

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

The MPS Council will meet by videoconference on November 14 at 7:30 PM. All members welcome!

President's Column

Member Survey to Guide MPS Work

The [member survey](#) gives insight into which should be future MPS priorities. Our previous newsletter showed a detailed description of the survey's results. A few things caught our attention and will guide MPS' focus over the next few months.

The main legislative and advocacy priorities continue to be scope of practice, access to equitable and quality care, and reimbursement parity. These are and have been priorities of MPS' legislative work. The legislative session is set to start in January 10 and go through April 8, 2024 and the legislative action and executive committees will be watching any new bills related to scope of practice and reimbursement parity dropped during session.

Most of the members who completed the survey (70%) said they were seeing patients through both telehealth and in person. Only a minority (15%) saw patients in-person only, or through telehealth only. It seems as if our members are utilizing telehealth to facilitate access to care. For that reason, MPS has made [recommendations](#) related to the Centers for Medicare & Medicaid Services proposal for the *2024 Medicare Physician Fee Schedule and Quality Payment Program*. Among several other asks, MPS recommended maintaining coverage and reimbursement for telehealth services and extending telehealth flexibilities, including the delay of in-person requirements for telehealth and the allowance of audio-only telehealth care. We recommended that telehealth remains available when it is "preferred by the patient, clinically appropriate, and accessible." An interesting dilemma was discussed in the executive committee as some of the team-

based services that traditionally require in-person positions such as mobile treatment or school-based programs are now experiencing a shortage of therapists, causing a reduction of those services post-pandemic. One possible explanation for this change is that with similar reimbursement, therapists may be choosing jobs with telehealth options. While any predictions about future reimbursement of these services or workforce shortage are premature, a solution may be providing higher compensation for staff doing intensive and in-person work.

About one in three members was interested in being paid in a collaborative care model of a psychiatrist providing consultation to a primary care physician for at least one hour a week. The format and actors in the collaborative care model in Maryland are still being discussed, but MPS representatives met with the Behavioral Health Administration in June and reviewed issues such as crisis system reforms, involuntary commitment, the bed registry, and the role of psychiatrists in the upcoming state collaborative care model.

By far, members' preferences for CMEs continued to be psychopharmacological updates, followed by management of psychiatric disorders in pregnant patients, borderline personality disorders, and psychiatric disorders in children. Members also preferred virtual over in-person CME events.

In addition to continuing our [legislative](#) and [advocacy](#) efforts, ideas to increase and retain members included lowering dues and increasing opportunities for networking and socializing in person. Some Fall social events planned in person are career night and the committee chairs' annual meeting. One won-

ders if the new post-COVID world involves a general trend of doing businesses virtually and socializing in person, which creates an interesting tension in psychiatry, as it is both "business" and "social."

A few members were dissatisfied with the general focus on adult psychiatry. After some brainstorming, we have decided to create a new committee for subspecialty representatives, so that the voices of child and adolescent, addictions, forensic, geriatrics, consultations and liaison psychiatrists and others can be heard and considered. Additionally, we encourage members to submit any accolades they want to highlight from their field to mgs@mdpsych.org.

A few people mentioned interest in [The Maryland Psychiatrist](#) articles that focus on current issues, like public perception of medical marijuana and psychedelics, or national and state legislative updates. Several members mentioned they would like to see colleagues reflecting on challenging cases and discussing controversial issues from different perspectives. Other topics of interest included psychosocial interventions and psychotherapy, the various types of jobs psychiatrists do in Maryland (of special interest among early career psychiatrists), and a general focus on getting to know individual members. This interest in individual members ranged from wanting to hear personal stories about younger members to life stories of members who are deceased. Some members even suggested conducting member interviews. Overall, there seemed to be a general interest in learning about each other and each other's work.

If you are interested in either having your voice heard in the new subspecialties committee, want to be added to any of the [interest groups](#), or want to contribute by writing a piece for the newsletter, please contact Heidi or Meagan. We also welcome replies, in the shape of "letters to the editor," that can stimulate discussion and display different opinions on topics that may be controversial to prepare us well for the upcoming busy legislative session.

Carol Vidal, M.D., Ph.D.

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MPS Leadership Opportunities!

The MPS Nominations & Elections Committee invites recommendations and self-nominations for a two-year term on the [MPS Council](#) (board of directors equivalent) from any member in good standing. Council meets seven times per year and terms begin with the June 2024 meeting. A contested election will be held in March.

The MPS Council, Executive Committee and Community Psychiatry & Diversity Coalition underscore the [organization-wide priority](#) of addressing social justice issues and structural racism. Members who are committed to these concerns are particularly encouraged to consider running for Council.

MPS leadership can be very rewarding, enabling members to be a resource for information, education, networking, and advocacy. MPS Council members set and execute strategic priorities for the organization and help pave the way for improving psychiatric practice in Maryland. In turn, the experience helps expand their network, their understanding of psychiatry and their professional growth.

Please submit your name and a brief statement of interest **by October 4** to heidi@mdpsych.org to be considered.

2024 MPS Dues Notices

The 2024 MPS dues invoices will be emailed the first week of October and will be sent via USPS later this month.

To pay your MPS dues:

- Send your check to the NEW! MPS office (1211 Cathedral Street, Baltimore, MD 21201), which reduces our credit card processing costs.
- NEW THIS YEAR! Pay via Zelle: 410-625-0232 which also helps to reduce credit card processing costs. (See QR code on this page.)
- You can also pay dues via credit or debit card or PayPal at www.mdpsych.org (Select "Contact" and scroll to the "Pay Now" button).

