

MPS NEWS

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Editor: Heidi Bunes

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Deadline for articles is the 15th of the month preceding publication.

Please email heidi@mdpsych.org.

Design & Layout: Meagan Floyd

Noncompete Clauses in Physician Employment Contracts

The Federal Trade Commission recently published a [proposed rule](#) that would ban most noncompete clauses in employment contracts. The use of noncompete clauses (also called restrictive covenants) is a nuanced issue in health care. This [brief video](#) gives an overview of the issues.

MedChi understands that the American Medical Association (AMA) will submit comments on the proposal to the FTC that follow the AMA's existing policy on non-compete clauses, including a Code of Medical Ethics opinion that recognizes that physicians often have diverse opinions about noncompete clauses/restrictive covenants and policy that opposes unreasonable noncompete clauses.

In the meantime, the AMA [released](#) the following statement: "The AMA appreciates the Federal Trade Commission's examination of noncompete agreements in the workplace. While the AMA's membership has diverse perspectives on noncompetes—with some members in an employer/practice ownership role and some in an employee role—AMA ethics policy opposes unreasonable noncompetes. Many states have enacted negotiated health care-specific noncompete statutes that take into account their unique health care markets and that balance the competing stakeholder interests. The balanced approach of these states must be considered against a proposed universal federal ban on all non-compete agreements."

The AMA's nuanced approach underscores the complexity of this issue. MedChi appreciates this complexity as well. Since June 2021 it has had a dedicated task force to focus on restrictive covenants. The issue is further complicated because the proposed

federal rule does not apply to non-profits; given that every hospital in Maryland is a non-profit, the rule as currently crafted is almost meaningless for any entity except private practices.

MedChi's Restrictive Covenants Task Force is considering the proposed rule and a proposed new policy for MedChi. They have crafted a survey to collect physician opinions.

Excerpted from the Monday Message by *Gene Ransom III, CEO MedChi, The Maryland State Medical Society* [January 30 MedChi News](#)

MPS ADVOCACY DAY IN ANNAPOLIS

On February 9th from 8:30 AM—1PM, we invite all MPS members to [join us in Annapolis](#) to meet in teams with House and Senate leadership to discuss legislation affecting psychiatry and mental health in Maryland. There are many new legislators this year!

MPS lobbyists help member attendees with talking points and protocol at the breakfast beforehand.

Contact Meagan Floyd via [email](#).

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

Best Paper Awards Deadline Extended!

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 2022 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 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 MPS annual dinner in April 2023.

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 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 MPS annual dinner in April 2023.

Best Paper by a Medical Student Member (MSM): Eligible students are Medical Student Members who are first authors of papers that were written, in press, and/or published in 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 MPS annual dinner in April 2023.

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 the paper to either of the co-chairs below by **February 15**. Please include a brief explanation of why you believe the work is worthy of special recognition.

*Matthew Peters, M.D. mpeter42@jhmi.edu
Traci Speed, M.D., Ph.D. speed@jhmi.edu
Academic Psychiatry Committee Co-Chairs*

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 2023! 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 **February 16**. For more information, or to apply [please click here](#).

COVID-19 PHE to End May 11

The Biden administration will end the public health emergency (PHE) effective May 11 to give time for states and the health care system's hospitals and doctors to plan. Many people will lose coverage after April 1 when states can resume Medicaid disenrollments (the process in Maryland will be completed over a 12-month period after the PHE ends). Medicaid enrollments in Maryland increased from 1,415,631 in February 2020 to 1,751,308 in November 2022. CMS [announced](#) a special enrollment period from March 31, 2023 to July 31, 2024 for certain individuals who lose Medicaid coverage due to the PHE ending.

Telehealth flexibilities have already been extended for another two years.

The administration will use the coming months to transition to conventional practices. Please stay tuned for updates.

Meet Dr. Yasser Abu-Jamei

Psychiatrist Yasser Abu-Jamei, Director General of the Gaza Community Mental Health Programme (GCMHP) in the Gaza Strip, will share his perspective on systems and resources for serving community mental health needs. Dr. Abu-Jamei has worked at the GCMHP since 2004 in various supervisory, clinical and research roles. A member of the task force that developed the National Mental Health Strategy in Palestine, he has also received honors for his work developing the mental health sector in the Gaza Strip.

