

MPS NEWS

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Deadline for articles is the 15th of the month preceding publication. Please email heidi@mdpsych.org.

MPS News Design & Layout
Meagan Floyd

President's Column

Advocating for Patients and Psychiatry

MPS has been busy with advocacy this month. We responded to the University of Maryland Sheppard Pratt Psychiatric residents' concerns with a [letter to the health commissioner](#) on January 14th. The residents brought to our attention the problem of insufficient shelter beds for unhoused individuals who test positive for COVID-19. Many psychiatric patients fall into this category leaving no option but to be discharged to the streets where they are exposed to the very cold winter elements.

The Legislative Committee is working hard meeting weekly to review bills and discuss how they affect the practice of psychiatry in Maryland. The committee works closely with MedChi on bills that affect all physicians. The MPS collaborated to introduce a prior authorization bill which we would like to support when it comes out of the "hopper". When it does, we will provide information to the membership. Bills should be introduced by February 10th; [click here](#) for the latest information.

We are supporting [Senate Bill 94/ House Bill 48](#) which establishes a Suicide Fatality Review Committee. Our own Paul Nestadt M.D. has been active with this bill. The State team will work to identify and address the factors contributing to suicide deaths and facilitate system changes aimed at prevention.

We are opposing [House Bill 276](#) allowing Clinical Nurse Specialist Prescribing Authority. This is a "scope of practice" and quality of care issue. As physicians we oppose allowing clinicians to prescribe medication without adequate training and education.

At MPS our members are our greatest asset. Thanks to those who are already working hard on the Legislative Committee.

We encourage our membership to volunteer for the committee that interests you. Our annual cycle of committee appointments follows the promotion of officers, which occurs in April. If you would like to get involved in leadership or committees, please take a look at the website and email your requests to mps@mdpsych.org.

Hoping everyone stays healthy during these trying COVID times.

Ginger Ashley, M.D.

2022 MPS Dues

The MPS sent 2022 dues invoices by email and USPS. Dues remain the same as last year! If you haven't already, please renew your annual membership by paying your 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](#).
- [Payment plan options](#) are available.

If you have not received an invoice, or if you have questions or concerns please email mps@mdpsych.org.

The MPS Council will meet by videoconference on February 8th at 7:30 PM. All members welcome!

IMPORTANT! NORC Survey in February Help Inform Future Telehealth Policy

The [Preserve Telehealth Access Act of 2021](#) passed by the Maryland General Assembly requires a survey of health care providers to inform recommendations regarding telehealth coverage and reimbursement for audio-only and audio-video relative to in-person care. [NORC at the University of Chicago](#) was competitively selected by the [Maryland Health Care Commission](#) to study the impact of telehealth as it relates to audio-only and audio-visual technologies. It will conduct an online survey of health care providers to assess their experiences.

NORC will mail survey invitations to a randomly selected sample of providers across the State in February 2022.

The letters will invite providers to go to a website and enter a PIN number to take a survey. The survey will take about 30 minutes to complete and is voluntary and confidential. Responses will be used in aggregate only and the information will only be disclosed to researchers at NORC. The survey will be fielded for about eight weeks.

Given the importance of telehealth during the continuing pandemic and beyond, it is critical that psychiatrists and their staff be alert to US Postal Service mail (at the NPI address on file with the [National Plan and Provider Enumeration System](#)), specifically a letter from NORC at the University of Chicago that could include a survey invitation. Recent telehealth expansion has helped limit COVID spread and has also improved access to care for those with challenging social determinants of health, such as rural location and access to transportation and childcare. Audio only coverage accommodates patients who are unable to use or without broadband service and video technology.

If you receive a letter, PLEASE RESPOND. The survey is being used to inform recommendations on telehealth audio-visual and audio-only coverage and reimbursement for the 2023 legislative session when the Maryland General Assembly must decide whether to continue the 2021 provisions covering audio-only telehealth and requiring the same reimbursement for telehealth visits as for in person visits.

Please contact mdtelehealthsurvey@norc.org with questions. For more information on study activities, [click here](#).

New CPT Care Management Codes for 2022

The AMA describes new codes for three different types of care management that occur after the patient encounter is over. [Click here](#) for details about the codes to bill for activities such as developing a care plan and coordinating with other professionals to execute that plan.

MPS Best Paper Awards Deadline Extended to February 15

To recognize outstanding scholarship by young psychiatrists in Maryland, the MPS established annual "best paper" awards. 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.

Best Paper by an Medical Student Member: Eligible psychiatrists are Medical Student 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.

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 **February 15**. 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
jcoughl2@jhmi.edu / mps@mdpsych.org

Poster Contest for Residents & Fellows

The MPS poster competition for Resident-Fellow Members is 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 February 15.** Electronic copies of posters are due **March 1**. For more information, or to apply please [click here](#).