Please email mgs@mdpsych.org with questions or call the office at 410.625.0232. Thanks for your continued support

MPS is Hiring!

A rare opportunity is available to work at the Maryland Psychiatric Society! We are currently seeking someone to fill the role of Membership Meetings and Publications Coordinator. Please share with anyone who may be a good fit. [Please click here](#) to see the position details and for information on how to apply.

September 12 Council Highlights

Support for MPS Strategic Priorities

Dr. Vidal reported efforts aimed at MPS [strategic priorities](#) since the June Council meeting, including vendor outreach for supporting the directory and the career night, six DFAPA nominations, MOU with Washington Psychiatric Society for legislative advocacy, engagement email to new members and graduating RFMs, [2023 survey results](#), and reduced office expenses after the move.

Executive Committee Report

Dr. Vidal reviewed [member responses](#) to the annual survey, which are summarized [here](#). She noted that five are unsatisfied or very unsatisfied with membership. MPS is reaching out to understand more and heard that one of them feels MPS does not do enough specifically for child and adolescent psychiatrists. Dr. Jayaram suggested comparing MPS results with the APA survey that indicates patients prefer to have a choice between telehealth and in person visits. [See [article on p. 8](#).]

Dr. Vidal reported that Drs. Cynthia Lewis and Ronald Means will attend the APA State Advocacy Conference. She shared MPS [comments](#) on proposed 2024 Medicare fees and other provisions, including coverage for telehealth, as well as [comments](#) on the draft re-proposed crisis services regulations. MPS met with the Behavioral Health Administration to discuss crisis system reforms, including psych NP scope of practice, involuntary commitment, the bed registry, and other topics. MPS [endorsed an AMA statement](#), and [signed on to an amicus brief](#) for gun safety education in Anne Arundel County. [Maryland Matters covered the initiative](#). We are reaching out to members for cases to support new legislation to curb prior authorization abuses.

She then discussed the changes needed for the MPS employee handbook to reflect the new hybrid work setting as well as general updates. Council asked questions about the new office space and examined the changes to employee policies before approving the changes.

Dr. Vidal explained that the MPS membership database has deferred updates that have reached the critical stage after postponements over the years. Council reviewed the \$25.5K proposal outlining the system architecture and three phases of multiple updates involving Windows, Office 365, and the SQL server. An independent review concluded the cost is not excessive but suggested looking at off-the-shelf alternatives. After discussion, the database funding was approved.

Secretary-Treasurer's Report

Dr. Means gave highlights of the second quarter 6/30/2023 financial statements:

- Total assets are \$381K, \$23K less than at this time last year. Current assets of \$374K are down \$18K.
- Compared to budget to date, membership dues are \$1K less because of member drops. Advertising income is \$12K under budget, but net meeting income is \$4K higher. Over-

all income is \$9K below projections. Expenses are under budget by \$3K overall and the loss is \$5K worse than budget.

- Compared to last year at this time, income is up \$19K and expenses are up \$21K, because of increases for staff, lobbyist, meetings, and miscellaneous, which were all budgeted. The \$8K loss is \$2K larger than at this time last year.
- There is a \$53K net decrease in cash since January 1, which mostly reflects the annual dues cycle.

Dr. Means then presented the proposed 2024 operating budget. The Executive Committee recommends dues rates remain unchanged. Ad revenue is projected to decrease across the board to reflect fewer ad orders recently, but meeting income and mailing list rental are expected to increase. There is a \$9K budgeted decrease in total income. Salaries will increase \$8K to temporarily accommodate 2.5 staff while the transition takes place, after which MPS will return to 2 staff. \$10K of the funds Council approved for database updates are included in case the project extends into 2024. If not for this added expense, this would be a break even budget. 2024 is seen as an "investment year" and the outlook for 2025 is promising with lower staff and computer costs. Council approved the budget as presented.

Membership Committee Report

In Dr. Dionesotes's absence, Ms. Bunes reported that both University of Maryland/Sheppard Pratt and Johns Hopkins are paying RFM dues directly on a group invoice again this year, which boosts membership among their trainees. She discussed the June 30 membership report and trends. For the year, membership is down by 8, but this includes a significant increase in dues-exempt medical student members. The APA's new retired and semi-retired member categories, which MPS also adopted, are beginning to have an impact after the Rule of 95 ended. Dues are now reduced based on time in practice, not years of membership. The graph of full dues paying members had been declining for years, but now seems to be leveling off, as is the increasing graph of reduced dues paying members. This is a positive for future MPS finances.

MPS Joins Objection to Stigmatizing Imagery for SUDs

The MPS signed on to a [Parity for All coalition letter](#) to the Maryland Insurance Administration (MIA) expressing concern about its use of stigmatizing imagery in connection with substance use disorders (SUD). Stigma is a significant barrier to treatment of individuals with SUDs, and imagery can perpetuate negative stereotypes while also potentially triggering individuals who have SUDs. The [letter](#) offers recommendations for appropriate images, including SAMHSA guidelines. Commissioner Birrane responded immediately and has assigned a team to review the concerns and schedule a meeting.