Saturday, February 11 from 3 - 5 PM
at the home of MPS member Desmond Kaplan, M.D.
906 Saint Georges Road Baltimore, MD 21210
RSVP: 410-274-8940 or dmkpsychiatrist@gmail.com by Feb. 4

The GCMHP is the leading Palestinian non-governmental organization providing mental health services to the Gaza Strip. It was founded in 1990 by the late Eyad El-Sarraj, the 1997 recipient of the first human rights award given by the US Physicians for Human Rights. Yasser Abu-Jamei became its head in 2014 following Dr. El-Sarraj's death and has ably steered the organization through devastating times. It now has dozens of staff, a main facility and research center in Gaza City, and several community mental health clinics. It runs crisis intervention programs, a rehabilitation program for drug users, a children's project and a training and education department. It has given individual psychiatric and family therapy to tens of thousands of people. Stressing the close connection between mental health and human rights, GCMHP works to alleviate trauma and instill hope for the future.

Maryland News

Bills in the General Assembly of Interest to MPS Members

The 444th session of General Assembly convened in Annapolis on January 11, 2023 and will be in session through April 10, 2023. As of the end of January more than 1000 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 week throughout the session.

Support:

SB101: Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion: Repealing the Collaborative Care Pilot Program; and requiring the Maryland Department of Health to expand access to and provide reimbursement for services provided in accordance with the Collaborative Care Model under the Maryland Medical Assistance Program.

SB3: 9-8-8 Trust Fund – Funding: Requiring the Governor to include in the annual budget bill for fiscal year 2025 an appropriation of \$12,000,000 to the 9-8-8 Trust Fund.

SB154: Public Health – Mental Health Advance Directives – Awareness and Statewide Database – Requiring the Maryland Department of Health to develop and implement a public awareness campaign to encourage the use of mental health advance directives in the State; requiring the Behavioral Health Administration to study the feasibility and cost of establishing a centralized statewide database of mental health advance directives; and requiring the Behavioral Health Administration to report to the certain committees of the General Assembly on the findings of the study by December 1, 2023.

HB 307: Firearm Safety – Storage Requirements and Youth Suicide Prevention (Jaelynn’s Law) – Altering a certain provision relating to the storage of firearms and ammunition in a location that can be accessed by an unsupervised child; prohibiting the storage of firearms and ammunition in a manner that allows access by a certain person who is prohibited from possessing a firearm; repealing a certain provision relating to negligence; and requiring the Deputy Secretary for Public Health Services to develop a youth suicide prevention and firearm safe storage guide, with recommendations from a stakeholder committee.

Oppose:

SB13: 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, 2024, 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.

SB213: Health Occupations – Clinical Nurse Specialists – Prescribing – 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; designating a clinical nurse specialist as an “authorized prescriber” under the Maryland Pharmacy Act; and authorizing a licensed physician to personally prepare and dispense a prescription written by a clinical nurse specialist.

HB69: Education - Student Behavior - Parent and Guardian Notice and Required Counseling (Parent and Guardian Accountability Act): Establishing that it is unlawful for a parent or guardian of a student in a public school to fail to seek and participate in counseling with the parent's or guardian's child after receiving notice of violent and disruptive behavior; and requiring a public school principal to provide written notice to the parent or guardian of a student who engages in two or more incidents of violent and disruptive behavior in a public school during the school year.

HB121: Mental Health - Treatment Plans for Individuals in Facilities – Requirements: Requiring a treatment plan for an individual with a mental disorder admitted to a certain health care facility to include a certain discharge goal and an estimate of the probable length of the inpatient stay the individual requires before transfer to a certain setting; requiring certain facility staff to review and reassess a plan of treatment within certain time periods; requiring a certain health care facility to take certain actions if the facility is unable to address certain needs under a plan of treatment; etc.

January Council

The January 10 MPS Council meeting was cancelled since there was no business for voting. Reports were distributed and will be discussed at the February 7 meeting.

Maryland News

Maryland Telehealth Updates

The Maryland Health Care Commission (MHCC) approved the telehealth study [recommendations report](#) with one change at its December 15 meeting. The report was submitted to the Senate Finance Committee and House Health and Government Operations Committee. The recommendations are based on study findings, stakeholder feedback, and lessons learned from the COVID-19 public health emergency and provide a framework for how to approach future telehealth legislation.