January 11 Council Highlights

Support for MPS Strategic Priorities

Dr. Ashley reported on efforts related to [MPS priorities](#) since the November Council meeting, including the November 10 CME *Psychiatry and Legal Interventions*, and WPS-appointed members of the Legislative Committee. To create a new source of non-dues income, MPS will offer advertising space on the home page of the website. Johns Hopkins agreed to pay a group RFM invoice, resulting in 28 new Resident-Fellow Members. A "Meet the MPS" virtual event for them explained benefits and showcased MPS leadership from the institution.

Executive Committee Report

Dr. Ashley reported that the EC reviewed structural racism and inclusion relative to current MPS leadership to establish a baseline as the organization addresses this priority. The MPS signed on to [Legal Action Center comments](#) to the Maryland Insurance Administration regarding parity compliance reporting templates and draft Maryland regulations to ensure uniform definitions and methodology. MPS also joined other medical organizations in a [letter](#) calling on Maryland Health Secretary Schrader to fund Medicaid reimbursement rates at parity with Medicare in the FY23 budget.

To support members, the MPS inquired with state government officials to clarify concerns about the January 1 [e-prescribing mandate](#) for CDS and emailed information about [applying for a waiver](#). The Academic Psychiatry Committee has a new MPS Medical Student Member Paper of the Year category with funding from the Maryland Foundation for Psychiatry. Planning has begun for the virtual ECP group concept. Responding to MPS and other concerns, APA reconsidered its CME accreditation fee increase and decided on a new \$250 application on top of the current cost, which is more affordable.

The MPS notified MedChi in November that no decision was reached about the office. It seems that Council is not ready to make this decision yet, but we will revisit the pros and cons periodically.

Legislative Committee Report

Dr. Hanson said the session begins January 12 with over 400 bills pre-filed, about 10 of which are of interest to the MPS. Several are being resubmitted from previous sessions. The emergency petition bill allowing electronic signature will have MPS support, as well as the suicide fatality review committee bill. MedChi will also support both bills. Dr. Palmer noted that we have not yet secured a sponsor for the prior authorization bill drafted jointly with WPS and APA.

Membership and Recruitment Committee Report

Dr. Lacap reviewed the committee's recommendation to waive MPS dues for a member who suffered from two brain tumors in 2021 that resulted in paralysis. Council voted unanimously to waive 100% of 2022 MPS and APA dues and noted two members who were dropped for non-payment of 2021 MPS dues. She also reported that a few volunteers have

stepped up to contact new members to share resources and information about MPS and how to get involved. She will also reach out to Council before the program begins.

New Business

Dr. Ehrenreich opened the floor for current topics of concern in psychiatry.

Ms. Bunes said she streamed the Commission to Study Mental and Behavioral Health [meeting](#) where Deputy Medicaid Director Tricia Roddy discussed the [new IMD admissions policy](#), which will extend through 2026. In addition, the Maryland Insurance Administration discussed the parity compliance reports due from carriers on March 1 and April 1 this year. Following up on the cap on days for mental illness in the IMD policy, Dr. Shaya asked what happens when someone who has both Medicare and Medicaid runs out of the 180 Medicare days. Very long stay patients in acute hospitals are unable to access state hospital beds and have nowhere else to go so there is less space available for patients waiting in the ED.

Dr. Harrison-Restelli pointed out that people with mental illness can wait weeks in the ED for a bed, which does not happen with other medical disorders. Stigma allows discrimination against these patients. Equity and rights issues result when optimal care is not provided. Dr. Hightower pointed out that placement issues also impact bed availability for many forensic and geriatric patients who must stay well past when they are ready for discharge from state hospitals because there is nowhere for them to go. Backups in the courts also force people to remain in hospital settings when they could otherwise be released to the community.

Dr. Ehrenreich asked Council to think about how the MPS can best advocate on these topics so we can revisit next meeting. Dr. Aliya Jones was suggested for consultation about these issues.

MPS Urges More Shelters for COVID Positive Individuals

With a [Code Blue Alert](#) in store for the weekend, the MPS sent an urgent [letter of concern](#) to Baltimore City Commissioner of Health Letitia Dzirasa, M.D. After being stabilized in emergency rooms and psychiatric emergency centers, patients experiencing homelessness who do not require inpatient treatment lack shelter options if they test positive for COVID. The only shelter for Baltimore City COVID positive individuals, Lord Baltimore, is invaluable but has limited services. The lack of available shelter beds leaves no other choice for to discharge patients back to the street where they are exposed to winter elements. The MPS urgently called on the Commissioner to create more shelter beds for individuals who have COVID-19.

Maryland News

Bills of Interest for MPS Members

The 443rd session of General Assembly convened in Annapolis on January 12, 2022 and will be in session through April 11, 2022. As of the end of January more than 1200 pieces of legislation have been filed. The MPS Legislative Committee has been hard at work since December (looking through pre-filed bills) screening bills, preparing testimony, etc. To date the Legislative Committee has reviewed more than 30 bills. Several bills of interest to MPS members are noted below. As a reminder, MPS members can stay up to on the complete list of bills of interest by visiting the [MPS website](#). This page is updated every Thursday throughout the session.

