



Volume 38, Number 1

Editor: Meagan Floyd

May 2024

**In This Issue**

<a href="#">Election Results</a>	p. 2
<a href="#">April Council Highlights</a>	p. 3
<a href="#">MPS 2023 Annual Report</a>	p. 4
<a href="#">Committee Sign-Ups</a>	p. 4
<a href="#">Maryland News</a>	p. 5-9
<a href="#">MPS Legislative Review</a>	p. 5-6
<a href="#">MedChi Legislative Wrap-Up</a>	p. 6
<a href="#">Climate Corner</a>	p. 10
<a href="#">APA News &amp; Information</a>	p. 10
<a href="#">Member Accomplishments</a>	p. 11
<a href="#">Wonodi Award Donations</a>	p. 12
<a href="#">Mental Health Awareness Month</a>	p. 13
<a href="#">Medicare Updates</a>	p. 14
<a href="#">Prescriber Alert</a>	p. 4
<b><u>In Every Issue</u></b>	
<a href="#">Membership</a>	p. 11
<a href="#">Classifieds</a>	p. 14

Deadline for articles is the 15th of the month preceding publication. Please email [heidi@mdpsych.org](mailto:heidi@mdpsych.org)  
 MPS News Design & Layout  
 Jora Hritz

President's Column

President's Vision 2024-2025

Let me begin by noting that I am very grateful to Carol Vidal, who has been a wonderful role model as MPS President. She has been a tremendous leader and advocate for the people we treat and for our psychiatrist colleagues in Maryland. I hope I can accomplish even a fraction of what she has contributed. MPS staff have been invaluable. MPS staff is really responsible for the majority of the work and the longevity of MPS. Welcome to Jora Hritz, who has been a wonderful addition and is mostly responsible for organizing our highly successful Annual Dinner at Fogo de Chao that was fully sold out. Meagan Floyd has been amazing in her new role as Executive Director and brings her wonderful energy to the work. A personal thank you to Heidi Bunes, who has kept me on track through all my roles at MPS. I most certainly couldn't have done anything without her support.

I am deeply honored to serve as your new MPS president and I am committed to doing what I can to increase our community presence and have more impact on changes that affect psychiatrists in Maryland.

I completed my residency at the University of Maryland and then became faculty there for 15 years working in community psychiatry and education. I then went to Bon Secours, now Grace Medical Center/ Lifebridgehealth for 10 years and did similar work as medical director of the ACT team and director of education, focusing on training off-shore medical students. Since 2023, I have been at MedStar Health as Regional Vice-Chair for Education in the Baltimore region, working to establish a

new residency program in psychiatry, and as a psychiatrist in the mobile collaborative care HEART team.

I have had various roles within the MPS for many years and more recently as Co-Chair of the Community Psychiatry/Diversity Coalition, Council member, Secretary-Treasurer, and president-elect. I am truly honored and delighted to serve as president for the 2024-2025 year.

One of my goals is to increase our relevancy to those making policy decisions about how psychiatric care is provided. To do this, I recognize the importance of leadership and collaboration beyond our society. By engaging with and partnering with other psychiatric societies and organizations, such as MedChi, district branches, and other psychiatric groups like Black Psychiatrists of America, we can amplify our collective voice, advocate for our profession, and drive positive change in mental health care delivery in Maryland.

When it comes to increasing our community presence, we must not only forge partnerships but also actively engage with community leaders, organizations, and grassroots initiatives. By being visible and accessible in our communities, we can foster trust, promote dialogue, and demonstrate that we are leaders in addressing the mental health needs of Maryland's diverse populations.

And we should not seek just to partner with organizations that agree with us, but also with those who could benefit from our expertise in treating people who live with mental illness.

*Continued on next page*

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

This may include collaboration with law enforcement and emergency medical services to ensure the best possible outcomes for individuals experiencing psychiatric emergencies.

In line with the goal of increasing visibility and engagement, I propose pursuing a suggestion from some of our more youthful colleagues for the creation of a VLOG series that highlights the invaluable contributions of our members and showcases the impactful work of the MPS. By sharing our stories and experiences, we can inspire others, foster connections, and attract new members to our society.

Recruitment of new members has long been a goal of MPS and I would like to move forward with ideas to make this a priority. Recruiting recent graduates of residency programs will be a top goal. The idea of personally visiting residency programs, perhaps accompanied by key committee chairs, would be a way to promote participation. Offering informative sessions and maybe even lunch will provide opportunities for networking and showcasing the diverse opportunities available within our society.