An interstate telehealth study is underway to study the matters presented in House Bill 670, which was withdrawn during the 2022 legislative session. Recommendations for expanding interstate telehealth are due to the Health and Government Operations Committee by December 1, 2023. Click [here](#) for more information about the interstate telehealth study.

Implicit Bias Training Required for 2023 License Renewals

All physicians applying for license renewal in 2023 (licensees whose last name begins with M-Z and expires 9/30/2023) must complete an implicit bias training program course. This is a one-time requirement. The training program must be accredited by ACCME and does not have to be specific to a profession – the Board of Physicians will accept any course that meets the implicit bias training criteria. [Click here](#) for a list of approved implicit bias training resources provided by the Maryland Office of Minority Health and Health Disparities. **Note:** Licensees are not required to submit proof of course completion upon renewal. However, it is recommended that licensees keep the certificate of completion if the course will be used to fulfill the CME credits required for renewal. For courses that do not provide a certificate of completion, the Board suggests that licensees keep proof of registration or a screenshot of the completion page. [Click here](#) for more information.

MBP Endorsement Licensing

The Maryland Board of Physicians (MBP) will now issue a license by endorsement to physicians who are licensed in other states and whose requirements for licensure were substantially equivalent to Maryland's licensing requirements at the time the applicant received a license; and the other state offers a similar reciprocal licensure process to Maryland licensed physicians. To determine eligibility and apply, go to [Endorsement Eligibility and Application](#). Please [click here](#) for more details.

Annual Prescription Drug Affordability Cost Review Report

The Maryland Prescription Drug Affordability Board submitted its December 31 [annual report](#) on: (1) price trends for prescription drug products; (2) the number of prescription drug products that were subject to Board review and the results of the review; and (3) any recommendations the Board may have on further legislation needed to make prescription drug products more affordable in the State.

The report notes that throughout 2022, prescription drug prices continued to increase nationwide. Overall, pricing and spending trends in Maryland align with the national trends. Trends in spending are discussed along with drug volume by type of payment. Data is provided for the top 10 drug spend for commercial, Medicare and Medicaid.

No cost reviews were completed in 2022 and the Board does not recommend additional legislation at this time.

MedChi Initiative on Gender Pay Equity

The MedChi Gender Pay Equity Subcommittee seeks submissions for a story-telling project about gender pay inequity or gender bias in the workplace. They are looking for actual incidents that you would be willing to share. All submissions will remain confidential and anonymous. Please send your story topic, name, and email address to vhecht@medchi.org.

From [January 16 MedChi News](#)

Share Ideas with Moore-Miller Administration

The Moore-Miller Administration invites ideas and thoughts about how to make Maryland better. To submit an idea in a variety of categories, including health care, please [use this online form](#).

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 provider self-care and the care they provide by addressing the pandemic, social justice issues, and other stressors. **CME credits are free.** Recordings are archived on the BHA/MedChi [webinar page](#). The programs run from **5 to 6 PM**:

February 9: [Good Grief! What Everyone Should Know About Grief](#) Alana Iglewicz, M.D.

Maryland News

Isolation Services for People Experiencing Homelessness

Starting January 9, the Baltimore City Health Department entered a partnership with [Helping Up Mission](#), to provide [isolation services](#) to homeless individuals who have tested COVID positive at local hospitals, have been instructed to isolate, and have received a hospital-based referral. This partnership helps to keep people experiencing homelessness safe during COVID-19 outbreaks.

Last year, at the urging of resident members in the University of Maryland/Sheppard Pratt training program, the [MPS urged the City to take this step](#). It appears that our letter made a difference in establishing this new service.

Maryland Behavioral Health Crisis Prevention Platform

MPS has joined with the Maryland Behavioral Health Coalition to support its [2023 Behavioral Health Crisis Prevention Platform](#), an ambitious agenda that is part of the [Equal Treatment Maryland](#) campaign. The platform includes community-based reforms and workforce initiatives designed to improve behavioral health outcomes, save money, and keep people out of crisis, specifically:

- Improve the quality of behavioral health care delivered in primary care settings by expanding access to the proven **Collaborative Care Model**
- Expand access to comprehensive, flexible, community-based behavioral health care through expansion of **Certified Community Behavioral Health Clinics**
- Address behavioral health workforce shortages by establishing a **Behavioral Health Workforce Investment Fund**

Maryland Bed Registry and Referral System Update

Emergency regulations are being drafted to require hospital emergency departments to register patients with 211MD within 48 hours of arriving at the emergency department provided they have undergone an initial psychiatric evaluation and the emergency department discharge planner needs assistance with behavioral health inpatient or outpatient placement.

