restrict operations to non-elective appointments if PPE is no longer available for physicians, staff and patients.

## Latest Resources for Maryland Psychiatrists During COVID-19

The MPS maintains a comprehensive set of [coronavirus resources for Maryland psychiatrists](#) with links to detailed requirements for telehealth, state agencies, general COVID-19 information and other information.

See [MedChi's Coronavirus Resource Center](#) for more info that Maryland physicians need to know.

Visit the Maryland Department of Health [COVID-19 webpage](#) for daily updates on the outbreak. The site has information, FAQs and resources for a wide range of settings.

### Ensuring PPP Loan is Forgiven

View the [video presentation](#) by MedChi CEO Gene Ransom to understand how you can ensure that your Paycheck Protection Program loan is forgiven by the federal government.

## Maryland News

### MIA Order Against United Healthcare

On April 21, the Maryland Insurance Administration (MIA) issued a [Consent Order](#) in connection with its 2017 [market conduct survey](#) to determine compliance with the federal Mental Health Parity and Addiction Equity Act (MHPAEA). The action stems from its investigation of United Healthcare Insurance Co (UHC), United Healthcare of the Mid-Atlantic (UHMCA) and Optimum Choice, Inc. (OCI) for state law violations in establishing **HMO out-of-network reimbursement rates for MH/SUD providers**. The cited deficiencies also constitute a MHPAEA violation. The MIA imposed larger than usual penalties against all three entities and, importantly, has required the carriers to pay **restitution to members** for MH/SUD claims affected by the violations for a 3-year period (April 1, 2016 - March 31, 2019). While the order is a bit cryptic, the key points are:

UHC Reimbursement Practices: State law sets reimbursement rates for out-of-network (OON) services for HMO members, based on whether the service is an evaluation and management (E&M) service or a non-E&M service. The rate for E&M services is the greater of 125% of the average contract rate paid by the HMO to similar providers or 140% of the Medicare rate for a similar provider. For non-E&M services, reimbursement is set at 125% of the Medicare rate. UHC did not follow the state law standard for reimbursement of OON services.

- For MH/SUD providers, United applied rate reductions of **25%-35% based on the provider type**, regardless of whether the 125% or 140% applied for E&M services, and those reductions **exceeded the percent reductions allowed by CMS** in its published rates.
- For medical/surgical providers (both physicians and non-physicians), United paid the same rates to all providers and **did not reduce payments** in the same way as payments for MH/SUD providers.

Violations of State Law: (1) UHC set OON reimbursement rates in violation of state law; (2) UHC used a greater percent reduction for MH/SUD providers than the percent reduction for other health care providers billing the same CPT code.

Penalties: UHC - \$62,500; UHCMA - \$30,000; and OCI - \$30,000

Restitution: United must re-adjudicate claims to identify members who paid higher out-of-pocket MH/SUD expenses and make restitution payments, plus interest, to affected members.

A deadline for making restitution is not identified in the order, but a list of the payments must be provided to MIA within six months after MIA approves the notice to members.

*Ellen Weber, J.D., V.P. for Health Initiatives, Legal Action Center*

### BHA Survey on COVID Impact

The Maryland Behavioral Health Administration (BHA) is conducting a survey regarding the impact of COVID-19 on services, supports and client well-being. BHA will use the data from the survey to inform system planning and management and to develop interventions to address the consequences of this unprecedented crisis. **The survey should be completed by Friday June 5.** Please take a moment to respond at this link <https://www.surveymonkey.com/r/V9RSX7R> and share with other interested parties:

- The survey takes 4-6 minutes to complete
- Responses are anonymous and confidential
- The survey is voluntary
- The information will not be used to negatively evaluate service providers or other system stakeholders

The results will be posted on the BHA website ([www.bha.health.maryland.gov](http://www.bha.health.maryland.gov)) around July 2.