Moreover, I am keen on showcasing the relevancy and importance of our [Committees](#) to our membership and prospective members. Each Committee plays a vital role in advancing our goals, whether it's through advocacy efforts, continuing medical education, or promoting diversity and equity. It is imperative that we highlight committee achievements and encourage members to get involved in what I consider to be the heart of the organization.

Our values as a society must be reflected in our actions. Therefore, I am committed to establishing meaningful awards and events that recognize and celebrate excellence, innovation, and dedication within our profession. Initiatives such as the establishment of the [Ikwunga Wonodi Award](#) to recognize members dedicated to equity and social justice exemplify our commitment to these values. The new MPS ECP Fellowship Award is another excellent example.

I am truly excited about this opportunity and look forward to hearing more from you about how we can succeed in these efforts.

*Theodora Balis, MD  
President*

## Member Spotlight Submissions

Recently worked on an exciting research project, reached a milestone in your career, or have advice for younger psychiatrists? Submit a short article and photo [here](#) to showcase your experiences. We will share your responses on social media and in our newsletter. If you have any questions please call 410-625-0232.

## Election Results

Congratulations to the members indicated by (\*) who were elected to MPS positions for FY25! They are listed with other voting members of the MPS Council (board of directors). The new terms began after the April 18 MPS annual meeting.

### **Officers**

President: Theodora G. Balis, M.D.  
 President-Elect: \* Ronald F. Means, M.D.  
 Secretary-Treasurer: \*Tyler Hightower, M.D.  
 Council Chair: Carol Vidal, M.D., Ph.D.

### **Councilors**

\*Benedicto R. Borja, M.D.  
 \*Kim Bright, M.D. (one year term)  
 Mary Cutler, M.D.  
 \*Mark Komrad, M.D.  
 \*Cynthia Major Lewis, M.D.  
 \*Rachna S. Raisinghani, M.D.  
 Traci J. Speed, M.D., Ph.D.  
 Michael A. Young, M.D., M.S.

### **Early Career Psychiatrist Councilor**

Jamie D. Spitzer, M.D.

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

\*Hannah Paulding, M.D.

### **Past Presidents**

Jessica V. Merkel-Keller, M.D.  
 Virginia L. Ashley, M.D.

### **APA Assembly Representatives**

Annette L. Hanson, M.D.  
 \*Elias K. Shaya, M.D.  
 Brian Zimnitzky, M.D.

### **MedChi Delegate**

\*Enrique I. Oviedo, M.D.

### **MedChi Delegate Alternate**

\*Michael Young, M.D.

### **APA Area 3 Trustee**

Geetha Jayaram, M.D.

### **Nominations and Elections Committee:**

Susan Lehmann, M.D.  
 Crystal Watkins, M.D., Ph.D.

A total of 157 ballots were cast this year, with a participation rate of 21%.

## April Council Highlights

### Executive Director's Report

Ms. Floyd reported that MPS staff sent multiple follow ups via email and USPS to members with unpaid MPS and/or APA dues in advance of the dues drop deadline. MPS has a very limited response to the call for volunteers distributed electronically and highlighted in the March and April newsletters, the information will re-run in the May MPS News. Ms. Floyd and Ms. Bunes are meeting weekly to work through the staff transition plan, working towards Heid's retirement at the end of June. However, Ms. Bunes has agreed to stay on in a very limited position through April 2025 to provide financial support to Ms. Floyd and Hritz and assist them with learning QuickBooks, etc. Ms. Floyd also reported that she will attend the APA Annual Meeting in New York next month.

### Membership Committee Report

Dr. Dionesotes presented the Membership Committee report. She reported that the Membership Committee, along with MPS staff worked very diligently to reduce the number of members at risk of being dropped for unpaid APA/MPS dues. The APA and MPS drop cycle concluded on March 31<sup>st</sup>. Despite many efforts by the Membership Committee, Council members and staff 32 members were dropped for non-payment of MPS and/or APA dues:

- 15 members owe both MPS and APA dues
- 9 owe APA dues only
- 8 owe MPS dues only

MPS staff will continue to reach out to dropped members and encourage them to reinstate their membership.