Hospital staff may refer an eligible patient for 211 Care Coordination by completing the referral at [211md.org/carecoordination](#) or by dialing 211 and pressing 4 immediately (Daily, 8 AM to 8 PM). 211 Care Coordinators will follow up to ensure a successful placement and update the electronic record to close the loop with discharge planners. For more information email carecoordination@211md.org or visit [211md.org/carecoordination](#).

2023 Youth Crisis and Suicide Prevention Platform

Maryland's Children's Behavioral Health Coalition (CBHC) developed a platform for the 2023 legislative session that aims to prevent lengthy, unnecessary hospital stays for youth and reduce youth suicide by expanding access to behavioral health services and supports that keep kids out of crisis, support mental wellbeing, and address substance use disorders.

- Restore home and community-based wraparound services for children and youth with high intensity needs
- Adopt youth-centered prevention and early intervention programs
- Eliminate inequitable access to care for LGBTQ youth and young adults
- Ensure children and youth in the Medicaid program have equitable access to effective primary care services that are available to Marylanders with commercial insurance or Medicare

[Click here](#) for specific recommendations as well as other ongoing CBHC efforts.

Scott Appointed Health Secretary

On January 12, Governor-Elect Wes Moore announced the appointment of Dr. Laura Herrera Scott as the Secretary of Health. Dr. Scott is a healthcare leader in integrating value-based care with clinical and population health strategies. She spearheads the creation of progressive programs that optimize patient outcomes, improve the quality of care, and advance health equity. Most recently, Dr. Scott served as Executive Vice President of Population Health at Summit Health, and as Vice President of Clinical Strategy and Product at Anthem. She last served in the Department of Health and Mental Hygiene from 2011-2015 as Deputy Secretary of Public Health Services. Dr. Scott is a Veteran of the United States Army Reserves, serving from 1998-2008 as a Major in the Medical Corps. She received an M.P.H. degree from Johns Hopkins University and a Doctor of Medicine from SUNY Health Science Center in Brooklyn, New York. She currently lives in Towson with her husband and two children.

Maryland Pharmacy News and Views

The [January issue](#) includes information on Tardive Dyskinesia, the Office of Pharmacy Services Peer Review Program, and the complete Maryland Medicaid Preferred Drug List effective January 1.

2023 MPS Dues Notices

If you haven't already, please pay your 2023 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 at [this link](#).

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

Resource for People at Risk for or Experiencing Homelessness

A new SAMHSA resource, [Expanding Access to and Use of Behavioral Health Services for People Experiencing Homelessness](#), highlights strategies for behavioral health and housing providers to conduct outreach and engage with individuals experiencing homelessness, initiate use of behavioral health treatment as they wait to receive stable housing and retain them in their recovery efforts once housed. An [overview of the guide](#) is also available.

Improving Prior Authorization

CMS [announced](#) proposed new policies to replace those proposed two years ago aimed at prior authorization. The proposals would place new requirements on Medicare Advantage organizations, state Medicaid and CHIP Fee-for-Service programs, Medicaid managed care plans and CHIP-managed care entities, and Qualified Health Plan issuers on the Federally Facilitated Exchanges (collectively "impacted payers") to improve electronic exchange of health care data and streamline processes related to prior authorization. CMS proposes to require these payers to implement an electronic prior authorization process, shorten the time frames for impacted payers to respond to prior authorization requests, and establish policies to make the prior authorization process more efficient and transparent. The requirements would include providing a specific reason when denying requests, publicly reporting certain prior authorization metrics, and sending decisions within 72 hours for expedited requests and 7 calendar days for standard requests.

The [fact sheet](#) includes details on the proposal. The proposed rule is available [here](#), and comments from the public are being accepted through March 13, 2023 at the same link.