### ASO Relaunch Uncertain

There is still concern about Optum's readiness to begin processing claims and authorizations effectively. Estimated payments to providers are expected to continue through June. A full ASO relaunch is premature until the system is functional. The state is expected to provide a timeline for moving forward. Several provider advocates have participated in discussions with the Department of Health and Optum. Some are calling for extending deadlines for timely filing and appeals due to the continuing difficulties. They hope to have an opportunity to brief the Maryland Medicaid Advisory Committee and the Joint Legislative Committee on Behavioral Health.

### Birrane is New Insurance Commissioner

On May 1, Governor Larry Hogan [appointed](#) Kathleen A. Birrane as Maryland Insurance Commissioner. She replaces former Al Redmer, who has been appointed executive director of the Maryland Auto Insurance Fund. Birrane is former principal counsel to the Maryland Insurance Administration. Since 2012, Birrane has been with the law firm DLA Piper, focused on insurance and regulatory matters, including criminal investigations related to insurance. Her father held the position of Maryland Insurance Commissioner under former Governors Mandel and Lee. Birrane holds a law degree from the University of Maryland.

## Maryland News

### Governor Hogan Vetoes 2020 Legislation

On May 7<sup>th</sup> Governor Larry Hogan announced actions on legislation passed by the General Assembly during the 2020 session. He noted that while the General Assembly passed a number of worthy bills, COVID-19 has caused sudden, unprecedented economic turmoil. The impact on state and local budgets, small businesses, and struggling Marylanders is devastating. Some of his concerns are:

- **Increased Spending:** He writes, "The economic fallout from the pandemic simply makes it impossible to fund any new programs, impose any new tax hikes, nor adopt any legislation having any significant fiscal impact, regardless of the merits of the legislation." [Read the veto letter here.](#)
- **Higher Taxes and Fees:** He writes, "With our state in the midst of a global pandemic and economic crash, and just beginning on our road to recovery, it would be unconscionable to raise taxes and fees now." [Read the veto letter here.](#)
- **Failure to Address Violent Crime:** He writes, "...my highest priority is to hold violent criminals accountable and stop the shootings and the murders in Baltimore City. ... While the Senate approved the package by a wide margin, the House failed to act upon it, and thus failed to meaningfully address violent crime." [Read the veto letter here.](#)

### MedChi to Request Veto Override on Drug Board Funding

Governor Hogan vetoed [Senate Bill 669](#) and House Bill 1095. The companion bills would have established a funding source for the Prescription Drug Affordability Board, created in 2019 to address the runaway costs of medications. (Learn more about the Board in this [short video](#).) The vetoed bill was intended to place a fee on drug manufacturers, pharmaceutical wholesalers, insurance carriers, and pharmacy benefits managers.

In fairness, Governor Hogan vetoed this bill alongside every other bill that had any type of fee increase, citing the COVID-19 crisis and its effect on the state's economy. MedChi would argue, however, that this issue deserves unique consideration. Health insurers and the pharmaceutical industry have done well in the economic downturn thanks to stockpiled medications and insurers receiving trillions in premiums while experiencing a decrease in payouts. MedChi considers these industries well-equipped to absorb a minor financial burden that will ultimately provide a major benefit to patients. The Maryland Drug Board needs proper funding to do its work, and MedChi will advocate strongly for the General Assembly to override the veto.

From [May 25 MedChi News](#)

### New Maryland Laws Effective June 2020

[HB1100](#) *Prescription Drug Affordability Board – Meetings, Legal Advisor, Reports, and Technical Changes* repeals the requirement that the Prescription Drug Affordability Board hire legal counsel by specifying that the Attorney General is the legal adviser to the Board. Additionally, this bill (1) states that the Attorney General must designate an assistant Attorney General as counsel to the board; (2) delays the Board's study and report of the entire pharmaceutical distribution process (manufacturers, carriers, and health insurance companies, etc.) from December 31, 2020 to December 31, 2021; and (3) delays the Board's study and report of the generic drug market from June 1, 2020 to June 1, 2022.