### Executive Committee Report

Dr. Vidal noted that the MPS Executive Committee will meet with WPS leadership to review the MOU arrangement sometime after the new officers are in place, but before the September 1 date specified. In planning for the change of officers, Dr. Balis has finalized committee chairs for the 2024-25 officer year. Staff continues to solicit committee members for 2024-25, and Dr. Vidal urged Council to encourage their colleagues to become more active within MPS. She reported that the MPS Distinguished Fellowship Committee identified 14 members who have been encouraged to apply this year. She also noted that the MPS Signed on to a 2024 Gun Violence Prevention Appropriations appeal to Congress, and the Executive Committee is EC is planning to meet with Alyssa Lord, Deputy Secretary for Behavioral Health at the Maryland Department of Health in mid-April. Finally, she reminded Council to attend the MPS Annual Dinner, to be held in person April 18<sup>th</sup> in Baltimore.

### Secretary-Treasurer's Report

Dr. Means presented the Secretary-Treasurer's Report to Council. He noted that total assets are \$558K (up \$114K), with \$557K current assets (up \$121K) and \$2K net book value of fixed assets (down \$7K). MPS has \$102K more cash. These changes mainly stem from the sale of the office. Membership

dues receivable of \$9K (down \$2K) are mostly what members still owe for 2024 payment plans. Liabilities of \$180K are down \$3K. Membership dues income is \$8K more than budget due to members who joined after the initial dues billing in October. Ad income is just over budget, but there are variances within the subcategories. Annual meeting support is \$2500 better than budget, but registration fees and expenses will come in mainly in April. In addition to strong membership and meeting results, the first quarter statements illustrate the positive impact of added liquidity and reduced office costs. He concluded by noting that 2024 is off to a good start.

### Legislative Committee Report

Drs. Young and Hanson presented the Legislative Committee (LAC) report to Council. Dr. Young reported that the LAC reviewed approximately 2% of the bills introduced this session – offering support for 33 and opposing 10. The MPS supported bills on mental health training for coaches, telehealth visits for students while in school and several other treatment and insurance bills. The AOT bill has seen many amendments, but is moving forward, despite a large fiscal note. If the bill passes it will go into effect in 2025. Dr. Young noted that a task force to study natural psychedelics will be formed to examine legislation was introduced this year, but that did not pass. The medical aid in dying bill died in committee. Dr. Hanson reminded Council that they can track the bills that the MPS has taken a position on by visiting the [MPS website](#).

### Nominations and Elections Committee Report

Dr. Hackman presented the results of the 2024 MPS election, which highlight continued effort and success with diversity and inclusion. [See page 2](#) for the election results. This is the fourth year of electronic voting for MPS elections. A total of 157 ballots were cast by 21% of the voting membership. While the electronic ballot continues to facilitate member participation in elections (and reduces MPS expenses and staff time), we welcome suggestions as to how we can return to earlier levels.

### Farewell to Outgoing Council Members

Dr. Merkel-Keller noted that this is the last Council meeting for Drs. Dionesotes, Williams, Ehrenreich and Harrison-Restelli, whose terms end with this meeting. She thanked them for their exemplary service. She said that at the June Council meeting, MPS officers will have changed, and Dr. Vidal will chair. She also thanked Dr. Hanson for her hard work as the MPS Legislative Chair.

### New Business

Dr. Hershfield noted his interest in bringing back in-person Council meetings. He asked if the plan was to stay remote or move to a hybrid format. Council agreed to table this discussion until the June meeting, at which time the officers will be in place.



## 2023 MPS Annual Report

### Financial

After a \$13K deficit last year resulting from unrealized losses on reserves, 2023 shows a \$112K surplus. MPS sold the condo office, netting \$122K, and moved to a hybrid office, with staff working remotely part of the week. While ad income is down \$20K, interest and gains on reserves are up \$25K. MPS has returned to in-person meetings and with a staff transition and reduced office costs, we are well positioned. Total Assets \$554K, Total Liabilities \$174K, and Net Assets (equity) \$380K. Income (\$460K) - Expenses (\$348K) = \$112K Surplus.

### Membership

2023 concluded with 786 active members. Six members were recognized with 30-year Life status and 5 were recognized with 50-year Life status. Promotion of reduced Semi-retired and Retired dues levels continued.

### Vision Mission Values

- The Executive Committee updated its Goals for Addressing Structural Racism and Inclusion
- Data for member demographics was compiled for leadership and member categories.

### Scientific Programs and Meetings

- The April annual meeting was held in person in Baltimore. Over 95 people attended. We reviewed the year in Maryland psychiatry, and recognized Paper of the Year, poster competition and Lifetime of Service winners, and other member achievements.
- CME Programs included:
- Virtual CME on Autism updates
- Virtual CME featuring updates surrounding psychopharmacology.
- [Committee](#) and Council meetings were held virtually, except for the Committee Chairs meeting, which was held in person.
- In person practice and career fair in person networking event was held in Baltimore.
- Largely successful, in person trivia night for residents and fellows was hosted in Baltimore.