Waiver Requirement for Prescribing Buprenorphine Discontinued

All practitioners who have a current DEA registration that includes Schedule III authority may now prescribe buprenorphine for Opioid Use Disorder (OUD) in their practice if permitted by applicable state law.

The Consolidated Appropriations Act, 2023 (aka Omnibus bill), removes the federal requirement for practitioners to have a waiver to prescribe medications, like buprenorphine, for OUD treatment. With this provision, effective immediately, SAMHSA will no longer require or accept waiver applications or 275 Annual Reports. The patient limits associated with the waiver also no longer apply.

With the elimination of the special waiver, SAMHSA strongly encourages all eligible practitioners, as permissible under state law, to screen each patient for OUD and offer access to buprenorphine. [Click here](#) for more information, including resources and a quick start guide.

Additionally, given the urgency of the nation's overdose crisis, all persons who obtain or renew a controlled substances license from the DEA will be required to receive eight hours of training on SUD, with certain exceptions. SAMHSA's [2021 National Survey on Drug Use and Health](#) estimates that over 9 million people 12 and older misused opioids in the past year. Overdose deaths remain a leading cause of injury-related death in the U.S.

National Survey on Drug Use and Health

SAMHSA [announced](#) the results of its annual National Survey on Drug Use and Health (NSDUH), including 2021 data on the use of tobacco, alcohol, and drugs; substance use disorders; receipt of substance use treatment; mental health issues; and the use of mental health services among the civilian, noninstitutionalized population aged 12 or older in the United States. The [2021 NSDUH national report](#) includes selected estimates by race, ethnicity, and age group. Among the key findings are:

- 16.5 percent of the population met the applicable DSM-5 criteria for having a substance use disorder.
- 94% of people aged 12 or older with a substance use disorder did not receive any treatment.
- Nearly 1 in 4 adults 18 and older, and 1 in 3 among adults aged 18 to 25, had a mental illness in the past year.



Medicare Updates

Check Your Initial 2023 MIPS Eligibility Status

To find out whether you are required to participate in MIPS in 2023, enter your 10-digit NPI into the [QPP Participation Status Tool](#). If so, you can potentially earn a payment increase in 2025 based on your 2023 performance. To be required to participate in MIPS in 2023, you must meet all 3 of the following low-volume threshold requirements (if you don't meet all 3, you're excluded):

- Bill more than \$90,000 a year in allowed charges for covered professional services under the Medicare Physician Fee Schedule; AND
- Furnish covered professional services to more than 200 Medicare Part B beneficiaries; AND
- Provide more than 200 covered professional services under the Physician Fee Schedule.

2023 MIPS Payment Adjustments Based on 2021

In August 2022, each clinician required to participate in MIPS received a 2021 final score and associated payment adjustment factor(s) as part of their 2021 MIPS performance feedback, available on the [Quality Payment Program website](#). 2023 MIPS payment adjustments, based on final scores associated with your TIN/NPI combination, are now being applied to payments for Part B services under the Physician Fee Schedule. **For more information**, visit the [QPP Resource Library](#).

Medicare Payment for Cognitive Assessment

If a patient shows signs of cognitive impairment during a routine visit, Medicare covers a separate visit to more thoroughly assess the patient's cognitive function and develop a care plan. Use CPT code 99483 to bill for this service. As of January 1, Medicare pays \$290 to participating Baltimore providers for these services when provided in an office setting ([click here](#) to look up other locations and settings). [Click here](#) for more information and resources.

Telehealth Indicator Added to Care Compare

CMS added a new telehealth indicator on clinician profile pages on [Medicare Care Compare](#) and in the [Provider Data Catalog](#) to help beneficiaries more easily find those who provide telehealth services. For more information, access the [Telehealth Indicator on Medicare Care Compare fact sheet](#).

Submit 2022 MIPS Data

CMS is now accepting Merit-based Incentive Payment System (MIPS) data from eligible clinicians who participated in the 2022 Quality Payment Program (QPP). Data can be submitted and updated until **8 PM on March 31**. **To submit your 2022 MIPS data**, go to the [QPP login page](#) and sign in with your QPP access credentials. Remember that errors cannot be corrected after the submission period, so be sure the data is accurate.

If you are unsure about your eligibility to participate in MIPS for 2022, check your final status using the [QPP Participation Status Tool](#).