[HB1150](#) *State Health and Welfare Benefits Program - Maryland Competitive Pharmacy Benefits Manager Marketplace Act* requires the Department of Budget and Management (DBM) to use a "reverse auction" to select a pharmacy benefits manager (PBM) for the Maryland Rx Program under the State Employee and Retiree Health and Welfare Benefits Program. Under this legislation, the DBM must (1) procure a technology platform (as well as any associated professional services) to evaluate the qualifications of prospective PBMs; (2) perform an annual market check of PBM services during lifetime of the selected PBMs' contracts; and (3) evaluate prescription drug pricing based on the PBMs' reverse auction processes.

[HB1629](#) *Office of the Attorney General – Firearm Crime, Injuries, Fatalities, and Crime Firearms – Study* requires the Office of the Attorney General (OAG) to: (1) study information regarding "firearm crimes" committed in the State since August 1, 2015; (2) analyze each 9-1-1 request for emergency assistance involving a firearm crime; (3) study information regarding "firearm injuries and fatalities" occurring in the State since July 1, 2020; and (4) study, report, compile, collect, and gather information on "crime firearms".

### State Board of Physicians Sunset Extension

[House Bill 560/Senate Bill 395](#): *State Board of Physicians and Allied Health Advisory Committees – Sunset Extension and Program Evaluation* ensures that the Board remains statutorily authorized for 10 more years. MedChi used the sunset review to address longstanding issues with Board disciplinary matters. They reached agreement with Board leadership to evaluate an expungement program, in coordination with MedChi, for physicians with minor infractions. The Board must evaluate and report back to the General Assembly on the use of a third peer reviewer when the two initial reviewers do not agree. Other changes were made to the Board's governing statutes, including that fines for violations by a licensee are to be paid into the state's General Fund. The changes go into effect on July 1.

## Maryland News

### ePrescribing for CDS Required by 2022

[House Bill 512/Senate Bill 166](#): *Drugs and Devices – Electronic Prescriptions – Controlled Dangerous Substances* was re-introduced from the 2019 Session. This bill requires all controlled dangerous substances (CDS) to be transmitted by electronic prescribing. MedChi successfully maintained the exemptions negotiated last Session and delayed the effective date until January 1, 2022 to allow time for physicians and others to comply. (Federal law will require e-prescribing of CDS for Medicare before then.)

### Special Enrollment Ends June 15

As part of the state's overall response to the coronavirus, and in an effort to prioritize health and safety, [Maryland Health Connection](#) opened a new special enrollment period for uninsured Marylanders. The Coronavirus Emergency Special Enrollment Period to enroll in a health plan ends Wednesday, June 15. Those who qualify for Medicaid can enroll any time of year. [Click here](#) to get started.

## Medicare Updates

### Audio-only E/M Rate Adjustment Retroactive to March 1

The March 30 [Interim Final Rule with Comment Period](#) added coverage during the Public Health Emergency for audio-only telephone evaluation and management visits (CPT codes 99441, 99442 and 99443) retroactive to March 1. CMS has confirmed that Medicare Administrative Contractors (MACs) will reprocess audio-only claims at the new rates. On April 30, a new Physician Fee Schedule was implemented increasing the payment rate for these codes. MACs will reprocess claims for those services that they previously denied and/or paid at the lower rate.

There are also a number of add-on services (CPT codes 90785, 90833, 90836, 90838, 96160, 96161, 99354, 99355 and G0506) which Medicare may have denied during this Public Health Emergency. MACs will reprocess those claims for dates of service on or after March 1.

From [May 22 AMA Advocacy Update](#)

## APA News & Information

### Clarification on CMS Changes for Telehealth

CMS is now allowing certain services to be done via telephone. They are discussing how psychiatrists should bill an E/M code and a psychotherapy service when done together at a visit. That is currently not permissible by audio only because the E/M codes that a psychiatrist would use have not been added to the audio only list. Once CMS clarifies, it will be posted on the [APA website](#). Members should send any questions to the practice management helpline – [practicemanagement@psych.org](mailto:practicemanagement@psych.org).