Maryland News

New Maryland Laws That Go Into Effect October 1st

Below please find bills of interest to MPS members that go into effect as of October 1:

[Senate Bill 101/House Bill 48](#) Maryland Medical Assistance Program – Collaborative Care Model Services – Implementation and Reimbursement Expansion: This new legislation addresses implementation and reimbursement in the Maryland Medical Assistance Program's Collaborative Care Model Services. The law requires Medicaid reimbursement for behavioral health services delivered in primary care settings through the Collaborative Care Model.

[Senate Bill 581](#) Behavioral Health Care Coordination Value-Based Purchasing Pilot Program: This bill establishes the Behavioral Health Value-Based Purchasing Pilot Program to provide person-centered, team-based services designed to assess and meet the needs of an individual with a behavioral health condition and help the individual navigate the healthcare system.

[Senate Bill 582/House Bill 1148](#) Behavioral Health Care - Treatment and Access (Behavioral Health Model for Maryland): This omnibus bill deals with the Behavioral Health Model for Maryland and: (1) establishes a Commission on Behavioral Health Care Treatment and Access; (2) creates a Behavioral Health Care Coordination Value Based Purchasing Pilot Program; (3) extends for two years provisions relating to telehealth services; (4) requires the Maryland Health Care Commission to study and make recommendations regarding telehealth; and (5) requires the Maryland Department of Health to apply for federal grant funds and inclusion in the state certified community behavioral health clinic demonstration program.

[Senate Bill 858](#) Firearm Safety - Storage Requirements and Youth Suicide Prevention (Jaelynn's Law): This bill alters certain provisions relating to the storage of firearms and ammunition in a location that can be accessed by an unsupervised child; and requires the Deputy Secretary for Public Health Services to develop a youth suicide prevention and firearm safe storage guide, with recommendations from a stakeholder committee.

[Senate Bill 724](#) Health Insurance Carriers – Requirements for Internal Grievance Process 3 – Modification: SB 724 changes the process by which a health insurance carrier is required to provide notice of an adverse decision in nonemergency cases under the internal grievance process established by the carrier for its members; and generally relating to health insurance and requirements for internal grievance processes.

[Senate Bill 375](#) State Board of Physicians – Inactive and Emeritus Status: Authorizes the State Board of Physicians to place a licensee on emeritus status under certain circumstances; requiring the Board, under certain circumstances, to reinstate the license of an individual who is on inactive or emeritus status; exempting licensees who are on inactive status or emeritus status from continuing medical education requirements; repealing the requirement that the Board issue a license to an individual who is on inactive status under certain circumstances; etc.

[Senate Bill 255/House Bill 322](#) Expansion of High Fidelity Wraparound for Children and Youth: This bill requires the Maryland Department of Health to expand access to and provide reimbursement for certain wraparound, intensive in-home, and case management services; requiring, beginning in fiscal year 2024, the Behavioral Health Administration to fund 100 slots in the mental health case management program for children or youth at risk of out-of-home placement who are not eligible for Program services; requiring the Governor to include funding in the annual budget bill for certain behavioral health services and supports; etc.

[Senate Bill 460/House Bill 283](#) Trans Health Equity Act: This legislation directly addresses the Medicaid Program gender-affirming treatment and requires the Medicaid Program to provide coverage for medically necessary gender-affirming treatment.

For more information regarding the 2023 legislative session, and other bills of interest to MPS members please visit the [MPS website](#).

MIA Resource on Health Claim Denials

The Maryland Insurance Administration (MIA) has a [three-part video series](#) on how to handle Health Claim Denials.

- **Part 3 (New):** Find out how to navigate health insurance claims and exactly what type of plans the MIA regulates or has jurisdiction over.
- **Part 2:** The Maryland Attorney General's Health Education and Advocacy Unit (HEAU) will assist, free-of-charge, in filing an appeal. Contact HEAU toll-free at 1-877-261-8807.
- **Part 1:** Contact the Medical Necessity & Emergency Appeals Hotline 24/7, 365 days a year for immediate help for insurance concerns involving physical care as well as mental health and substance use disorder care. Call 1-800-492-6116.

Maryland News

Changes to Medicaid PDL

The Maryland Medicaid Office of Pharmacy Services [announced](#) that **effective September 9 Brand Vyvanse is preferred** over its respective generic equivalent. Claims for brand Vyvanse must be submitted with DAW 6 code and will be priced appropriately. A MedWatch form will not be required. Claims with any other DAW code will reject. [Please refer to the Preferred Drug List \(PDL\) and Brand Preferred over Generics List.](#)

PDMP Update

The Maryland Prescription Drug Monitoring Program (PDMP) [announced](#) two new clinical tools available via the CRISP portal, **Prescriber Insights Report**, which allows prescribers to see trends in their prescribing history and compare their prescribing history with that of their peers, and the **Buprenorphine Comparison Report**, which lists of number of patients receiving buprenorphine for substance use disorder treatment formulas with a comparison to peers. These are educational reports that are intended to support prescribers in better understanding their prescribing habits. PDMP is working to update the tools to allow prescribers to see which patients have contributed to these metrics. Please see the [letter](#) for complete details.

PCSS Half and Half Buprenorphine Training

The course to be held Thursday, **October 26th** from 8:30 AM to 12:45 PM provides an overview of the FDA-approved medication buprenorphine prescribed for the treatment of opioid use disorder (OUD). The course meets the required 8-hour training to prescribe buprenorphine for the treatment of OUD. The trainer will conduct an overview of prevention, identification, and treatment of substance use disorders emphasizing OUD.