Support:

[SB2/HB32: Petitions for Emergency Evaluations - Electronic Record](#): Authorizing a petition for emergency evaluation to be in the form of an electronic record.

[SB12/HB129: Behavioral Health Crisis Response Services and Public Safety Answering Points – Modifications](#): Requiring the Maryland Department of Health to require that proposals requesting Behavioral Health Crisis Response Grant Program funding contain response standards that minimize law enforcement interaction for individuals in crisis; altering the definition of "mobile crisis team" to include prioritizing limiting interaction of law enforcement with individuals in crisis; and requiring each public safety answering point to develop a written policy for calls involving an individual suffering an active mental health crisis.

[SB53/HB26: Juvenile Law - Child Interrogation Protection Act](#): Requiring a law enforcement officer who takes a child into custody, interrogates or charges a child with a criminal violation to provide reasonable notice to the child's parents, guardian, or custodian; requiring the notice to include the child's location, the reason for the custody action, and instructions on how to make in-person contact; prohibiting the interrogation of a child by a law enforcement officer until the child has consulted with a certain attorney and a notice has been provided to the child's parents, guardian or custodian; etc.

[SB94/HB48: Suicide Fatality Review Committee](#): Establishing the Maryland Suicide Fatality Review Committee, the State Team, to identify and address the factors contributing to suicide deaths and facilitate system changes in the State to prevent suicide deaths; requiring the State Teams to meet quarterly and report annually to the Governor and General Assembly; providing for the sharing of information with and confidentiality of information obtained by the Committee; exempting Committee meetings from the Open Meetings Act; etc.

Oppose:

[SB336: Family Law - Custody Evaluators - Qualifications and Training](#): Requiring that an individual meet certain educational and experiential requirements in order to be appointed or approved by a court as a custody evaluator; requiring that, beginning October 1, 2023, an individual complete 20 hours of initial training in certain areas in order to be appointed or approved by a court as a custody evaluator; requiring that an individual receive 5 hours of ongoing education and training every 2 years in order to continue to be appointed or approved by a court as a custody evaluator; etc.

[HB 276: Clinical Nurse Specialists - Prescribing Authority](#): Defining "clinical nurse specialist" and "practice as a clinical nurse specialist" for the purpose of authorizing clinical nurse specialists to prescribe drugs and durable medical equipment under regulations adopted by the State Board of Nursing; altering the definition of "authorized prescriber" for purposes of the Maryland Pharmacy Act to include clinical nurse specialists; and authorizing a licensed physician to personally prepare and dispense a prescription written by a clinical nurse specialist.

MIA No Surprises Info for Consumers

The Maryland Insurance Administration has a new webpage explaining the federal No Surprises Act for consumers. It reviews balance billing, surprise billing, and new consumer protections in 2022. It also outlines options for appealing unexpected bills and resolving disputes, and points out that insurance companies must limit copays, coinsurance, and deductibles to in-network amounts if consumers rely on inaccurate information in a provider directory. [Click here](#) to access the page.

MIA Waivers Restrictions on Refills

The Maryland Insurance Administration (MIA) issued an [emergency declaration](#) on January 5 in response to the surge in COVID-19 cases and hospitalizations resulting from the Omicron variant. The Commissioner invoked her emergency powers requiring health insurance carriers to take certain actions, including:

Pursuant to COMAR 31.01.02.06A(3), health carriers are required to waive time restrictions on prescription medication refills and authorize payment to pharmacies for at least a 30-day supply of any prescription medication, regardless of the date upon which the prescription medication had most recently been filled by a pharmacist.

Call the MIA Life & Health Unit at 410-468-2170 with questions.

Maryland News

Free Training to Prescribe Buprenorphine

The [Maryland Addiction Consultation Service \(MACS\)](#) is offering a free full day waiver training **course that provides an overview of the medication buprenorphine prescribed for the treatment of opioid use disorder (OUD)**. Office-based interventions such as medication for OUD can prevent overdose and help those struggling with OUD start their recovery journey. Join MACS Consultant and addiction psychiatry specialist Eric Weintraub, M.D. for a free 8-hour CME on Tuesday, **February 8th**. [Click here](#) for details or to register.

Proposed FY2023 State Budget

Governor Hogan has released the proposed FY2023 budget. MedChi is analyzing the budget to determine its full impact on physicians and patients, but [shared](#) that continued [advocacy on Medicaid rates](#) has paid off. The proposal would increase payment for Medicaid E&M codes to 100% of Medicare rates. Increasing Medicaid reimbursement is a great victory, especially given the sharp uptick in Medicaid enrollment because of the pandemic. MPS will join MedChi and others working hard this Session to ensure that the General Assembly approves this important increase. The proposed FY2023 budget also continues \$1.4 million for LARP (Loan Assistance Repayment Program), another MedChi priority.

