

# MPS NEWS

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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

### Connections and Regulations

As I write this column, we are coming up on Thanksgiving week. With the benefit of the vaccine many will get together with family they were unable to see last year. Our MPS family is grateful for each other and all our members.

Hopefully we can enjoy good food and renew our energies by connecting to our friends and families during this holiday season. Renewing connections to other people is often the source of energy to help us help our patients. Some of our colleagues will have to work and cover facilities during the holidays. We are hoping everyone can gather at a different time and still make a point of celebrating and making those connections.

This past month the MPS Book Club read [Killers of the Flower Moon: The Osage Murders and the Birth of the FBI](#) by David Grann. One of the timely take away points of the book (which is set in the twenties) is making a group of people the "other" and being able to dehumanize them. This idea fits with the [MPS efforts to promote inclusion](#). We are working with our fellow professionals to ensure underrepresented and diverse voices are represented in The Maryland Psychiatric Society. Part of the [MPS mission statement](#) also aligns with this topic. MPS is working to ensure that historically disadvantaged and marginalized groups of all back grounds have access to culturally respectful and comprehensive treatment. Psychiatric patients are discriminated against in overt and subtle ways, and it is our job to continue to fight against discrimination and stigma.

An issue of concern for our members came up during the Book Club meeting. Enactment of the new law [House bill 512](#)/Senate bill 166 requires electronic prescribing of controlled substances by January 1, 2022. The MPS has tried over several months to no avail to obtain the new regulations for a waiver that is available under the law via the Maryland Department of Health. The law lists several exceptions where a written or oral prescription would be acceptable, including when the prescription is from a practitioner who writes a low volume of CDS prescriptions, but there has been no guidance forthcoming from the Maryland Health Care Commission as to what amount constitutes low volume. The law states that a pharmacist who receives a written or oral prescription is not required to verify that the prescription is an authorized exception. In the meanwhile, the MPS has compiled a list of e-prescribing platforms that members have recommended on the MPS listserv [\[see page 6\]](#). We will email updates on this new mandate to members as soon as they are available.

*Ginger Ashley, M.D.*

The MPS Council will meet by videoconference on January 11th at 7:30 PM. All members welcome!

# Happy Holidays

The MPS office will be closed on most days **December 24-31**. Please remember that you can pay your dues, update your profile or find a referral for a patient on our [website!](#)

## Limited PSLF Opportunity Now Available

Members should be aware of a change to Public Service Loan Forgiveness (PSLF) program rules that will be in effect for a limited time. The following information may be of interest to members with educational loans who may qualify for PSLF. This may apply to psychiatrists working for the State, and for the federal government and non-profits.

**Alert!** On October 6, the U.S. Department of Education announced a temporary period during which borrowers may receive credit for payments that previously did not qualify for PSLF or TEPSLF. [Learn more about this time-limited opportunity.](#)

## MPS Members Out & About

**Robert Herman, M.D.** had a [letter](#) published November 21 in the Annapolis *Capital Gazette* that spotlights payment problems with the public behavioral health system.

## 2022 MPS Dues Notices

The MPS sent 2022 dues invoices by email in September and via USPS in October. Another mailing will be sent this month. Dues remain the same as last year!

To pay your MPS dues:

- Mail your check made payable to "MPS" to 1101 St Paul Street, Ste 305, Baltimore, MD 21202 **-OR-**
- Pay online using a debit or credit card or Paypal account at [this link](#) or via your MPS [member account](#).

If you have questions or concerns please call the MPS office at 410.625.0232 or email [mps@mdpsych.org](mailto:mps@mdpsych.org). Thanks for your continued support of the Maryland Psychiatric Society!

## Poster Contest for Residents & Fellows

The MPS poster competition for our Resident-Fellow Members will be held again this year, with all entries displayed at our annual meeting in April 2022! Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the meeting. Two finalists will also be selected and will receive **\$100 each** in addition to complimentary tickets.

The winners in past years are listed [here](#). Please [click here](#) for complete details about the process and requirements.

**The deadline to enter is January 31.** Electronic copies of posters are due **February 10**. For more information, or to apply please [click here](#).

## MPS Membership

*The following individuals have applied for membership 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.*

Usha Bachani, M.D.  
Wan Rou Yang, Ph.D., M.D.

### Transfer Into Maryland

Afifa Adiba, M.D.  
Kyun E. Kim, M.D.

### Reinstatement

Jesselina L. Curry, M.D.

## MPS Best Paper Awards Deadline January 31

To recognize outstanding scholarship by young psychiatrists in Maryland, the MPS established annual "best paper" awards in 2013. Previous winners are listed [here](#). The Academic Psychiatry Committee is currently soliciting nominations for the 2021 Paper of the Year Award in two categories:

**Best Paper by an Early Career Psychiatrist Member (ECP):** Eligible psychiatrists are ECP members who are first authors of papers published or in press in 2021. Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the MPS annual dinner in April 2022.

**Best Paper by a Resident-Fellow Member (RFM):** Eligible psychiatrists are Resident-Fellow members who are first authors of papers that were written, in press, and/or published in 2021. Thanks to generous funding from the Maryland Foundation for Psychiatry, the winner will receive a **\$200 cash prize** as well as a complimentary ticket to the MPS annual dinner in April 2022.

Scholarly work of all kinds (e.g., scientific reports, reviews, case reports) will be considered. If you would like to nominate a paper and author, please email or mail the paper as indicated below by **January 31**. Please include a brief explanation of why you believe the work is worthy of special recognition.