Visit the [QPP Resource Library](#) for user guides, FAQs, etc.

2022 MIPS Exception Deadline Extended

CMS extended the Exception application deadline for the 2022 MIPS Year until **8 PM on March 3**. For 2022, CMS continues to use the Extreme and Uncontrollable Circumstances (EUC) Exception policy to allow individuals, groups, virtual groups, and APMs to **request reweighting of MIPS performance categories** due to the COVID-19 public health emergency. CMS **extended** the [MIPS EUC Exception deadline](#) for citing COVID-19 as the triggering event. **Applications received between January 3 and March 3, 2023 will not override submitted MIPS data for individuals, groups, and virtual groups.**

AMA Advocacy on Medicare Payments

The AMA pushed to avert an 8.5% Medicare cut in the 2023 omnibus spending bill but didn't stop it completely. Physicians still see an average 2% cut in Medicare pay this year, and at least a 1.25% cut for 2024. AMA Senior Vice President of Advocacy [Todd Askew warns](#) that throwing in patches and preventing cuts year after year is not sustainable. The focus should be fixing the root problem, which is the payment system itself. Askew also discusses why a 2% cut might force some practices to reconsider Medicare, underscoring the urgency of reforming the Medicare payment system.

Refer a Colleague Double Donations

To show gratitude and support for PRMS clients, February is Refer a Colleague Double Donations month. For every referral PRMS receives **they will make a \$100 donation** – usually \$50 – to benefit a District Branch or other mental healthcare organization. (Maryland Foundation for Psychiatry has received these in the past.) Visit [PRMS.com/Refer](#).

Medicare Updates

CMS Updates Open Payments Data

2021 Open Payments data has been updated to reflect changes since the last publication in June 2022 and is now available at <https://openpaymentsdata.cms.gov/>. Updates include disputes and other data corrections made since the initial publication. The refreshed data set includes:

Updates: Changes to non-disputed records made by November 15, 2022.

Disputed Records: Dispute resolutions completed by December 31, 2022 are displayed with updated information. Active disputes that remained unresolved as of December 31, 2022 are displayed as disputed.

Deletions: Records deleted before December 31, 2022 were removed. Records deleted after that date remain but will be removed during the next publication in June 2023.

The data refresh does not include records submitted for the first time after March 31, 2022, or records that were disputed and the resolution resulted in a change to the covered recipient. For more information, visit www.cms.gov/openpayments.

Psychiatric Code Update

Effective for dates of service on and after 01/01/2023, CMS updated CPT code 90899 in Group 1 to reflect the Annual HCPCS/CPT Code Updates. See the Billing and Coding; [Psychiatric Codes \(A57130\)](#) document for a complete list.

2022 MIPS Quality Measures Impacted by ICD-10 Code Updates

CMS announced [a number of MIPS quality measures](#) that are being truncated or suppressed for 2022 as a result of ICD-10 coding updates that were effective October 1, 2022. The measure "Adherence to Antipsychotic Medications For Individuals with Schizophrenia" and certain Dementia measures are potentially of concern to MPS members.

- Medicare Part B claims measures and MIPS clinical quality measures (CQMs) impacted by ICD-10 code changes will be truncated. If you've reported any of the impacted Medicare Part B claims measures, CMS will truncate the measure data for you. If you're reporting any of the impacted MIPS CQMs, your submission should only reflect measure data from January 1, 2022, to September 30, 2022.

- eCQMs impacted by the ICD-10 code changes will be suppressed for 2022. If you're reporting any of the impacted eCQMs, the measure will be excluded from scoring if it's submitted, and your quality denominator will be reduced by 10 points.

The [2022 MIPS Quality Measures Impacted by ICD-10 Coding Updates Fact Sheet](#) has a list of Medicare Part B claims measures and MIPS CQMs identified for truncation and a list of eCQMs identified for suppression. CMS also updated Appendix D of the [2022 Traditional MIPS Scoring Guide](#) to note these measures and the related scoring and submission impacts.

APA News & Information

Free CME on Tobacco Cessation

The APA offers a new online training program to equip practicing clinicians with evidence-based strategies to help patients stop smoking. The content draws heavily from the US Public Health Service clinical practice guideline for treating tobacco use and dependence. To earn up to 5 credits, use [this link](#) to access.