### APA Practice Guidance on CMS Changes to Billing for Audio Only

- On April 30, 2020, CMS issued a new ruling permitting audio only telephone care for the following psychiatry codes: 90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90853. CMS also announced they will increase payments for audio-only telephone visits (99441, 99442, 99443) between Medicare beneficiaries and their physicians to match payments for similar office and outpatient visits. This would increase payments for these services from the current range of about \$14-\$41 to the higher range about \$46-\$110, and the payments are retroactive to March 1, 2020.
- Since the add-on psychotherapy codes, 90833, 90836, and 90838 have been permitted for just audio, we believe CMS is recognizing it will be acceptable to bill for an E/M with one of these codes even when only audio is available using the point of service for where the encounter would have taken place were it not for the public health emergency, and the modifier 95 is to be used to indicate the care was provided via telemedicine. We are waiting for confirmation from CMS that this is the case and will update this page as needed.

Please view the [APA News Release](#) for more information.

*Becky Yowell, Director  
APA Reimbursement Policy and Quality*

### APA Webinar on Preventing Physician Suicide

Physicians who die by suicide are less likely to be receiving mental health treatment compared with nonphysicians who die by suicide. Learn how to recognize the symptoms of burnout and suicidal ideation in colleagues. "[Preventing Physician Suicide: We All Have a Role to Play](#)" takes place **June 23 at 2 PM**

## APA News & Information

### APA Survey on Telehealth

Many telehealth regulations have been temporarily lifted due to the COVID-19 pandemic. To help APA understand the impact on members' practice and access to care for their patients, please complete [this short survey](#). While the survey asks for identifying information, the results will not share individual responses, only de-identified information. (The personal information is collected for APA Administration to follow up with individuals, if necessary.) Overall results will be made available and APA will use the answers to develop member resources and for advocacy initiatives. If it is possible to breakdown them down by state, that will be shared with district branches for information and advocacy. Please send any inquiries to [practicemanagement@psych.org](mailto:practicemanagement@psych.org).

### APA Advocates for Relaxed Telehealth Regulations

On May 27, during a virtual Congressional briefing, APA President Jeffrey Geller, M.D., M.P.H., and members of the APA Committee on Telepsychiatry emphasized the need for expanded access to mental health care through telehealth not only during the COVID-19 pandemic, but also afterward. The briefing, "Collective Crisis: Preparing for America's Next Wave of Mental Health and Substance Use Disorder Needs With Telehealth," was hosted by APA and the National Alliance on Mental Illness (NAMI). [Click here](#) for more details.

### APA Speaks Out for IMGs

APA and America's Frontline Physicians advocated to ensure that International Medical Graduates (IMGs) practicing in the U.S. and those seeking to begin residency training this summer can serve their communities and meet the nation's health care workforce needs. Read more about how APA is protecting IMGs and their families [here](#). APA members are invited to join in support of the Healthcare Workforce Resilience Act (HR 6788/S 3599) by [writing to Congress](#)

### Trouble Receiving Federal COVID Support?

[Congress appropriated funds through](#) the CARES Act and the Paycheck Protection Program and Health Care Enhancement Act to provide \$175 billion in relief funds to hospitals and other healthcare providers on the front lines of the coronavirus response. The Department of Health and Human Services has asked APA if psychiatrists are having trouble receiving this funding. **If you are having trouble accessing funds, we would like to know in order to identify ways to help.** Please [click here](#) to fill out a short survey.

### April 2020 Assembly Report

Given the coronavirus pandemic, the American Psychiatric Association cancelled the annual meeting that was to be held in Philadelphia this past April. The APA Assembly conducted its first virtual meeting via videoconferencing. While the typical meeting is held over the course of three days, the virtual meeting was truncated to 90 minutes. We therefore only focused on the most important business before us. A number of action papers were deferred to the November meeting.