Maryland Medicaid Waiver Renewed

MDH [announced](#) that CMS approved a 5-year renewal of Maryland's waiver, which extends the HealthChoice program serving over 1.4 million Marylanders. In addition to extending services and programs from the prior waiver, it allows alignment with statewide efforts on population health measures required by the Center for Medicare and Medicaid Innovation for [Maryland's Total Cost of Care Model](#). Medicaid will also cover new benefits, including [services delivered by institutions for mental disease \(IMDs\)](#) for adults with severe mental illness, additional interventions designed to improve maternal and child health outcomes, and a pilot program with ambulance care teams to reduce strain on Maryland's emergency departments.

Open Enrollment Extended

Open enrollment for private health plans will continue on Maryland Health Connection **through February 28** in light of the ongoing public health emergency. [Click here](#) for details or to enroll .

2022 Children, Youth and Families Agenda

The Children's Behavioral Health Coalition (CBHC) brings together state and local advocacy groups with a focus on policy issues and concerns specific to children, youth and families with mental health and substance use needs. CBHC works to ensure children across Maryland have equitable access to high quality and culturally competent behavioral health services and supports.

CBHC calls on the Maryland General Assembly to take the following actions in 2022:

- Pass the *Behavioral Health System Modernization Act* to increase access to wraparound services for children and youth
- Take steps to expand community prevention and early intervention programs that are co-led and co-designed by youth and families
- Pass legislation to improve Maryland's process for providing high intensity out-of-home services to children in need
- Enact policies that reduce discrimination and increase access to care for LGBTQ youth
- Take steps to expand school- and community-based child behavioral health workforces

[Read more about the CBHC agenda here.](#)

Update on Changes to IMD Admissions

The January issue included news about the [change](#) in requirements for Medicaid patient admission to Maryland IMDs. More information is now available. Medicaid will cover short term stays of patients aged 22 and 64 who have a serious mental illness based on medical necessity up to 60 days, with a [statewide](#) average length of stay of no more than 30 days. There is no annual limit on number of discreet stays per individual. The State has removed caps on length of stays for substance use disorder treatment in an IMD. A presentation on the IMD changes is posted on the [Commission to Study Mental and Behavioral Health website](#). To watch a recording of the commission meeting, including the slide presentation, [click here](#).

Cyber Liability Insurance Webinar

On **February 18** from noon to 1 PM, the Maryland Health Care Commission and MedChi, The Maryland State Medical Society, will hold a webinar *Cyber Liability Insurance: What Practices Need to Know about Risk, Selecting Coverage, and Avoiding Common Pitfalls*. A flyer with details and registration link is available [here](#).

Maryland News

MedChi Telemedicine Reminders

[MedChi advises](#) physicians that an audio or video telehealth visit is generally held to the same legal requirements and standards of an in-person visit. Issues to consider from a risk management point of view regarding telehealth include:

- A telehealth visit, whether video or audio, is clearly the practice of medicine.
- Generally, you are required to be licensed where the patient is located at the time of the visit. Due to the pandemic, you may not need licensure if an emergency order in the state waives the requirement. [Check the list of state-by-state orders on telemedicine due to covid](#). IMPORTANT: This list is updated regularly and should be checked EVERY day if you plan to rely on an emergency order for telehealth regulatory flexibilities.
- Even if you have a license or an emergency order that allows you to practice in a given state, it doesn't mean that your malpractice carrier will have coverage for you in that state.
- As with any in-person visit, consent and other legal requirements for a visit are required for every telehealth encounter.
- HIPAA privacy requirements are relaxed due to the pandemic, but they will return possibly as soon as the end of this year. As all telehealth platforms may not be compliant with HIPAA, make sure you are ready and able to be complaint.

Work with your malpractice insurance carrier, compliance manager, and other experts to ensure you're practicing within the parameters of what is permitted. Visit the [MedChi website](#) for more help on telehealth.

BHA-MedChi Webinars

The Behavioral Health Administration and MedChi webinar series, *Helping the Helpers and Those They Serve*, is for behavioral health and medical providers of all disciplines in both community and hospital settings. They enhance health care worker self-care and the care they provide by addressing the pandemic, social justice issues, and other stressors. **CME credits are free.** Recordings and slides are archived on the BHA/MedChi [webinar page](#). Programs run **5 to 6 PM**:

February 10 [Nurture Your Well-being: A Roadmap for Resilience](#)

Chalarra A. Sessoms, LCSW-C, MSW and Catherine Gray, LCSW-C, MSW; Moderator: Ann M. Hoyt, LCSW-C, MSW

February 24 [Reflections on Emotional Health and Stigma for Health Care Workers](#)

Susan Noonan MD, MPH; Moderator: Nathaniel Van Kirk, PhD

BHA Advice and Resources for COVID

Based on common challenges reported in its survey results, the Behavioral Health Administration (BHA) offers [recommendations](#) for challenges surrounding in-person services, utilization of telehealth, virtual learning in schools, SUD treatment and disruption in daily life. BHA also includes several resources, including a reminder about the HealthChoice COVID-19 Gift Card Program, which offers a vaccine incentive to enrollees for a limited time. [Learn more here](#).