Jennifer M. Coughlin, M.D.  
Academic Psychiatry Committee Chair  
Johns Hopkins Hospital  
600 North Wolfe Street, Meyer 3-181  
Baltimore, MD 21287  
[jcoughl2@jhmi.edu](mailto:jcoughl2@jhmi.edu) / [mps@mdpsych.org](mailto:mps@mdpsych.org)

## November 9 Council Highlights

Support for MPS Strategic Priorities

Dr. Ashley reported on efforts related to [MPS priorities](#) since the September Council meeting. Staff updated the MPS database with psychiatrists licensed in Maryland. MPS emailed copies of *MPS News* to about 400 non-member psychiatrists, including a link to the November CME, and urged them to join MPS and APA or donate to the Advocacy Fund. No responses had been received yet. A plan to increase MPS awareness among non-members will be developed with the goal of recruiting several new ones.

Dr. Flaherty reported that MPS did an ECP flash poll on possible new offerings. A virtual group idea got the most support from ECPs but the response rate was low. The group would facilitate discussion of difficult cases and address career or practice concerns. It could be self-led or it could also include an invited speaker on varying niche or specialty topics.

Executive Committee Report

Dr. Ashley reported that MPS [signed on to a Maryland Behavioral Health Coalition letter](#) to Governor Hogan pleading for help in addressing the shortcomings of the Public Behavioral Health System's claims payment system. The MPS Executive Committee met with Behavioral Health Administration representatives on October 20 to follow up on the involuntary commitment definition and obtain updates on the [Facilities Master Plan](#), crisis system reform efforts, the new minor consent law, and other topics. She said that due to cost concerns, EC decided to delay database upgrades that would enable better information on member race, ethnicity, and gender.

Secretary-Treasurer's Report

Dr. Vidal reviewed the third quarter financial statements as of September 30, 2021. Assets, liabilities, and equity are higher than this time last year. 2022 dues invoices were sent earlier, resulting in higher cash balances and prepaid dues. The annual investment policy calculations indicate no need to add to the emergency fund or the investment reserve. Compared to budget, total income of \$216K is \$19K less than expected, mainly due to changes in meetings because of the pandemic, but also less membership dues and advertising. Total expenses are \$217K, \$44K less than budget, reflecting shared lobbyist expense, and lower meeting costs. The \$1K loss to date is \$25K better than budget. Compared to last year, total income is \$5K lower and total expenses are \$12K lower, so the loss is \$7K better than last year's. There has been a \$75K net decrease in cash since the beginning of January, reflecting the annual dues billing cycle. The MPS has ample funds for its operations.

She then presented the proposed 2022 MPS Capital Budget authorizing \$20K spending for assets, including \$15K for database and website changes for race ethnicity and gender (approved 3/21 but postponed), as well as miscellaneous

small replacements, if needed. Council voted unanimously to approve the proposed budget and accept the statements.

Membership and Recruitment Committee Report

Council voted unanimously to approve the committee's recommendation to waive dues for a member who was laid off during the pandemic and has experienced a delay in payments from Optum. Dr. Lacap introduced a concept for Council feedback that would hopefully help retain new applicants and transfers who have completed training. It would involve 8-10 members serving as ambassadors who contact new members and share resources and information about MPS and how to get involved. Council agreed that this idea should be pursued and Drs. Nestadt, Young and Dionesotes volunteered to assist.

Nominations & Elections Committee Report

Dr. Hackman presented the proposed 2022 election slate, which was unanimously approved. [See page 4.](#)

APA Assembly Representatives' Report

Dr. Zimnitzky reported highlights of the virtual Assembly meetings earlier in the month, including several Action Papers of note: Healthcare access in Puerto Rico, International psychiatrists in training, Decriminalization of drug use, MOC, and Structural racism. Dr. Levin reported that the Board of Trustees is setting up a workgroup on APA-DB relationships. Area 3 has no funding so its activities are limited. APA government relations staff report seeing an increase in psychologist prescribing legislation and PAs who want to call themselves doctors. Dr. Hanson said she repeatedly raised concern about the APA plan to increase fees to DBs for approving CME programs for credit. Apparently they were heard as the proposed fee structure is being revisited with a decision due November 30. The APA Treasurer reported that the new joint provider process is expected to save APA money.

MedChi Delegate's Report

Dr. Oviedo reported highlights of the November 6 MedChi House of Delegates meeting where Loralee Ma, M.D. was installed as President and James York, M.D. as President-Elect. He said that MPS's Resolution 25-21, *Psychologist Prescribing Within the State of Maryland: Oppose*, was unanimously approved. The MPS resolution on Prior Authorization Reform Legislation was combined with two other prior auth resolutions from Montgomery County into a new Resolution 30-21 that got responses from a wide range of specialties asking for specific provisions to address their problems. The unanimously passed final version was general to encompass all concerns. He noted Resolution 27-21 introduced by the Medical Student Section to mandate reporting of antipsychotic use in nursing home residents with the aim of addressing over diagnosing schizophrenia. He reported other MedChi efforts

(Continued on next page)

*(Council Continued)* to support physicians, including e-prescribing webinars in collaboration with DrFirst, a Maryland salary survey tool, sharing information about the Maryland Loan Assistance Repayment Program, and working to have a mechanism to expunge lower level offenses at the Maryland Board of Physicians. [[Click here](#) for Gene Ransom's operations report. [Click here](#) for the Final Reports and Resolutions summary.]