The 8-hour buprenorphine training is offered in a 'half and half' format: 4 hours of live, virtual training followed by 4 hours of online training through PCSS. Upon completion of the training, providers will meet the 8-hour requirement of the 2023 MATE Act.

This FREE virtual CME event counts toward the 8-hour training requirement for prescribers of controlled substances to renew or receive their DEA licenses. For questions or inquiries, contact MACStraining@som.umaryland.edu

Find out more and register [here](#).

Annual Report on Behavioral Health Services for Children

In September, pursuant to Health-General § 7.5-209, the Maryland Department of Health reported to the Governor and General Assembly on aspects of the public behavioral health system (PBHS) for children, youth, and young adults, including service eligibility and utilization, expenditures and costs, timing, and admission. In FY21, 847,820 children and young adults were eligible for Medicaid services, with the largest numbers in Baltimore City, and Baltimore, Montgomery, and Prince George's Counties.

More children were eligible for PBHS services in FY21, yet fewer utilized services, and overall expenditures increased, suggesting that those who received services had greater behavioral health needs. Among the services studied, psychiatric rehabilitation services were most utilized. Targeted Case Management, Respite Care, and § 1915 (i) Waiver services were among the lowest utilized. These services provide care coordination and in-home supports to allow children and youth with more intensive behavioral health challenges to remain at home and limit use of more restrictive and costly emergency department and inpatient services. Inpatient hospital services were among the highest annual expenditure among the services reviewed.

Conclusions include the need to increase capacity, including RTC beds, inpatient and community-based services, to examine high utilization of PRP services compared to other intensive treatment options, and to address geographic disparities in access. [Click here for the complete report.](#)

New Behavioral Health Grants for Services in Maryland Schools

To combat increasing mental health challenges among school-aged kids and teenagers, Maryland legislative and health officials are promoting \$120 million in new state grants to bolster behavioral health services in public schools.

Senate President Bill Ferguson noted the \$120 million comes from the Blueprint for Maryland's Future Fund, which provides funding for the state's ongoing education reform effort. Grant applications will be evaluated by the Maryland Consortium on Coordinated Community Supports.

The Consortium is calling for proposals from behavioral health services providers. The funds may be used to bolster existing school-based behavioral health programs or provide new service access points within schools. The deadline for applications is **October 11**, and grant funds are expected to be distributed in December. Each application is required to have a letter of support from a school district. [Click here](#) for more information.

Maryland News

2023 MedChi Annual Meeting

The MedChi meeting on Saturday **October 28** at the Hotel at Arundel Preserve in Hanover will include a special program that meets the criteria for DEA-mandated training in controlled substance prescribing and a special presentation from MedChi's Child and Adolescent Behavioral Health Task Force. For a complete agenda or to register, [click here](#).

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](#). The programs run from **5 to 6 PM**:

October 12: [The Mental Health Benefits of Exercise and Healthy Eating](#)

Cheryl Mirabella, NHC, MA

History of Maryland Medicine Lecture

"Music, Medicine, and MedChi" is the title of this year's Thomas E. Hunt, Jr., M.D. History of Maryland Medicine lecture. Dr. Sarah Hoover, Associate Dean for Innovation in the Arts and Health at the Johns Hopkins Peabody Institute, will be the speaker for this event to be held **October 17** in MedChi's Osler Hall at 1211 Cathedral Street. A pre-lecture reception begins at 5:30 and the program starts at 6:00 PM. To register, please email events@medchi.org. The event is also available via zoom. [Click here](#) for more information.

MIESS MHS Workgroup

MHA, with co-chair Dr. Ted Delbridge, executive director of Maryland Institute for Emergency Medical Services Systems (MIEMSS), are leading a stakeholder work group, the Hospital Throughput Work Group, aimed at improving the patient journey in Maryland. Members include hospital representatives, legislators, the Health Services Cost Review Commission, the Maryland Health Care Commission, the state Department of Health, patient advocates and emergency department and behavioral health providers. The Work Group is charged with making legislative, regulatory and/or policy recommendations in a report due to Maryland General Assembly committees by Jan. 1, 2024. [Please click here](#) for a list of meeting dates and more information.

PBHS Claims Denial Mitigation

MDH announced that Softech is auditing behavioral health community-based service provider denials of claims originally received by Optum in 2020 and 2021. This is limited to claims with a final status of DENIED as of July 1, 2023, and does not include claims from Acute Care General Hospitals, Laboratories, or Out-of-State Providers, and does not include paid claims or claims with partial payments, voids, or pends. The audit generated four reports that appear in the Provider's Incedo folder. Questions regarding report definitions, interpretations, or potential claims that may have been overlooked in the audit can be directed to Softech at mdh.denialsproject@maryland.gov. Please see the [Optum provider alert](#) for more information.

Virtual NAMI Signature Programming Starts Soon

NAMI Maryland is starting statewide* virtual education classes in October 2023 and January 2024! The Zoom classes will provide invaluable information and support for people living with mental health conditions and their loved ones.

NAMI Peer-to-Peer is a free, 8-session course for individuals with mental health conditions. Classes will begin **Monday, October 16th, 2023**, from 7:00 pm to 9:00 pm!

NAMI Family-to-Family is a free, 8-session course for family members and loved ones of an adult living with a mental health condition. Classes will begin **Wednesday, January 10th, 2024**, from 7:00 pm to 9:00 pm!