Hogan Orders Temporary Changes to Licensure Requirements

In response to the continuing staff shortages at Maryland hospitals and facilities, on January 24 Governor Hogan acted to expand their pool of potential clinicians to include those with active licenses issued in other states as well as those whose Maryland licenses are inactive. Certain other rules and regulations were also temporarily amended due to the health emergency he declared on January 4. [Click here](#) for a copy of the order.

Maryland Quality Reporting Website

The Maryland Health Care Commission's (MHCC) [Maryland Quality Reporting](#) website has information on the quality and performance of long-term care facilities (e.g., nursing homes, hospices, home health agencies, assisted living facilities, and adult medical daycares), hospitals, and outpatient surgery centers in Maryland. It also provides information illustrating health disparities and initiatives to address them. Contact mhcc.qualityteam@maryland.gov or 1-877-245-1762 with questions or for assistance.

HealthChoice COVID Gift Card Program

To encourage Medicaid recipients to get vaccinated against COVID-19, the HealthChoice managed care organizations (MCOs) offer a vaccine incentive program. The [HealthChoice COVID-19 Gift Card Program](#) runs until the end of March 2022. Unvaccinated HealthChoice participants ages 12 and older who complete a full two-dose Pfizer or Moderna COVID-19 vaccine series or who receive a single Johnson & Johnson vaccine within this time frame can claim a \$100 COVID-19 gift card from their MCO.

Racial Bias in Black Patient Records

A [report](#) in *Health Affairs* last month suggests disproportionate negative patient descriptors (e.g. “refused,” “agitated”) for Black patients compared with their White counterparts being used at an urban academic medical center. The findings raise concerns about racial bias and possible transmission of stigma in the medical record that could exacerbate health care disparities.

Free Health Equity Virtual CME

A panel discussion of “What does implicit bias mean to you and our health care system?” will be held **February 9 at 7 PM**. This is the second virtual health equity panel by the Baltimore County Medical Association and the Maryland Center for Health Equity. The CME is cosponsored by the Baltimore City Medical Society. Panelists are local and national physicians, public health experts, and elected officials. **All Maryland physicians must have a mandated implicit bias CME before fall 2022 license renewal.** [RSVP here](#).

Impact of Racism in Maryland Psychiatry: Video Available

A video of the MPS program, “[Impact of Racism in Maryland Psychiatry](#)” is now available at no charge upon request. If you would like a link to the video, please email mps@mdpsych.org. Please note that no CME credit will be awarded for viewing the video. Presentations include:

- Dr. Ayah Nuriddin: Psychiatric Jim Crow: The History and Legacy of Racism in Psychiatry in Maryland
- Kimberly Gordon-Achebe, MD: Lessons Learned in Reviewing our Racist History in Psychiatry

The CBT of Racism Resource

Learning about oneself requires an understanding of one’s thoughts, feelings, and actions – a staple of therapy. The Community Psychiatry and Diversity Coalition’s CBT of Racism resource was created to work on all three of those domains as part of MPS efforts to create meaningful changes in ourselves and in our community. [Click here](#) for a trove of links that help with the CBT of Racism.

AUD in African Americans

The Health Equity Webinar Series for **February 3** will feature Michael Ingram, M.D. discussing diagnosis of alcohol use disorder and treatment modalities emphasizing Medication-Assisted Treatment. He will explore alcohol use in African Americans and the fact that despite lower alcohol use, African Americans experience more alcohol-related problems. [Click here](#) for more information or to register.

APA News & Information

Reminder—No Surprises Act Requirements

Provisions of the No Surprises Act are now in effect, including new billing limits for psychiatrists delivering emergency and hospital-based care to insured patients at network facilities. New rules also require those providing office-based care to provide all uninsured or self-pay patients a “good faith estimate” of expected charges. A [Psychiatric News article](#) has more information, including links to [APA guidance](#) and a [disclosure template](#).

Submit Ethics Dilemmas for Expert Discussion

The APA Ethics Committee will produce a recorded version of its Ethics Dilemmas in Psychiatric Practice session during the online-only portion of the 2022 APA Annual Meeting. The Committee will answer questions from members about ethics dilemmas they have encountered, participated in, or read about. Please send questions for the Committee to address to apaethics@psych.org **no later than February 9**. Questions may not relate to any currently pending ethics complaint. Possible topics include boundary issues, conflicts of interest, confidentiality, child and adolescent problems, dual agency conflicts, acceptance of gifts, emergency situations, trainee issues, impaired colleagues, forensic matters, etc.