Mary Jo Fitzgerald, MD (Area 5) was elected by acclamation as Speaker-Elect. Adam Nelson, MD (Area 6) was elected as recorder.

The Assembly approved [Position Statements](#) regarding use of antipsychotic medication in patients with major neurocognitive disorders, universal health care, competence evaluation and restoration services, issues pertaining to capital sentencing and death penalty, issues in treating patients with HIV, issues related to sexual orientation and gender minority status, and the provision of mental health services to undocumented immigrants. The Assembly approved a Position Statement affirming that the leadership of academic departments of psychiatry should be a psychiatrist.

The Assembly also approved several Action Papers. We supported fair and equitable Medicaid funding for states and territories, including Puerto Rico. We opposed the recent federal Medicare Executive Order, which overrode state scope of practice laws and ordered reimbursements for procedures, medical and mental health services be reimbursed by Medicare and Medicaid equally, independent of the expertise of the practitioner. We approved an Action Paper to have the APA approve a Position Statement on the Treatment of Transgender and Gender Diverse Youth. Additionally, we approved the addition of diagnostic codes for suicidal behavior and non-suicidal self-injury.

The November Assembly Meeting will also be held via teleconference.

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



## APA News & Information

### Free Members' Course of the Month

*Addressing Substance Use Disorders in the Context of Sexual and Gender Diversity* - provides an overview of tobacco, alcohol, and drug use disparities in LGBTQ populations, including strategies for providing LGBTQ-affirming care. Presented by Petros Levounis, M.D., M.A., Rutgers New Jersey Medical School, Faye Chao, M.D., Mount Sinai, Jeremy Kidd, M.D., MPH, Columbia University, New York State Psychiatric Institute, and Brian Hurley, M.D., MBA, DFASAM, UCLA, LA County. [Click here to access.](#)

### APA Coronavirus Resources

#### How Has COVID-19 Impacted You & Your Practice Financially?

APA is surveying members to understand the financial impacts of coronavirus on your practice. This information will inform our advocacy work on behalf of our members. Information you share is not personally identifiable and will only be used only in the aggregate. [Take the survey »](#)

#### Guidance on Reopening Your Practice and Returning to Service

New APA-developed resources have been added to the Coronavirus Hub for psychiatrists who are reopening practices and returning to clinical service. Find a list of resources like these in the ["APA Resources"](#) section of the hub.

## Medicare Updates

### June 3 Response Required for Those Who Received CMS Payments Through the Provider Relief Fund

Health and Human Services (HHS) has distributed \$70 billion in a Provider Relief Fund to physicians who accept Medicare to help alleviate financial loss due to COVID 19. If you accept Medicare, you should have received these funds automatically. We recommend you check with your financial institution regarding a deposit from Optum Bank with "HHSPAYMENT" in the notation. If you received these funds you must agree or disagree to the program terms and conditions by June 3, 2020. [Click here for more from APA »](#)

## Medicare Updates

### Medicare Coverage and Payment of Virtual Services

CMS updated a [video](#) about the expanded Medicare telehealth services benefit during the COVID-19 public health emergency. New information includes the expanded list of telehealth services, additional practitioners that can provide telehealth services, and the distant site services that Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) can provide. It also discusses audio-only telehealth services and how to correctly bill for telehealth services.

### Attestation Deadline Extended by 15 Days

On May 7, HHS [announced](#) it has extended the attestation deadline for CARES Act Provider Relief Fund disbursements. Providers now have 45 days, increased from 30 days, from the date they receive a payment to attest and accept the Terms and Conditions or return the funds. Please see the [CARES Provider Relief Payment Portal](#) and provider [guide](#) .

### Medicare Recognizes Interstate License Compacts

The [Interstate Licensure Compact](#) offers a voluntary expedited pathway to licensure for qualified physicians who wish to practice in multiple states. CMS has [determined](#) that the interstate license compact will be treated as a valid, full license for meeting federal license requirements.