NAMI Basics is a free, 6-session course designed for parents and other family caregivers of children and adolescents with emotional and behavioral health difficulties. Classes will begin **Wednesday, January 31st, 2024**, from 7:00 pm to 9:00 pm!

Pre-registration is required for these courses. To attend any of the courses, contact Deneice Valentine or Sebrina Kebede at dvalentine@namimd.org or skebede@namimd.org

These courses are **only for residents of the following counties: Garrett, Allegany, Washington, Frederick, Carroll, Harford, Cecil, Southern Maryland (Charles, Calvert, St. Mary's), Kent, Queen Anne's, Mid Shore (Talbot, Caroline, Dorchester), and Lower Shore (Wicomico, Somerset, Worcester).*

Please contact the local NAMI affiliate to find out when the next class is available in other areas.

Maryland News

CMS Requires States to Pause Medicaid Disenrollments

CMS [announced](#) it sent a letter to the states on August 30 requiring them to determine and report whether they have a systems issue that inappropriately disenrolls children and families, even when the state had information indicating that they remained eligible for Medicaid and CHIP coverage. A [summary](#) indicates that Maryland reported having this systems issue, which affects less than 10,000 children. Procedural disenrollments for impacted people are paused unless the state ensures all eligible people are not improperly disenrolled.

Medicaid and CHIP Quality Reporting

CMS published a [final rule](#) requiring annual State reporting of a Core Set of Children's Health Care Quality Measures for Medicaid and the Children's Health Insurance Program (CHIP), behavioral health measures on the Core Set of Adult Health Care Quality Measures for Medicaid, and Core Sets of Health Home Quality Measures for Medicaid. CMS will use the data to assess access and quality of care furnished by State programs as part of ongoing efforts to advance health equity for low-income adults, children, and people with disabilities. The new requirements take effect January 1, 2024.

Morgan State Awarded Minority Research Grant

CMS announced that Morgan State University is being awarded a \$333,000 Minority Research Grant for investigating *Racial Disparities in Maternal Child Health and the Role of Doulas in Reducing Disparities*.

One of the nation's Historically Black Colleges and Universities, Morgan State University will examine disparities in maternal health and explore and identify the barriers and enablers to underserved women utilizing the doula model of care to reduce these disparities. The investigators will conduct focus groups of minority women living in Baltimore who have had a live birth within the past two years, in-depth follow-up interviews with a select number of focus group participants, and additional focus groups with doulas who have served for at least two years in the Baltimore area. Two other universities in New Mexico and California also received funding to examine public health disparities. [Click here](#) for more information about the grant program.

Thanks for Going Above and Beyond!

MPS recognizes **Carmen Lopez-Arvizu, M.D.** for her efforts on two Kennedy Krieger Institute (KKI) Women's Initiative Network (WIN) initiatives aimed at mental healthcare and advocacy for children and teens. She and her team have been developing a youth mental health campaign consisting of short videos. The videos, which will be shared via social media, will talk about the basics of mental health, finding a therapist, mental health myths and other related topics. In addition, she and Trish Shepley, MSW, LCSW-C, director of the KKI Social Work Department, are leading the development of a new post-master's KKI fellowship program for psychiatric social workers, Thanks for working hard to support youth mental health!

Join WIN at [Barrels & Bonfires 2023 on November 3](#), at Farmacy Brewing in Reisterstown. Funds raised will be used to purchase an adaptive merry-go-round for the Institute's PACT: Helping Children with Special Needs center.

Congratulations!

O. Joseph Bienvenu, M.D., Ph.D., DLFAPA has been named the inaugural Shih Professor in Anxiety Disorders at Johns Hopkins. Congrats on this well-deserved honor!

Natalie Gukasyan, M.D. and **Sandeep M. Nayak, M.D.** are among the authors of a paper published in JAMA, [Single-Dose Psilocybin Treatment for Major Depressive Disorder](#), describing a clinical trial including psychotherapy that found improvements in depression severity ratings and significant response to treatment.

Fourth year resident **Kathryn V. Blair, M.D.** will receive this year's Frank Coulson Award for Clinical Excellence from the Johns Hopkins Miller Coulson Academy, which will be celebrated on October 18.

Member Publication

[Neural abnormalities of reward processing in adolescents with bipolar disorders: An ERP study](#), co-authored by UM/SP Psychiatry Resident and MPS member **Abraham Van Voorhis, M.D.**, was published *August 23, 2023* in Biological Psychology. Adolescents with bipolar disorders were found to have behavioral approach system-related neural abnormalities, as measured by event-related potentials during a monetary incentive delay task, compared to healthy adolescents.