FREE APA Course of the Month

February Course of the Month – [Friend, Frenemy, or Foe: The Role of Adolescent Social Media Use in Race Based Trauma](#)—Recent studies have found that social media viewers can be exposed to high volumes of discriminatory content which may lead to trauma, stress, and internalized racism. This course will discuss themes of systemic racism, social media activism and collective and vicarious trauma, describe a framework for the risk-benefits-analysis of adolescent social media use during a trauma fueled race based pandemic, and more. [Click here to access the Course of the Month and sign up for updates about this free member benefit.](#)

During **Black History Month** - and all year - [Mental Health America](#) is highlighting Black and African American contributions to the mental health movement. Systemic racism in the mental health system and movement harms Black communities. [Click here](#) for a non-exhaustive list of Black and African American mental health resources.

2022 Parity Report to Congress

In January the Departments of Labor, Health and Human Services and the Treasury issued their [2022 Report to Congress on the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act \(MHPAEA\) of 2008](#) that suggests health plans and health insurance issuers are failing to deliver parity for mental health and substance use disorder benefits to those they cover. The report also highlights the departments' recent emphasis on parity enforcement, to guidance to correct those failures, and recommendations to strengthen consumer protections and enhance the departments' enforcement abilities. It suggests specific ERISA amendments as well as permanent access to telehealth. This is the first annual report required under the Consolidated Appropriations Act 2021, which provides a [MHPAEA enforcement tool](#) and additional funding. The [2021 MHPAEA enforcement fact sheet](#) summarizes investigations closed during the year.

New Network Access Survey

The [Bowman Family Foundation](#) (funder of the Milliman research on access to mental health and substance use disorder services) has commissioned a new survey on access to network services. Please take time to respond to help improve access to care for mental health and substance use conditions. Responses can be on your own behalf or on behalf of someone you know who has needed care, such as a family member, friend, or patient. [NORC](#) at the University of Chicago, an independent non-partisan research institute, is conducting the survey. This research is covered by a Certificate of Confidentiality from the National Institute of Health.

Participation is completely voluntary, and responses will be reported only in total numbers. No personal information or specific responses will be shared with others. You must be 18 or older to complete the survey, which takes about 15 minutes to complete, with no typing required. It's available in English or Spanish. [Please click here to learn more and take the survey.](#)

Stay Connected!

Join the MPS Listserv

Join the online MPS community to quickly and easily share information with other MPS psychiatrists who participate. To join, click [here](#). You will need to wait for membership approval and will be notified by email. If you have any problems, please email mps@mdpsych.org.

Engage with Digital Options

To stay informed, visit the [MPS website](#) regularly and follow us on [Facebook](#), [Instagram](#), [Twitter](#), and [LinkedIn](#).

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.

Nida Muzaffar, M.D.

Transfer Into Maryland
Young Moon, M.D.

Congratulations to 50 Year Members!

Congratulations to the members below for being 50 year members of the MPS & APA!

Larry Alessi, M.D.
Carlos Azcarate, M.D.
Emile Bendit, M.D.
John Buckley, M.D.
Milton Buschman, M.D.
Bruce Hershfield, M.D.
Carlos Millan, MD, PA
Gary Nyman, M.D.
Ralph Scoville, M.D.

2021 Ethics Articles of Note

The *AMA Journal of Ethics* explores relevant issues in medical ethics each month. The 10 most read articles published in 2021 are available [here](#). MPS members may want to review the following.

["How Should Physicians and Pharmacists Collaborate to Motivate Health Equity in Underserved Communities?"](#) Physicians and pharmacists play key roles in addressing social determinants of health and health inequity.

["How Should We Regard Information Gathered in Nazi Experiments?"](#) Immorally acquired information, from Nazi experimentation or other sources, infects the body of scientific and biomedical knowledge.

["How to Measure Racism in Academic Health Centers"](#) Institutional racism mediates structural racism and is embedded in institutional policies, clinical practice, health professional training, and biomedical research.



Medicare Updates

Medicare Telehealth Update

CMS issued an [update](#) related to billing Medicare for telehealth services in 2022 summarized below. CMS has updated the [Telehealth Services List](#) to reflect minor regulatory changes.

After the Public Health Emergency (PHE) ends, Telehealth Mental Health services may include new or established patients so long as an in-person, face-to-face, non-telehealth service takes place within 6 months of the telehealth mental health services.

If patients received telehealth mental health services prior to the PHE, or had telehealth mental health services during the PHE, an in-person face-to-face non-telehealth visit will need to take place if they had been receiving telehealth mental health services for over 6 months on the end date of the PHE. All telehealth mental health patients should have had a first in-person visit no later than 6 months after the PHE.

After the PHE and after the initial 6 month in-person visit, all telehealth mental health patients must have a subsequent non-telehealth in-person visit within 12 months of the initial 6 month in-person visit date, for Medicare integrity assurances and for mental health check-in and assessment, with certain [exceptions](#).

For the initial 6 month in-person visit or subsequent 12 month in-person visits, if the original telehealth practitioner is unavailable for the face-to-face visit, Medicare allows the clinician's colleague in the same subspecialty and in the same group practice, to provide the in-person, non-telehealth service to the patient.