### Preliminary Feedback on 2019 MIPS Data

Those who submitted data through the [Quality Payment Program](#), can review 2019 MIPS preliminary performance feedback data. This is **not** a final score, which will be available July 2020. Until then, the score could change based on:

- All-Cause Readmission Measure for the Quality performance category
- Claims measures to include the 60-day run out period
- CAHPS for MIPS Survey results
- Reweighting based on COVID-19 Extreme and Uncontrollable Circumstances Applications (submitted in April)
- Quality and Cost performance category scores from facility-based measurement
- Improvement Study participation and results
- Creation of performance period benchmarks for Quality measures that didn't have a historical benchmark

Access the preliminary and final feedback using the same credentials for submission. The [QPP Access User Guide](#) and [this video](#) have step-by-step instructions.

## AMA Privacy Principles Support Patient Rights

The new [AMA Privacy Principles](#) support the rights of patients to control, access and delete their personal information. As Congress considers federal privacy legislation, the principles aim to ensure that as health information is shared—particularly outside of the health care system—patients have meaningful controls over and a clear understanding of how their data is being used and with whom it is being shared. The enumerated principles are categorized by Individual Rights, Equity, Entity Responsibility, Applicability and Enforcement.

## SAMHSA Webinars

[Clinical Innovations in Telehealth: Providing Culturally Relevant Telehealth Mental Health Services for Latinos during a Pandemic – Webinar](#) **June 2 at 1 PM**

[CTI to Help Transition People with Mental Illness Out of Homelessness and Incarceration](#) June 3 at 2 PM

[Fundamentals of Telemental Health: Clinical Engagement – Weekly Webinar](#) **June 2 at 8 PM**

**June 9 at 8 PM:** Emergencies, Disruptions, and Pitfalls in Telemental Health

**June 16 at 8 PM:** Risk Management in Telemental Health

[Strategies for Addressing Trauma, Crises and Grief through Tele-Mental Health – Webinar](#) **June 5 at 1 PM**

[Clinical Innovations in Telehealth: Telehealth and PTSD – Webinar](#) **June 9 at 1 PM**

[Clinical Depression and COVID-19: Expanding on Mental Health Promotion – Webinar](#) **June 11 at 11 AM**

[Clinician's Guide to Preparing and Administering Long-Acting Injectable Antipsychotics – Webinar](#) **June 12 at noon**

[Using the Lens of Ambiguous Loss to Treat COVID-19 Pandemic Fear and Anxiety – Webinar](#) **June 12 at 2 PM**

Visit SAMHSA's [Practitioner Training webpage](#) for a complete listing.

## Have You Published Lately?

The MPS would like to highlight recent journal articles published by its members. If you have published within the past year, please email the title, publication, date and preferably a link to [mps@mdpsych.org](mailto:mps@mdpsych.org). Please also include a photo and a sentence or two summary, if possible.

## CLASSIFIEDS

### POSITIONS AVAILABLE

Why work for **LifeBridge Health**? As the largest, most comprehensive and most highly respected provider of health services to the families of the greater Baltimore region and beyond, LifeBridge Health is a model of excellence for both Physicians, APP's, employees and the surrounding community. Each year we have more than 1 million annual patient encounters, offering outstanding primary and specialty care. LifeBridge Health is currently hiring for a variety of psychiatric positions throughout our system. Highly competitive compensation and benefits including medical, dental, vision, life and disability insurance, 403b plan with match, 7 weeks paid annual leave, 5 days of CME time and a stipend for CME and licensure expenses. Required qualifications: Medical degree from an accredited medical school, board certification (or eligibility) in psychiatry (residents/fellows graduating in 2020 are encouraged to apply), unrestricted Maryland medical license. Please send your CV to: Devyn Kern, Director of Physician Recruiting; email [dekern@lifebridgehealth.org](mailto:dekern@lifebridgehealth.org) or cell phone 410-274-4403.