APA News & Information

APA Advocacy Updates

HHS Naloxone Education

On September 9th, **MPS Legislative Committee Co-Chair, Michael Young, M.D., MS, DFAPA**, attended the Department of Health and Human Services' Naloxone Demonstration event. The event included remarks from administration leadership and highlighted the severe nature of the opioid epidemic, and how making naloxone over-the-counter and widely available will decrease the number of people dying from opioid overdoses. [Click here to read more.](#)

SAMHSA Harm Reduction Framework Encourages Direct Investments

[APA supports](#) the SAMHSA draft [harm reduction framework](#), encouraging increased direct investment into programs, sites, and services. Despite substantial evidence for the effectiveness of harm reduction, the legality of, access to, and training opportunities for harm reduction approaches remain underutilized. [Click here to read more.](#)

Universal Suicide Screening in the Emergency Department

Through [comments](#) to CMS on a measure related to universal suicide risk in the ED or other interventions or measurement approaches targeted at suicide prevention, APA advocated for universal suicide screening, as it doubles the number of identified cases of individuals at genuine risk for death from suicide. [Click here to read more.](#)

2024 Physician Fee Schedule and Quality Payment Program

APA [supported](#) a number of CMS proposed provisions regarding the Physician Fee Schedule including: support for the continuation of telehealth flexibilities around payment for telehealth and virtual supervision of residents as well as a request to drop the requirement for an in-person visit prior to telehealth; payment for mobile crisis services as well as an additional payment for providing care to chronically ill patients. [Click here to read more.](#)

2023 Mental Health Services Conference

The Mental Health Services Conference, to be held **October 12 - 14** in Washington D.C., is a multidisciplinary event presented by APA in collaboration with SMI Adviser and the APA Foundation, designed to empower all mental health service providers with practical tools and innovations to shape future community collaboration. [Click here](#) for information or to register.

APA Call for Nominations

In July, the APA Board of Trustees approved the creation of the Council on Women's Mental Health. It will become an official APA component in May 2024, replacing the Committee on Women's Mental Health.

Members with expertise in the content area are invited to nominate themselves or a colleague to serve.

Nominations are being accepted now **through November 15**, using the [online nomination form](#). Click [here](#) for details about the Council and member responsibilities.

APA Measurement-Based Care: Pearls and Pitfalls Webinar

On **October 18**, APA staff and members will discuss the current state of measurement-based care in psychiatry, offering tips and discussion on implementation. This is part of the monthly APA Policy and Practice Insights lunch-and-learn series where members can engage directly with APA staff and subject matter experts. [Click here to register.](#)

Patients Prefer Choice in Telehealth Study

A recent [study](#) published in *Health Affairs* reports that the majority of participants want to have the choice of whether they receive in-person or telehealth for behavioral health visits, including both medication and psychotherapy. "For telehealth to achieve its potential to increase overall access to high-quality, patient-centered care, it is important to implement it in a manner that expands, rather than contracts, behavioral health access and options for patients." See the [article in *Psychiatric News*](#) for more details.

FREE APA Course of the Month

Each month, APA members have free access to an on-demand CME course on a popular topic. [Click here to access the Course of the Month and sign up for updates about this free member benefit.](#)

HAPPY HALLOWEEN!

Medicare Updates

MPS Feedback on Proposed Medicare Rates and Telehealth

The MPS sent comments to CMS about the proposed 2024 Medicare Physician Fee Schedule, including coverage for telehealth. Five areas of input are below. Please see the [comment letter](#) for more details.

- Increase access to mental health and substance use disorder services by increasing Medicare participation by psychiatrists via better reimbursement and fewer administrative burdens.
- Maintain coverage and reimbursement for telehealth services, including audio only.
- Allow virtual supervision of residents delivering telehealth services.
- Increase the payment for add-on psychotherapy codes in addition to the proposed increase in payment for stand-alone psychotherapy codes.
- Delay the new MVP, including new cost measures.

Medicare Coverage for Psychotherapy for Crisis

Medicare pays for psychotherapy for crisis under the [Physician Fee Schedule](#). Psychotherapy is appropriate for patients in high distress with life-threatening, complex problems that require immediate attention. Bill using CPT codes 90839 and 90840. Services include:

- Providing an urgent assessment and history of a crisis state
- Performing a mental status exam and psychotherapy
- Mobilizing resources to defuse the crisis and restore safety
- Using interventions to minimize the potential for psychological trauma

Visit [Psychotherapy for Crisis](#) for coverage and coding specifics, and new proposals for 2024.

Medicare Open Enrollment

October 15 is the start of Medicare Open Enrollment, which ends on December 7, 2023. During this time, people eligible for Medicare can compare options on [Medicare.gov](#) and the Medicare Plan Finder for 2024 health and drug coverage. 1-800-MEDICARE is available 24/7. [State Health Insurance Assistance Programs](#) can also help with comparisons. For 2024 Medicare Advantage and Part D plans, please click for [premiums and costs](#) and [state-by-state information](#), important dates, and enrollment resources. To keep current Medicare coverage, there is no need to re-enroll.

MIPS Deadlines This Month

The [2024 virtual group election period](#) opens **October 2**, giving solo practitioners and groups interested in participating in MIPS via this option the opportunity to submit, revise, or retract an election for the 2023 performance period.

October 3 is the last day to begin collecting 2023 data for a continuous 90-day performance period for MIPS [improvement activities](#) and [Promoting Interoperability](#) categories. Note: Several improvement activities have a year-long or alternate performance period, but the period is 90 days unless otherwise stated.

MIPS Targeted Review Deadline October 9

Participants should now have their 2022 Merit-based Incentive Payment System (MIPS) Performance Feedback, 2022 MIPS Final Score, and 2024 MIPS Payment Adjustment. The 2022 final score determines the payment adjustment in 2024; a positive, negative, or neutral payment adjustment will be applied to the Medicare paid amount for covered professional services furnished next year. View this information on the [OPP website](#) after signing in with the credentials used for submitting 2022 MIPS data.