Two additional modifiers for 2022 relate to telehealth mental health services:

- FQ - A telehealth service was furnished using real-time audio-only communication technology
- FR - A supervising practitioner was present through a real-time two-way, audio/video communication technology

For 2022, Medicare is permanently establishing separate coding and payment for the longer virtual check-in service described by HCPCS code G2252 (CTBS-Communication Technology-Based Services).

[Click here](#) for the complete document.

Public Health Emergency Renewed

Effective January 16, HHS Secretary Becerra renewed the [public health emergency due to COVID-19](#) for another 90 days.

2022 MIPS Payment Adjustments

Medicare will adjust 2022 payments for Part B covered professional services payable under the Physician Fee Schedule based on each MIPS eligible clinician's 2020 MIPS final score. Payment adjustments are determined by the final score associated with a Taxpayer Identification Number (TIN)/ National Provider Identifier (NPI) combination. MIPS eligible clinicians will receive a positive, neutral, or negative payment adjustment in 2022 if they were included in MIPS for 2020 and met one of the following criteria:

- Individually exceeded the low-volume threshold;
- Were in a practice that exceeded the low-volume threshold at the group level and submitted group data or were part of an approved virtual group; or
- Were in a MIPS APM and the APM Entity group exceeded the low volume threshold.

To check whether you were eligible in 2020, enter your NPI in the [QPP participation status tool](#). For more information, visit the [resource library](#) and search for 2022 MIPS payment adjustment.

2020 QPP Participation

Preliminary Quality Payment Program (QPP) participation in 2020 included 89% of MIPS eligible clinicians; 91% received a positive payment adjustment and 81% received an exceptional payment adjustment. (The threshold for a positive score rose from 30.01 to 45.01, and from 75.00 to 85.00 for an exceptional payment adjustment.) From 2019 to 2020:

- The mean score for MIPS clinicians rose from 86 to 89, while the median score rose from 92 to 97.
- Overall MIPS engagement declined from 869,899 clinicians to 831,885.
- MIPS Alternative Payment Model (APM) participation decreased from 416,201 clinicians to 398,719.
- The number of Qualifying APM Participants (QPs) rose from 195,564 clinicians to 237,315.

Submit 2021 MIPS Data

CMS is automatically applying the MIPS automatic extreme and uncontrollable circumstances (EUC) policy to ALL **individual** clinicians (not groups) eligible in 2021. They will have all 4 MIPS performance categories reweighted to 0% and receive a neutral payment adjustment for 2023 unless they 1) submit data in 2 or more categories, or 2) have a higher final score. Submit data until **8 PM on March 31**. [Log in here](#) using QPP access credentials. Small practices can get help until February 15 via this [support resource](#). See the [resource library](#) and [QPP participation status tool](#).

February 21-27 Eating Disorders Awareness Week

[National Eating Disorders Awareness Week](#) is an annual campaign to educate the public about the realities of eating disorders and to provide hope, support, and visibility to individuals and families affected by eating disorders. In 2022 it will take place during the week of February 21 – 27 with the theme ***See the Change, Be the Change***. Celebrating twenty years, the National Eating Disorders Association (NEDA) designates **#NEDAwareness** Week 2022 as the opportunity to **#SeeTheChange** by recognizing change within the ever-evolving eating disorders field, and to **#BeTheChange** through advocacy, awareness, and community building.

Open Payments Data Update

The data available in Open Payments was updated in January to reflect changes since the last publication in June 2021. Visit <https://openpaymentsdata.cms.gov/>. Users can search the data for payments by drug and device companies. For 2020, CMS published \$9.12 billion in payments and ownership and investment interests attributable to 487,000 physicians and 1,200 teaching hospitals.

2022 Behavioral Health and Aging Agenda

The Maryland Mental Health and Aging Coalition (MHAC) is comprised of representatives from aging and behavioral health consumer and family groups, provider organizations, professional associations, and related government agencies, working together to improve the quality and accessibility of mental health and substance use services and supports for older Marylanders.

MHAC calls on the Maryland General Assembly to take the following actions in 2022:

- Modernize Maryland's PASRR program to prevent unnecessary hospitalization and institutionalization of older Marylanders with behavioral health needs
- Fund dedicated behavioral health navigators in Maryland's Area Agencies on Aging (AAAs)
- Provide funding to support the development of a 5-year plan on the cognitive and behavioral health needs of older Marylanders
- Pass legislation establishing a supported decision making program as a way of preventing the need for guardianship

[Learn more about the MHAC 2022 agenda here.](#)