#### Old Business

Dr. Ehrenreich reviewed the information requested at the last meeting about trends in MPS finances. CME grants, peer review income and APA funding are no longer available and ad income is variable. MPS no longer prints and mails newsletters, reduced its staff size and shares the lobbyist cost with WPS. He noted the trend of more reduced dues paying lifers and less full dues paying members (which may start to level off in 2022 when new retired/semi-retired categories begin). He briefly noted pros and cons of moving to a room at MedChi. Council postponed discussion to the January meeting due to the late hour.

## Slate for 2022 MPS Election

The following nominees were approved in November by the MPS Council.

#### **President-Elect**

Carol Vidal, M.D., M.P.H.

#### **Secretary-Treasurer**

Theodora Balis, M.D.

#### **Council**

*(four vacancies)*

Benedicto Borja, M.D.

Kim Bright, M.D.

Emily Haas, M.D.

Catherine Harrison-Restelli, M.D.

Sushma Jani, M.D.

Cynthia Major Lewis, M.D.

Samuel Williams, M.D.

Ikwunga Wonodi, M.D., M.B.A.

#### **Resident-Fellow Member Councilor**

Karen Dionesotes, M.D., M.P.H.

#### **APA Assembly Representative**

Annette Hanson, M.D.

#### **Nominations & Elections Committee**

*(two vacancies)*

Hinda Dubin, M.D.

Mark Ehrenreich, M.D.

Geetha Jayaram, M.D.

Patrick Triplett, M.D.

## Nominations for Anti-Stigma Advocacy Award

The annual Maryland Foundation for Psychiatry (MFP) Anti-Stigma Advocacy Award recognizes a worthy piece published in a major newspaper that accomplishes one or more of the following:

- Shares with the public their experience with mental illness in themselves, a family member, or in the community.
- Helps others to overcome their inability to talk about mental illness or their own mental illness.
- Imparts particularly insightful observations on the general subject of mental illness.

A Maryland author and/or newspaper is preferred. [Click here](#) for past winners and published articles.

The award carries a \$500 prize to be given at the Maryland Psychiatric Society annual meeting in April. To nominate a piece to be considered for the 2022 award, email it to [mfp@mdpsych.org](mailto:mfp@mdpsych.org) no later than **January 10, 2022**. The article should be published during the period from January 15, 2021 to January 10, 2022.

The MFP is organized for educational and charitable purposes. For more information, please visit the MFP [website](#).

## Thank You!

The following members paid additional MPS dues for 2022 even though they qualify for reduced dues because they have reached life status. **We appreciate your support of the Maryland Psychiatric Society!**

Thomas Allen, M.D.

Virginia Ashley, M.D.

Joanna Brandt, M.D.

Mark Ehrenreich, M.D.

Jesse Hellman, M.D.

Lisa Hovermale, M.D.

Geetha Jayaram, M.D.

Jill Joyce, M.D.

Daniel Storch, M.D.

Stuart Varon, M.D.

Robin Weiss, M.D.

## Psychiatry in Marginalized Communities Docuseries

The Southern California Psychiatric Society (SCPS) has created three of nine planned short documentaries for its Champions of Social Justice series, *Psychiatry in Marginalized Communities*. The documentaries feature SCPS member psychiatrists working in the field of minority mental health. [Click here to watch.](#)

## Maryland News

### MDH Recoupment Plan Update

The Maryland Department of Health (MDH) [announced](#) that it will begin to recoup overpayment of care provided vs estimated for January 1 to August 3, 2020 treatment dates due to Optum claims system malfunctions. MDH reports that providers received reports with estimated payments and actual claims submitted for internal reconciliation during the week of October 25.

On December 1, MDH will begin the first of three phases of recoupment. Four categories of providers will need to pay outstanding balances prior to December 31. Phase 2 includes PRP providers and third-party-liability providers, who will need to pay in a January-February timeframe to be announced. Estimated Claims Providers in Phase 3 will need to begin repayment in Spring 2022. For details [click here](#).

MDH will forgive the debt for Phase 3 providers owing \$10,000 or less, with the following exceptions:

1. Hospitals
2. Laboratories
3. Somatic BH Health Providers
4. Out-of-state providers
5. Providers who have not yet submitted claims against any of the estimated claims paid

Phase 3 providers owing more than \$10,000 will have three options for repayment:

1. Payment in full at time of notice.
2. A 12-month, interest-free repayment plan.
3. The option to credit current claims paid to offset all or some of the balances owed over a 12-month period, with final payment to be completed within twelve months.

For assistance with reconciliation, email a UHG/Optum Reconciliation Manager at [maryland.provpymt@optum.com](mailto:maryland.provpymt@optum.com).

### Innovative Care Symposium Series Part 2

The Maryland Health Care Commission, Health Services Cost Review Commission, and MedChi will hold the second session of their free, virtual Innovative Care Symposium series on **December 17 from noon to 1 PM**. This session, *Innovative Team Based Care*, focuses on population health management models and team-based care approaches for facilitating improved health outcomes and coordinating care across the medical neighborhood. CME credit is pending. Click [here](#) for more information or to register. Contact [anene.onyeabo@maryland.gov](mailto:anene.onyeabo@maryland.gov) with any questions.

### MPS Advocacy on Parity

In November, the MPS joined other groups in the Maryland Parity Coalition in two follow up letters to the Maryland Insurance Administration (MIA) that were drafted by Legal Action Center. The comments relate to parity compliance reporting templates and draft Maryland regulations to ensure uniform definitions and methodology for reporting health plan compliance with state and federal standards under the Mental Health Parity and Addiction Equity Act.