If there is an error in the calculation of your MIPS payment adjustment factor(s), you can request a targeted review **until October 9**. (Click "Targeted Review" on the left-hand navigation). Some circumstances for targeted reviews include:

- Data were submitted under the wrong Taxpayer Identification Number (TIN) or National Provider Identifier (NPI).
- Eligibility or special status issues (e.g., Qualifying APM Participant (QP) status should not receive a payment adjustment).
- Performance categories weren't automatically reweighted even though you qualify for reweighting due to extreme and uncontrollable circumstances.

CMS to Eliminate Preliminary MIPS Feedback

Reliability of preliminary MIPS scores has decreased because more scoring information can change after the submission period, so CMS decided to eliminate the Preliminary Score and preliminary category level scores beginning with 2023 data submission. Final 2023 scores will be available in mid-June 2024, and 2025 MIPS payment adjustments based on 2023 submissions will be available in mid-August 2024. This is the same timeline as for 2021 and 2022. The only change is preliminary information will not be available.

Medicare Updates

Data for Social Determinants of Health

A new CMS infographic helps you understand and use Z codes to improve the quality and collection of health equity data. Learn about [Improving the Collection of Social Determinants of Health \(SDOH\) Data with ICD-10-CM Z Codes](#).

Indicators for social determinants of health can:

- Enhance quality improvement activities
- Track factors that influence people's health
- Provide insight into existing health inequities

More Information:

- [Using SDOH Z Codes Can Enhance Your Quality Improvement Initiatives](#) infographic: step-by-step instructions
- [Data Highlight](#): Z code usage
- [CDC ICD-10-CM Browser Tool](#): Search for current Z codes
- [CMS Office of Minority Health](#) webpage: health equity-focused resources

New SAMHSA Data on Recovery

SAMHSA released [Recovery from Substance Use and Mental Health Problems Among Adults in the United States](#), a new report with data on adults in recovery from their substance use and/or mental health problem, and policy recommendations identified as supporting recovery. Based on data from the *2021 National Survey on Drug Use and Health (NSDUH)*, 70 million adults aged 18 or older perceived that they ever had a substance use and/or mental health problem. For substance use specifically, of the 29 million adults who perceived that they ever had a substance use problem, 72.2% considered themselves to be in recovery or to have recovered from their drug or alcohol use problem. For mental health, of the 59 million adults who perceived they ever had a mental health problem, 66.5% considered themselves to be in recovery or to have recovered from their mental health problem. The report includes recommended policies that leverage the protective factors for individuals in recovery, grouped in four dimensions: health, home, purpose, and community.

WE HAVE MOVED

The MPS Office Has Moved

You can reach us at:

1211 Cathedral Street
Baltimore, MD 21201

Phone/Text: 410-625-0232

Fax: 410-547-0915

New Case of the Quarter Available

A new "[Case of the Quarter](#)" column, written by the PRMS Claims Department, has been posted. These columns are sample case studies that highlight best practices in actual scenarios encountered through extensive PRMS experience in litigation and claims management.

ADHD Awareness Month

The October 2023 ADHD Awareness Month theme is "Moving forward with ADHD." Visit the [website](#) for information and resources.



Mental Illness Awareness Week

October 1 – 7 is when the National Alliance on Mental Illness promotes awareness of mental illness. This year's theme is "Together We Care. Together We Share," conveying the power of coming together in community, which can be healing as people gather to share their experiences. Visit the [website](#) for ways to engage online and facts and resources to share.

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.

Brian Extein, M.D.

Nicole Salfi, M.D., MPH

Reinstatement of Membership

Elizabeth Turin, M.D.

35th Annual BHA Suicide Prevention Conference

The Behavioral Health Administration Office of Suicide Prevention will hold its annual Suicide Prevention Conference, "Connecting to Hope," virtually on Wednesday, **October 4** from 7 AM to 5 PM. [Register Here](#).

CLASSIFIEDS**EMPLOYMENT OPPORTUNITIES****DEPARTMENT OF PSYCHIATRY, UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE, BALTIMORE: DIRECTOR OF PSYCHIATRY FACULTY PRACTICE**

The University of Maryland School of Medicine, Department of Psychiatry, is seeking a qualified psychiatrist as Medical Director of our Ambulatory Faculty Practice serving the UMB campus and broader Baltimore community. The position includes administrative, educational and clinical components within our busy practice. Supervision of a psychiatric physician assistant, third- and fourth-year residents provides gratifying contributions to the next generation of providers in our field. The position carries a faculty appointment at the University of Maryland School of Medicine and candidates must be ABPN certified. Academic rank and salary are commensurate with experience. All applicants are required to apply on [UMB Taleo Website: Job Search - Basic Search \(taleo.net\)](#) Job Number **2300015E**

Please attach your letter of introduction and CV. Expected rank is Assistant Professor or higher; however, rank and tenure status is dependent on candidate's qualifications. UMB is an equal opportunity/affirmative action employer. All qualified applicants will receive consideration for employment without regard to sex, gender identity, sexual orientation, race, color, religion, national origin, disability, protected Veteran status, age, or any other characteristic protected by law or policy. We value diversity and how it enriches our academic and scientific community and strive toward cultivating an inclusive environment that supports all employees.