PSYCHIATRY POSITIONS: MedStar Health is seeking psychiatrists to work in the Baltimore area in a variety of settings. Our hospitals provide inpatient, outpatient, intensive outpatient, partial hospitalization and consult liaison services. We offer flexible hours with competitive comp plans and benefits including CME reimbursement, 7 weeks paid time off, holidays and personal leave, 403 B match, medical benefits and paid malpractice ins. and much more! Please email CV to [stephen.pasko@medstar.net](mailto:stephen.pasko@medstar.net).

### OFFICE SPACE AVAILABLE

**GREENSPRING STATION/Lutherville**--Desirable Joppa Green Townhouse office areas (2-3 offices or a full suite) suited to rent individually or to join an existing 25 year private practice. Excellent amenities, location and access. Call Stuart at 443-617-4560.

### DID YOU KNOW?

**Position openings and office space available are also posted on the MPS website!** Listings from each newsletter issue are displayed online for the month of the publication. If you can't find your newsletter in your email inbox, visit the [Classifieds page](#) to view employment and office space ads.

# Rewarding Opportunities for Psychiatrists Across Maryland

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**Crisis Assessment Services**

**Residential: The Retreat**

**Telepsychiatry**

**Partial: Child & Adolescent**

**Medical Education Services**

## REQUIREMENTS

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

## WHY SHEPPARD PRATT?

- Physician-led organization
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- A network of the brightest minds in psychiatry
- Grand rounds, CME opportunities, on-site lectures
- State-of-the-art research and technology
- Cross-discipline collaboration

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For more information, please contact Kathleen Hilzendeger, Director of Professional Services, at **410.938.3460** or [khilzendeger@sheppardpratt.org](mailto:khilzendeger@sheppardpratt.org).

## About Sheppard Pratt

Consistently ranked as one of the top ten psychiatric hospitals by *U.S. News & World Report*, Sheppard Pratt is the nation's largest private, nonprofit provider of mental health, substance use, special education, developmental disability, and social services. We employ more than 95 doctors who all share a passion for providing the best care to those we serve. Visit [sheppardpratt.org](http://sheppardpratt.org) to learn more about our services. *EOE*.



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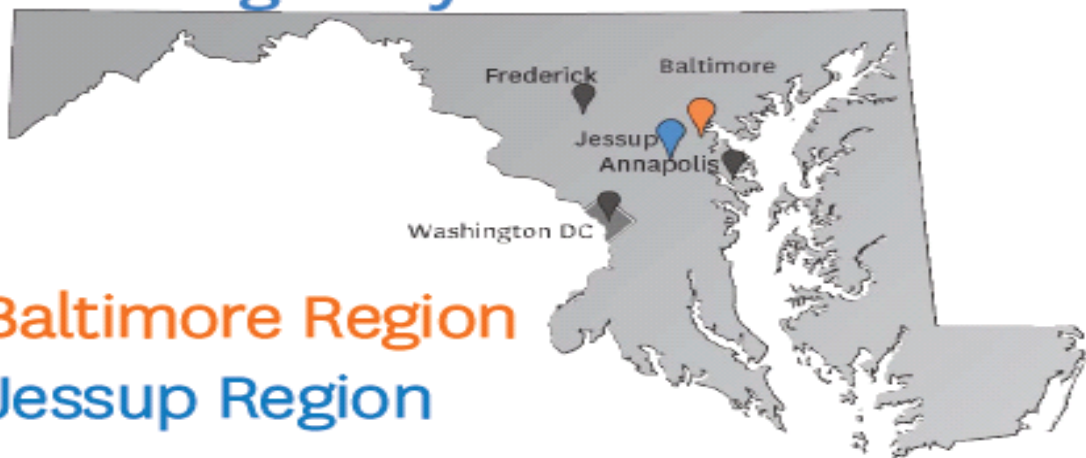
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