The [first letter](#) requests further clarification on a non-quantitative treatment limitation (NQTL) entry – the prescription drug formulary design analysis – and several revisions to the summary form to give more guidance to consumers who are likely to need information about the Parity Act and the plan design features to make full use of the issuer's report. We urge the MIA to require submission of data in the templates as part of the NQTL report. Outcome data is essential to determine in operation compliance of key NQTLs and is consistent with federal requirements.

The [second letter](#) reiterates that mental health disorder benefits and substance use disorder benefits must be reported separately and urged that MH/SUD be removed and replaced with the full terms "mental health benefits" and "substance use disorder benefits."

### Tobacco Policy and Practice Survey

The MDH [Center for Tobacco Prevention and Control](#) works with community partners, state agencies, healthcare entities, resource centers, and local health departments to protect Maryland residents from tobacco-related death and disease. Addressing tobacco use disorders remains crucial to overall recovery of behavioral health patients. Nearly 70% of Maryland adults receiving SUD services smoke cigarettes (compared to less than 15% percent of adults in the general population). Many behavioral health clients want to quit tobacco use. A survey was created to better understand the current policies and practices regarding tobacco use, screening, and treatment that exist in Maryland behavioral health facilities. The results will be used to design services, tools, and training for Maryland's behavioral health providers. Please complete the 10-15 minute survey at: <https://www.surveymonkey.com/r/G7QBT9S> by **Wednesday, December 15**. Contact [mdh.tobaccocontrol@maryland.gov](mailto:mdh.tobaccocontrol@maryland.gov) for more information.



## Maryland News

### ePrescribing Mandate Effective January 1

[House Bill 512](#), was first introduced in the Maryland General Assembly 2019, and then again in 2020. This bill mandated that controlled dangerous substances (CDS) be prescribed using an electronic prescription. The bill includes several exemptions for when an electronic prescription is not required and, instead, can be prescribed either through verbal or written means. Practitioners can apply for a waiver under certain criteria through the Secretary of Health.

Approximately twenty-one states mandate e-prescribing for CDS (some are in effect; others have a future effective date). Several others have legislation pending to require it for CDS. E-prescribing for CDS is thought to further assist in efforts to curb opioid abuse and diversion. MedChi successfully negotiated delayed implementation until January 1, 2022 to allow time for physicians and others to comply, but unfortunately regulatory details remain unavailable. Federal law has already required [e-prescribing of CDS for Medicare](#).

It is important to note that e-prescribing of CDS is not equivalent to non-CDS e-prescribing. In addition, the federal Drug Enforcement Agency has established a multi-step process prior to a physician or other provider e-prescribing a CDS. This process requires ID proofing, two-way authentication, and a secure access control, all which can be complicated and time consuming.

The APA has useful resources, including an implementation toolset, on its [e-Prescribing webpage](#).

Below is a partial list of e-prescribing companies that some MPS members use and suggested to colleagues on the listserv. *This MPS does not endorse or support any of the companies listed below.*

[Dr. First](#)

[Allscripts](#) (now known as Veradigm)

[Office Ally](#)

[iprescribe](#)

[Athena Health](#)

[SureScripts](#)

[RXNT](#)

[DrChrono](#)

[Kareo](#)

[Practice Fusion](#)

[Chart Logic](#)

[Elation](#)

[InSync](#)

For more about this topic, please see Dr. Ashley's President's Column on [page 1](#).

### Advocacy on Medicaid Reimbursement Rates

The MPS joined over 40 other medical organizations in a [letter](#) calling on Maryland Health Secretary Dennis Schrader to fund Medicaid reimbursement rates at parity with Medicare in the FY23 budget. Supporting factors include the significant increase in Medicaid rolls during the pandemic, improving access to address health disparities, and the financial impact of the pandemic on practices. The organizations strongly urge the Secretary and the Governor to restore E&M code reimbursement rates to 100% parity with Medicare.

### 17th Statewide Health Equity Conference

The Maryland Department of Health's Office of Minority Health and Health Disparities is hosting a virtual conference on *Mental Health Equity in a Post-Pandemic Maryland* on Thursday, **December 9** at 9:00 AM. To register, click [here](#). For more information about the conference, email [mdh.healthdisparities@maryland.gov](mailto:mdh.healthdisparities@maryland.gov) or call 410-382-0791. The [Office of Minority Health and Health Disparities](#)' mission is to address social determinants of health and eliminate health disparities in the state.

### MACS for MOMs

The Maryland Addiction Consultation Services (MACS) for MOMs is a free service that offers support to prescribers in addressing the needs of their pregnant and postpartum patients with substance use disorders. Providers can call the warmline at 1-855-337-6227 on Monday-Friday from 9:00 AM to 5:00 PM. They can also email [MACS@som.umaryland.edu](mailto:MACS@som.umaryland.edu) to be connected to an addiction medicine/maternal health expert for assistance.

### BHA COVID-19 Best Practices and Resources

After the CDC added depression and schizophrenia to its list of [underlying conditions with evidence of strong risk for severe COVID-19](#), it is even more important for psychiatrists to encourage their patients to be vaccinated. The Maryland Behavioral Health Administration (BHA) reports that from August to November the vaccination rate in the behavioral health community increased by 10 percentage points, 37% to 47%. BHA requests, "Please do everything you can to prioritize vaccine uptake, continue to leverage partnerships and utilize other available resources — like the best practices outlined below — to help your patients get vaccinated." [Click here](#) for the letter from Dr. Jones with webinars, training, and best practices.