DEPARTMENT OF PSYCHIATRY, UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE, BALTIMORE: OUTPATIENT PSYCHIATRY FACULTY PRACTICE

The University of Maryland School of Medicine, Department of Psychiatry, is seeking a qualified part-time or full-time psychiatrist for our Ambulatory Faculty Practice serving the UMB campus and broader Baltimore community. The position includes educational and clinical components within our busy practice. Supervision of a psychiatric physician assistant, third- and fourth-year residents provides gratifying contributions to the next generation of providers in our field. The position carries a faculty appointment at the University of Maryland School of Medicine and candidates must be ABPN certified. Academic rank and salary are commensurate with experience. All applicants are required to apply on [UMB Taleo Website: Job Search - Basic Search \(taleo.net\)](#) Job Number **2300015G** Please attach your letter of introduction and CV. Expected rank is Assistant Professor or higher; however, rank and tenure status is dependent on candidate's qualifications. UMB is an equal opportunity/affirmative action employer. All qualified applicants will receive consideration for employment without regard to sex, gender identity, sexual orientation, race, color, religion, national origin, disability, protected Veteran status, age, or any other characteristic protected by law or policy. We value diversity and how it enriches our academic and scientific community and strive toward cultivating an inclusive environment that supports all employees.

Clifton T Perkins Hospital Center (CTPHC) is recruiting for board certified and board eligible psychiatrists to work in this maximum security forensic setting. CTPHC is Maryland's only maximum security, forensic psychiatric hospital. Come lead a dynamic and growing multidisciplinary team providing inpatient psychiatric services to patients with major mental illnesses who have court involvement. Patients are deserving of excellent care, cases are interesting and often unique, and the work is professionally rewarding. The compensation package is generous, as are State of Maryland benefits. Please contact Dr. [Robert Wisner-Carlson](#), Clinical Director, at 410-724-3075. Applications can be placed on the [State of Maryland JobAps](#), noting Howard County work location.

Faculty Opportunity: Psychiatrist-Advance Depression Treatment Center - DEPARTMENT OF PSYCHIATRY, UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE, BALTIMORE

The University of Maryland School of Medicine, Department of Psychiatry, is seeking a qualified part-time or full-time psychiatrist for our newly established Advanced Depression Treatment Center and Faculty Practice serving the UMB campus and broader Baltimore community. The position includes educational and clinical components involving comprehensive evaluations of TRD and delivery of novel treatments including TMS and Esketamine therapies. Supervision of a psychiatric physician assistant, third- and fourth-year residents provides gratifying contributions to the next generation of providers in our field. The position carries a faculty appointment at the University of Maryland School of Medicine and candidates must be ABPN certified or eligible. Academic rank and salary are commensurate with experience. All applicants are required to apply on [UMB Taleo Website: Job Search - Basic Search \(taleo.net\)](#) Job Number **2300015I** Please attach your letter of introduction and CV. Expected rank is Assistant Professor or higher; however, rank and tenure status is dependent on candidate's qualifications. UMB is an equal opportunity/affirmative action employer. All qualified applicants will receive consideration for employment without regard to sex, gender identity, sexual orientation, race, color, religion, national origin, disability, protected Veteran status, age, or any other characteristic protected by law or policy. We value diversity and how it enriches our academic and scientific community and strive toward cultivating an inclusive environment that supports all employees.

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.

The Maryland Psychiatric Society presents:

Psychopharmacology Update: 2023

Thursday November 16

7:00PM

A Virtual CME Activity

- Robert Buchanan, MD: Updates on Long-Acting Injectable Antipsychotics in Treatment of People with Schizophrenia
- Frederick Nucifora, MD: Clozapine: Overcoming the barriers to increase use
- Paul Kim, MD, Ph.D. Ketamine for Depression: Advances in Clinical Treatment

FREE FOR MPS MEMBERS!

\$25 for Non-Members

[CLICK HERE](#) for more information including registration.

PRMS SUPPORTS SUICIDE PREVENTION

PRMS® is proud to support the American Foundation for Suicide Prevention, an organization that works to save lives and provide a support network through research, education, and advocacy.

According to AFSP, ninety percent of people who die by suicide have an underlying - and potentially treatable - mental health condition. As a psychiatry-specific professional liability insurance program, we are dedicated to supporting our clients, as well as the greater mental healthcare community.

Thank you, doctors, for all you do to prevent suicide and support your patients.

Our team of expert risk managers has compiled suicide assessment tools to help protect practices and patients. Visit www.PRMS.com/Prevention to access your free resources today.

(800) 245-3333
PRMS.com/Prevention
TheProgram@prms.com



ENDLESS POSSIBILITIES

for Psychiatrists at Sheppard Pratt

Applicants must be board certified or board eligible and have a current Maryland-issued license at the time of hire. Some positions require an on-call schedule.

Current openings include:

Child and Adolescent Psychiatrist

Multiple Settings | Towson, MD

Psychiatrist

Inpatient Geriatric Unit | Towson, MD

Medical Director

CalvertHealth | Prince Frederick, MD

Scan QR code to
see all openings



At Sheppard Pratt, you will be surrounded by a network of the brightest minds in psychiatry led by a bold vision to change lives. We offer:

- Robust resources to develop your career
- Cutting edge research and technology
- A generous compensation package with comprehensive benefits

For more information, please contact:

Emily Patrick, Director of Provider Recruitment at emily.patrick@sheppardpratt.org

About Sheppard Pratt

Consistently recognized as one of the top national psychiatric hospitals for more than 30 years, 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 to learn more about our services. EOE.