APA Annual Meeting Early Registration Ends February 21

Registration for the May 20-24 APA Annual Meeting in San Francisco is open and early bird rates are available through February 21. [Click here](#) for information.

FREE APA Course of the Month

[Eating Disorders: A Clinical Update](#)

Eating disorders are serious psychiatric conditions associated with significant medical and psychiatric morbidity and high mortality rates. This course reviews some of the current issues relevant to identifying and treating eating disorders including Anorexia Nervosa and ARFID, emerging data about the importance of recognizing Atypical Anorexia Nervosa, Bulimia Nervosa and BED, and the pharmacotherapy that has demonstrated efficacy for these conditions.

[What Happens When the Public Health Emergency Ends? Telepsychiatry and Hybrid Practice Post-PHE](#)

APA's free webinar discusses rules and regulations that will be back in place when the PHE ends on May 11.

MPS Membership

Transfers Into Maryland

Emily Bomasang-Layno, M.D.
Allison H. Garrett, M.D.
Alison S. McCanon, M.D.
Brandon C. Newsome, M.D.

Congratulations to 50 Year Members!

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

Evangeline Garcia, M.D.
Judith Gardner, M.D.
Henry Harbin, M.D.
Alan Heine, M.D.
Robert Lessey, M.D.
Robert Schreter, M.D.

MPS Members Out & About

Geriatric Neuropsychiatrist **Cynthia Fields, M.D.** will be dancing in the 2023 Memory Ball. [Click](#) to read more and donate via her page to support the Alzheimer's Association.

Thank You to Members who Reach 30 Year Life Status in 2023!

Congratulations to these new 30 year life members! We appreciate your dedication to the profession and excellence as psychiatrists

Theodora Balis, M.D.
Shannon Barnett, M.D.
Vassilis Koliatsos, M.D.
Janice Miller, M.D.
Irving Reti, M.D.
Danielle Welch-Blair, M.D.
Christopher Welsh, M.D.

CLASSIFIEDS

OFFICE SPACE AVAILABLE

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.



Now hiring an adult psychiatrist (20-24 hrs/wk)

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We are currently hiring a **half-time adult psychiatrist**. Experience working with clients with Medicare and SUD is required. Contact Sue Franklin, Manager of Psychiatry Services, to learn about our cutting-edge mental health programs and career opportunities with one of the largest psychiatry teams in Maryland. Sue can be reached on 443-564-5005 or sfranklin@cc-md.org. You can also learn about our programs on our website www.cc-md.org

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Outpatient Psychiatrists

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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For more information, please contact Kathleen Hilzendeger, Director of Professional Services, at **410.938.3460** or khilzendeger@sheppardpratt.org.

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Program Director

MedStar Health, which has one of the largest non-profit physician health groups in the nation, is pleased to announce that we will be creating a community-focused Psychiatry residency based in Baltimore, Maryland. We are recruiting for a program director to plan and lead this exciting new program. In collaboration with the Department of Psychiatry of the Georgetown University School of Medicine, the program will offer an emphasis on clinical community training with the benefit of an academic partnership with one of the nation's most prominent medical schools.

We are seeking an energetic and creative psychiatrist who will provide outstanding leadership and vision for this program. The program director will also be expected to provide clinical care at one of the two core locations for the program, MedStar Franklin Square Medical Center and MedStar Harbor Hospital. Required qualifications include expertise in psychiatric education and at least three years of administrative leadership. The program director will have a faculty appointment at the Georgetown University School of Medicine with rank based on experience and qualifications.

MedStar Medical Group is the integrated provider organization for MedStar Health, one of the nation's most recognized, respected, and comprehensive health systems. We engage with our communities through more than 300 sites of care across Maryland and the Washington, D.C., region with 2500 physicians across our hospitals and multispecialty clinics.

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EOE. Candidates must be board certified or eligible and eligible for license in Maryland. Must be sensitive to the needs of underrepresented minority populations.

To apply for a position, please send your CV and a letter of interest to:

Steve Epstein, MD Physician Executive Director,
MedStar Behavioral Health Professor and Chair,
Department of Psychiatry
MedStar Georgetown University Hospital and Georgetown University School of Medicine
c/o MBH Recruitment at MBHrecruitment@gunet.georgetown.edu

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