## Maryland News

### New PMHS Fee Schedule Effective November 1

The American Rescue Plan Act (ARPA) provides an additional 10% support for Medicaid home and community-based services (HCBS) during the pandemic. The Maryland General Assembly directed Maryland Medicaid to spend at least 75% of the ARPA dollars for a one-time only provider rate increase. Per [CMS guidance](#), the Maryland Department of Health (MDH) created a [spending plan](#) and directed Optum Maryland to implement the one-time 5.4% rate increase for most community-based behavioral health and ABA providers for dates of service effective November 1, 2021 through March 31, 2022. [Click here](#) for the official MDH announcement. BHA is maintaining parity for all community-based providers for the service areas that received a Medicaid increase.

**The following services have a 5.4% rate increase:**

- 1915(i) Waiver
- Psychiatric Rehabilitation
- SUD Opioid Maintenance Tx
- Case Management
- Respite Care
- SUD Outpatient
- Mobile Treatment
- SUD Gambling
- SUD Partial Hospitalization
- Outpatient
- SUD Intensive Outpatient
- Supported Employment
- Partial Hospitalization
- SUD MDR RecoveryNet

**Please note, the following services are NOT eligible for the increase:**

Evaluation and Management (E&M)  
Laboratory services  
Drugs  
Gambling residential services  
Outpatient discharge services  
Therapeutic injections  
Collection of blood by venipuncture  
Housing services  
Residential crisis services

Additionally, CMS has excluded adult residential SUD treatment and Health Homes from eligibility; they are also not included.

Optum implemented the increases and posted the [new Public Mental Health System fee schedules](#). Medicaid pays the lesser of the submitted charges or the maximum covered rate. To receive the updated rate for a service billed at the prior rate, providers may submit a corrected claim to Optum.

### Latest Scope of Practice News

The MPS listserv is often inundated with members expressing frustration over their medication denials by insurance companies and pharmacy benefit managers. This fall, MPS submitted a resolution to the MedChi House of Delegates on prior authorization advocacy. The resolution passed and comes on the heels of a joint MPS and Washington Psychiatric Society effort on the topic. Members from both district branches participated in a workgroup to identify the main barriers patients face due to cumbersome prior authorization protocols. The group worked with APA staff to draft a bill focused on access to medications. Specifically, the bill eliminates prior authorization for:

- generic medications that are not controlled substances.
- dosage changes of the same medication.
- generic and brand drugs after six months of adherence.
- requires that insurers and PBMs adhere to a 48-hour appeal process.
- prohibits plans from denying medication on the grounds of therapeutic duplication.
- requires denials and denial reviews be conducted by physicians in the same or similar specialty.

Due to the pandemic, legislators have become acutely aware of the gaps in our mental health system and MPS hopes to provide a solution that addresses some of those concerns. This is a historic opportunity as it means MPS's Legislative Committee will be proactively pursuing legislation created by our members for the first time in years. MPS is currently working to identify a sponsor for the drafted bill and hopes to work with other medical and patient groups to push for the bill.

The MPS also submitted a resolution for the November MedChi House of Delegates calling for the opposition of psychologist prescribing Maryland. The resolution, which was adopted, reads: Resolution 25-21 – *Psychologist Prescribing Within the State of Maryland: Oppose Resolved*, that MedChi shall oppose the prescribing of medications by psychologists and will work together with the Maryland Psychiatric Society to oppose such legislation if it is introduced.

### Help with Resources for Levels of Care

Nicole Leistikow, M.D. has drafted a resource for the public to explain the types of psychiatric care available in Maryland. She is looking for input (additions or corrections), and especially requests help from an addiction specialist to expand it to include services for substance use disorders. Please see [https://docs.google.com/document/d/1P\\_3On1UohNFpeYncMLegTnRWBH15vLCbRT3VvZy0fek/edit?usp=sharing](https://docs.google.com/document/d/1P_3On1UohNFpeYncMLegTnRWBH15vLCbRT3VvZy0fek/edit?usp=sharing) To contact her directly, email [nicole.leistikow@gmail.com](mailto:nicole.leistikow@gmail.com).

## APA News & Information

### 2022 APA Election

APA voting members may cast their ballots from January 3 to January 31, 2022. All campaigning will be via APA-managed activities, including a special APA election newsletter with candidates' platforms, and a series of town halls with the candidates. Use of APA listservs for campaigning is not permitted

**Live Meet-the-Candidate Virtual Town Halls** (60- to 90-minute sessions starting at 8 PM)

**December 13:** President-Elect, Treasurer & Trustee-at-Large

**December 14:** Area 3 Trustee

**December 16:** Resident-Fellow Member Trustee-Elect

Town Halls are open to all APA members and moderated by the Elections Committee. They will be recorded and posted for members who are unable to attend. [Submit your questions for candidates here](#) to be considered by the Elections Committee for the Q&A at the conclusion of the event. [RSVP to attend town hall sessions here](#). Visit the [Election page](#) for more details.

### APS Statement on Deaths from Overdose

In response to the CDC reporting over 100,000 overdoses annually, the APA reiterated that [effective treatments for substance use disorder](#) are available, and renewed its calls for:

- Improved access to mental health and substance use services through early identification in evidence-based models that integrate behavioral health treatment into primary care services.
- The development and implementation of science-based policies and programs to end the opioid epidemic and provide effective substance use disorder treatment for all patients, based on a thorough review and discussion with Congress, federal policymakers, and experts in the field of addiction treatment.
- Policies and programs to support accredited medical schools and residency programs in training clinicians to treat people with substance use disorders, as well as incentivize more educators, consultants, and physician leaders to be in roles to develop an addiction workforce.