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POSITIONS AVAILABLE

Psychiatrist – Remote Available: Carroll Counseling realizes the strength of our practice is our exceptional staff. Our professional and innovative culture supports our clinicians in building a thriving and profitable caseload. We are currently seeking an exceptional Psychiatrist and offer the option of telehealth, onsite or a hybrid model. Strong compensation – salaried or uncapped reimbursement options, Excellent comprehensive benefits, Sign-on bonus, Highly Flexible Scheduling, Longevity bonuses, Professional Development/CME. Carroll Counseling Center is a multi-disciplinary group providing psychotherapy and psychopharmacology services for children, adults and families throughout the greater Baltimore and Frederick, Maryland area. Carroll Counseling is a proud member of the Refresh Mental Health network – a nationwide network that includes leading, private practices with unique and specialized programs. This relationship enhances our practice with additional resources while allowing us to maintain our local leadership and solid reputation in the community – as well as allowing you to focus on what you do best – providing exemplary care! For consideration or additional information contact Rachel Klockow, Refresh Mental Health, rklockow@refreshmentalhealth.com; (954) 801-5594.

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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.

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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.



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Consultation-Liaison Psychiatrist

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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 must participate in a call schedule

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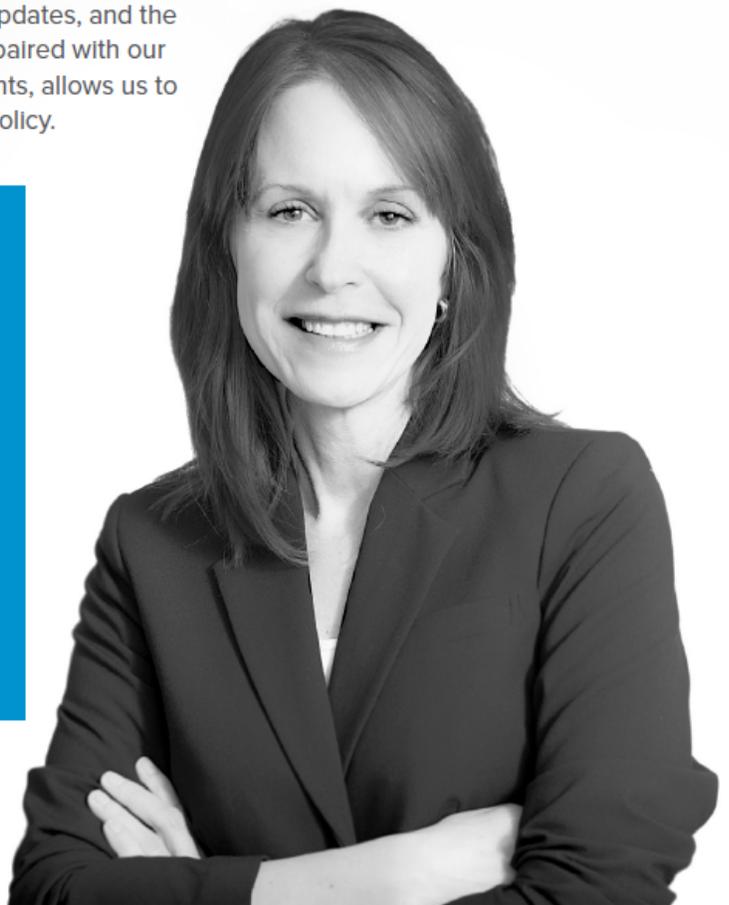
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Institute for Advanced Diagnostics and Therapeutics Virtual Symposium

April 1, 2022

12:00 p.m. – 4:15 p.m. ET

Transformational change is happening in psychiatry. From the rapid expansion in the uses of neuromodulation, to the introduction of medications that may relieve depressive symptoms in mere hours or days, to the groundbreaking research into the use of psychedelic medication combined with psychotherapy—psychiatry is experiencing a quantum shift in how we regard psychiatric illness and our capacity to relieve suffering in people with mood and anxiety disorders.

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Through this symposium, you will learn about the components of the Institute and meet the clinicians leading this groundbreaking work. Our researchers will define the problem of difficult-to-treat depression and provide insight into the current and future clinical answers that will be uncovered through our research.

[Click here to register for FREE](#)

Program

12:00 p.m. – 12:30 p.m.

Difficult-to-Treat Mood Disorders: An Overview

Scott Aaronson, MD, Chief Science Officer, Institute for Advanced Diagnostics and Therapeutics, Sheppard Pratt

12:30 p.m. – 1:15 p.m.

Electroconvulsive Therapy: Making Treatment Better

Monica Rettenmier, MD, Service Chief, ECT, Sheppard Pratt

1:15 p.m. – 2:00 p.m.

Transcranial Magnetic Stimulation: The Future is Now

Patricia Carlson, MD, Service Chief, TMS, Sheppard Pratt

2:00 p.m. – 2:15 p.m.

Break

2:15 p.m. – 3:15 p.m.

Psychedelics, MDMA, and Ketamine: Forging a New Path to Well

Scott Aaronson, MD, Chief Science Officer, Institute for Advanced Diagnostics and Therapeutics, Sheppard Pratt

3:15 p.m. – 4:15 p.m.

Group Q&A