### Attention RFM Members

The 2021-2022 APA/APAF Fellowship application cycle is open. Fellowships are a great opportunity for RFM experiential learning, training, and professional development. To apply or learn more about the eight Fellowships, visit <https://apply.psychiatry.org>. The application deadline for APA/APAF Fellowships is January 31, 2022. The application deadline for the SAMHSA Fellowship is February 14, 2022.

### Obstacles to Rural Mental Health Care

An [APA press release](#) highlights a recent [report from SMI Adviser](#) that explores three obstacles to connecting rural and remote populations with mental health care—availability, accessibility and acceptability—and offers solutions developed by clinicians and others in those areas.

Rural areas often face a lack of **availability** of mental health care for two reasons: a shortage of behavioral health care clinicians, including psychiatrists, and a higher proportion of people with SMI that use public funding, which not all clinicians will accept due to lower reimbursement rates. Among the solutions the report proposes are:

- Expanding the knowledge of rural primary care providers about SMI.
- Implementing the [Collaborative Care model](#).
- Expanding peer support networks to support care in rural communities.
- Training EMTs and community members on suicide risk assessment and crisis intervention.

Barriers to **accessibility** of SMI care in rural and remote areas include difficulty finding or affording transportation; lack of reliable childcare; economic disparities impacting those with SMI such as homelessness or low-paying jobs; and issues with broadband. The report proposes solutions, such as:

- Offering mobile mental health services.
- Utilizing telehealth and telepsychiatry, provided that broadband internet infrastructure is also prioritized or use of audio-only telehealth is available.
- Establishing hotlines and warmlines to connect those in crisis with services.

People living with SMI in rural and remote areas can face obstacles with the **acceptability** of seeking mental health services, specifically stigma. A locality may have a strong culture of self-sufficiency, which could impede the use of mental health services. This can be coupled with the lack of anonymity which exists in some smaller communities. To address stigma, the report recommends:

- Supporting youth-based mental health literacy initiatives.
- Working with community and spiritual leaders to destigmatize mental health care.
- Marketing suicide awareness campaigns where people are most at risk and where people can be reached discretely.

### FREE APA Course of the Month

**December Course of the Month – Exploration of How to Care for Pregnant Women with Psychiatric Illness**

This course reviews the prevalence of common psychiatric disorders in pregnancy, the longitudinal course of illness, as well as management strategies for optimal care of pregnant women with psychiatric illness. [Click here to access the Course of the Month and sign up for updates about this free member benefit.](#)



## AMA News & Information

### Fall AMA HOD Meeting Highlights

Among the [issues addressed at its November meeting](#), the AMA House of Delegates (HOD) took up the spread of public misinformation. The AMA will work with relevant health-professional societies and other stakeholders to combat public health disinformation disseminated by health professionals in all forms of media, and to address disinformation that undermines public health initiatives. As one of the most trusted sources of medical information and advice, it is dangerous when physicians do not provide accurate, evidence-based information.

The HOD also took action on medical cannabis, calling for the AMA to:

- Support efforts to include medical cannabis license certification in states' PDMPs when consistent with AMA principles safeguarding patient privacy and confidentiality.
- Continue monitoring state legislation relating to the inclusion of cannabis and related information in state PDMPs.
- Review existing state laws that require information about medical cannabis to be shared with or entered into a state PDMP. The review should address impacts on patients, physicians and availability of information including types, forms, THC concentration, quantity, recommended usage, and other medical cannabis details that may be available from a dispensary.

Recognizing the changing nature of drug-overdose epidemic and the need to emphasize harm reduction, the HOD modified existing policy to help save lives. Among other things, the AMA will advocate and encourage state and county medical societies to advocate for harm-reduction policies that provide civil and criminal immunity for the use of "drug paraphernalia" that is designed for harm reduction from drug use including but not limited to drug-contamination testing and injection-drug preparation, use and disposal supplies.

Please see this [report for other details](#) about the November HOD meeting.

### AMA Telehealth Use Survey

The AMA is conducting a survey to assess the current landscape and use of telehealth to learn more about physicians' experience with telehealth, including ongoing challenges, benefits, and opportunities. Survey results will help inform future telehealth research and advocacy, resource development, and continued support for physicians, practices, and health systems. The survey, which takes 15 minutes, will close on **December 31** at 11:59 PM. [Click here for the survey](#).

### AMA Resources for Practice Alternatives

The health care landscape is changing rapidly, driven by payment reform, regulatory changes, technology and consumer demands, among other factors. The AMA has a library of [resources](#) for physician practice options, including contracting and partnering, as well as regulatory and legal considerations.

### Advancing Health Equity

Achieving health equity requires structural change. The AMA has posted concrete steps that smaller physician practices can take. [Click here](#) for a news item about how private practices can help. The [AMA STEPS Forward™](#) toolkit—["Racial and Health Equity: Concrete STEPS for Smaller Practices"](#)—focuses on initial steps and associated resources that motivated physicians and practices can use to translate that commitment to equity into action.

### FDA Temporarily Suspends Clozapine Requirements

Due to problems with implementation and the potential impact to patient care, FDA temporarily suspended certain Clozapine REMS program requirements, allowing pharmacists to dispense clozapine without a REMS dispense authorization. The FDA action was prompted by high call volume and long call wait times for stakeholders since the launch of [new program requirements](#) on November 15. For questions or concerns about the Clozapine REMS Program, please contact [druginfo@fda.hhs.gov](mailto:druginfo@fda.hhs.gov), 1-855-543-3784 or 301-796-3400. In addition, the APA suggests contacting the [APA Practice Helpline](#) or [SMI Adviser](#).

### Alternative Certification News

For members interested in alternatives to ABPN and MOC, the National Board of Physicians and Surgeons (NBPAS) issued an update last month that NBPAS meets all national accreditation standards for health plans. Please see [this link](#) for important details.

### Comment on Proposed Change to DSM-5

An "R" code for Impairing Emotional Outbursts is proposed for addition to the DSM. Impairing Emotional Outbursts represent a serious symptom that may impact treatment planning, independent of a diagnosis. [Click here](#) for info or to comment on the proposal **by December 29**.

# Medicare Updates

## CMS Expands Telehealth Services in 2022

CMS released a Final Rule on the **2022 Medicare Physician Fee Schedule/Quality Payment Program** that takes effect on January 1. CMS permanently modified its regulations to include coverage for audio-only care for patients with mental health and substance use disorders, enabling psychiatrists to bill for E/M and other telehealth approved services using the same CPT codes as if it were a telehealth visit. To expand access to care, patients with mental illness can now be seen in the home, which is now in line with the SUPPORT Act (which allowed for this for patients with substance use disorders and co-occurring mental health disorders). In addition, Medicare will continue to pay for mental health visits furnished by Rural Health Clinics and Federally Qualified Health Centers via telecommunications technology, including audio-only telephone calls, expanding access for rural and other vulnerable populations.

CMS continued the statutory requirement that new patients with mental illness be seen in-person within 6 months of a telehealth visit (including audio-only), but they now require an in-person visit every 12 months (instead of every 6 months) for established patients and allow for exceptions based on the patient's condition.

Finally, CMS finalized a nearly 4% reduction to the conversion factor (the dollar figure applied to the RVUs that determines the payment) of \$1.30 (from \$34.89 to \$33.59) based on overall changes to payments within the Medicare physician fee schedule. The AMA is strongly advocating for Congress to avert this and other looming cuts to Medicare physician payments that, overall, will produce a combined 9.75% cut for 2022. The APA, along with other physician groups, will continue to lobby Congress to stop those cuts. For additional information contact Becky Yowell [byowell@psych.org](mailto:byowell@psych.org).

Other updates in the Rule include:

- Key changes to CMS' Quality Payment Program (QPP) include a higher performance threshold that clinicians will be required to exceed in 2022 to be eligible for positive payment incentives.
- CMS is implementing a recent statutory change that authorizes Medicare to make direct Medicare payments to Physician Assistants (PAs) for professional services they furnish under Part B. Beginning January 1, PAs will be able to bill Medicare directly.

For more information, see the [Final Rule](#) or the [2022 Medicare Physician Fee Schedule Fact Sheet](#).

**For more info, [MLN Matters Article MM12519](#) addresses updates to payment policies and Medicare payment rates for physician services starting January 1, 2022, as well as updates to Medicare Telehealth Services.**

## CMS Applies MIPS Flexibilities

In response to the continuing pandemic, CMS [announced](#) it will **automatically** apply its extreme and uncontrollable circumstances policy to all Merit-based Incentive Payment System (MIPS) eligible clinicians for 2021, except those participating in MIPS as a group, virtual group or Alternative Payment Model (APM) Entity. MIPS eligible clinicians reporting as **individuals** who don't submit 2021 MIPS data by the March 31, 2022 deadline will have all performance categories reweighted to 0% and automatically receive a neutral payment adjustment. [Click here](#) for more details.

The automatic action described above does not apply to groups, virtual groups and APM entities, which must request performance category reweighting due to the COVID-19 public health emergency. The application deadline is **December 31 at 8 PM**. [Click here](#) for information.

## Check Initial 2022 MIPS Eligibility

Use the [Quality Payment Program \(QPP\) Participation Status Tool](#) to check your initial 2022 eligibility status for the Merit-based Incentive Payment System (MIPS). Enter your NPI to find out whether you need to participate in 2022. To be eligible to participate, you must:

- Bill over \$90,000 in Medicare Part B allowed charges for covered professional services per year; **AND**
- Furnish covered professional services to over 200 Part B beneficiaries; **AND**
- Provide over 200 covered professional services under Part B.

To be eligible for MIPS, a clinician or group must exceed **all 3** criteria above. However, you can opt-in to MIPS and receive a payment adjustment if you meet or exceed 1 or 2, but not all, of the low-volume criteria. Call 1-866-288-8292 (M-F 8 AM - 8 PM) or email [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov).

## Preview QPP Performance Information

The 2020 Quality Payment Program (QPP) performance information Preview Period is open through **December 14** at 8 PM. Physicians can preview the information before it is published on clinician and group profile pages on [Medicare Care Compare](#) and in the [Provider Data Catalog](#). For details about Care Compare, [click here](#). Access the secure Preview through the [QPP website](#). For more information, please refer to the [Doctors and Clinicians Preview Period User Guide](#).

## Medicare Updates

### Final 2021 MIPS Eligibility Status

Use the [Quality Payment Program \(QPP\) Participation Status Tool](#) to review your final 2021 eligibility status for the Merit-based Incentive Payment System (MIPS). Your status may have changed after eligibility updates based on data from October 1, 2020 – September 30, 2021. If you billed under a new or different Tax Identification Number (TIN) during the period, eligibility is based on that. If you joined a new practice after September 30, you aren't eligible for MIPS, except if the new practice participates as a group. This status is final unless you participate in an Advanced Alternative Payment Model (APM). Please visit the [MIPS Participation Options webpage](#) for more information.

Clinicians and groups are excluded from MIPS for 2021 if they:

- Billed \$90,000 or less in Medicare Part B allowed charges for covered professional services during either October 1, 2019 – September 30, 2020, or October 1, 2020 – September 30, 2021; **OR**
- Provided care to 200 or fewer Part B-enrolled patients during either of the two periods; **OR**
- Provided 200 or fewer covered professional services to Part B patients during either of the two periods.

To be eligible for MIPS, a clinician or group must exceed **all 3** criteria above.

### Annual Medicare Participation Open Enrollment Period

Between now and December 31, you can decide if you want to [participate in Medicare for 2022](#). Those who want to maintain their current status do not need to take any action. Medicare "participation" means you agree to accept claims assignment for all Medicare-covered services to your patients. By accepting assignment, you agree to accept Medicare-allowed amounts as payment in full. You may not collect more from the patient than the [Medicare deductible and coinsurance or copayment](#). Visit the [Annual Medicare Participation Announcement](#) webpage for more information.

Novitas notes that the most efficient way to submit a Medicare enrollment application is through PECOS. If you decide to submit paper applications, upload and submit through their [Provider Enrollment Gateway](#). For more information, please see the [Provider Enrollment Gateway Help Guide](#).



## CLASSIFIEDS

### POSITIONS AVAILABLE

Maryland Centers for Psychiatry seeks general psychiatrist and child and adolescent psychiatrist: Busy private group practice in Ellicott City. Flexible hours - part time with a build up to full time as an option. Position includes administrative/office support, collegial multi-disciplinary setting, professional autonomy, desirable office location, premium office space, and significant room for growth. If interested, please email your CV to [office@marylandpsychcenters.com](mailto:office@marylandpsychcenters.com).

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)

Collaborative Counseling Center seeks Board Certified Child/Adolescent/Adult Psychiatrist. Well established, busy, fee for service private group practice in Downtown Columbia. Offering flexible hours; part time and full time options with growth opportunities. Practice includes full administrative support, EMR, multi-disciplinary team, furnished office and prime location working with two psychiatrists, Dr. Brett Greenberger and Dr. Constance Flanagan. 401K and Medical Benefits available. Interested candidates email CV to [emily@collaborativecounselingcenter.com](mailto:emily@collaborativecounselingcenter.com)

### OFFICE SPACE AVAILABLE

Lutherville – Beautiful part time office in first floor suite at Joppa Green adjacent to Hopkins at Greenspring Station. Separate exit, spacious waiting room, fax, copier and Wi-Fi with other independent mental health professionals. Ideal for either virtual or in person visits. Contact Stuart Varon, MD 410-583-1859 #2 or [Svaronmdllc@aol.com](mailto:Svaronmdllc@aol.com).

Ellicott City: Daily/Part-time/Full-time: Following CDC guidelines, Telehealth and in person. Includes Wi-Fi, copier, fax, staff kitchen, handicapped access. Convenient to route #'s: 40, 29, 32, 70 & 695. Contact Dr. Mike Boyle 410-206-6070 or 410-465-2500.

BETHESDA: Offices for rent in psychotherapy suite carefully following CDC guidelines for safe opening. Furnished and unfurnished space available. Flexible term. Free WiFi, beverages, color copier. Very friendly and professional clinicians. Contact Keith Miller: 202-360-9996 or [keith@keithmillercounseling.com](mailto:keith@keithmillercounseling.com).

# Join our team at Clifton T. Perkins Hospital Center

- A comprehensive program for the evaluation and treatment of mental illness at a maximum-security psychiatric hospital.
- Facilitate recovery through a graduated release process.
- Work with a collegial team of Psychiatrists, Psychologists, Social Workers, Nurses and Clinical Pharmacists.
- Excellent benefits, including: vision, health, dental, 12 paid holidays, leave, 401 K, and State pension.

## CLINICAL PSYCHIATRISTS

### Requirements:

- Must be board certified in Psychiatry.
- Must be licensed by the Maryland Board of Physicians to practice medicine.



Apply Here!

<https://bit.ly/3HvREdC>

# Rewarding Opportunities for Psychiatrists Across Maryland

SHEPPARD PRATT IS SEEKING PSYCHIATRISTS TO WORK ACROSS MARYLAND IN A VARIETY OF TREATMENT SETTINGS, INCLUDING OUR NEW STATE-OF-THE-ART BALTIMORE/WASHINGTON CAMPUS.

CURRENT OPENINGS INCLUDE:

**Addictions Medical Director**

**Residential: Service Chief of a new Adolescent Residential Program**

**Inpatient Unit Chief: Trauma Disorders**

**Outpatient Staff Psychiatrists: Eating Disorders**

**Outpatient & RTC: Medical Director & Psychiatrists**

**Southern Maryland: Medical Director, Adult, Child & Adolescent**

## 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
- Generous compensation package with comprehensive benefits, including medical, dental, vision, and life insurance; an extensive wellness program; and ample leave
- 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**.

### 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*.



Sheppard Pratt



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