### Government Relations and Advocacy

- In 2023 the General Assembly introduced 2,275 bills and 8 Joint Resolutions. Mental health was a stated concern of those in leadership in Annapolis. As such, the MPS Legislative Committee was very engaged and active. MPS reviewed 92 pieces of legislation, including the cross-filed bills, and actively worked 70 bills.
- MPS advocated multiple times for prior authorization and parity.
- Other major advocacy efforts focused on medicaid in dying, step therapy and CNS prescribing. [See details.](#)

### Outreach and Member Engagement

- Publications: The annual MPS Membership Directory was mailed to all members. Monthly [MPS News](#) and two issues of [The Maryland Psychiatrist](#) were emailed and posted online.
- Listserv: Popular way for members to quickly ask each other questions, share resources and ideas.
- Website: With a login, members can update their profiles, pay dues, and view the online member directory. Also, an opt-in [Find a Psychiatrist](#) tool, practice resources, and advocacy information.
- Social Media Accounts: [Facebook](#), [Instagram](#), [Twitter](#), and [LinkedIn](#).
- Interest Groups: [10 email groups](#) facilitate member connections around sub-specialty areas.
- Referral Service remains strong via the MPS website, and also telephone as needed.

## MPS Urges Funding

The MPS, and over 400 national, state, and local medical, public health, and research organizations signed onto a gun violence prevention research funding letter that was sent to both Senate and House offices. The letter stressed support for \$35 million for the Centers for Disease Control, \$25 million for the National Institute of Health, and \$1 million for the National Institute of Justice for firearm morbidity and mortality prevention research as part of FY 2025 appropriations. This research is critical for developing a comprehensive, evidence-based approach to reducing firearm-related violence, including suicides, violent crime, and accidental shootings. The letter is [available here](#).

## Committee Sign-Ups!

**ALL members are invited to step up with MPS and make a difference in how psychiatry is practiced in Maryland**

The MPS offers multiple ways for members to be involved, including volunteering for [committees](#), joining an email [interest group](#) and other ways that members request. MPS President Theodora Balis, M.D., will appoint FY25 committees next month so please sign up NOW!

**Engage with us to represent psychiatry. This is your chance to have a say!** Your energy and ideas can help the MPS effectively focus on issues that are important to you! Participation from members is essential to accomplishing our goals. To review the options and sign up, [please click here](#).



# Maryland News

## MPS Legislative Review

During their 90-day legislative session, which concluded at midnight on April 8th, mental health and substance use disorder received significant attention from the Maryland General Assembly. The joint legislative committee of the Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) meticulously assessed sixty-three (63) distinct pieces of legislation, excluding cross files, and actively advocated on forty-three (43) bills. Below is a summary of the bills that successfully passed both chambers and are now under final consideration by the Governor. [Please click here](#) to read the complete session summary.

### **Utilization Review**

After 4 years of effort, we finally saw some movement on prior authorization. Senate Bill 791/House Bill 932, sponsored by Senator Kathy Klausmeier (D – Baltimore County) and Delegate Bonnie Cullison (D – Montgomery County) revise and establish requirements and limitations regarding health insurance utilization review and prior authorization processes, used to assess the medical necessity of requested health care services. These bills modify internal grievance and adverse decision procedures and impose obligations on payors and health care providers concerning patient benefit information provision. They introduce measures to enhance transparency and communication during the review phase. Carriers are obligated to provide detailed explanations for denying health care services, clarifying why they were deemed medically unnecessary and did not meet carrier criteria. Criteria and standards for utilization review are also adjusted, along with requirements for prescription drug reauthorization.

*Online Prior Authorization Process:* Carriers must implement and maintain an online prior authorization system meeting specified criteria by July 1, 2026. Additionally, by the same date, each carrier or their pharmacy benefits manager must furnish real-time patient-specific benefit information to insured individuals, enrollees, and contracted health care providers.

*Prescription Drug Prior Authorizations:* Upon receipt of prior authorization documentation from the insured or their health care provider, a carrier must honor a prior authorization granted by a previous entity for at least 90 days or the length of the treatment course, rather than just 30 days.

*Prescription Drug Reauthorization Requirements:* Carriers cannot issue adverse decisions on reauthorization for certain prescription drugs, nor request additional documentation from the prescriber under specific conditions, including continuous use of the drug since initial approval, and attestation by the prescriber of continued necessity based on professional judgment, particularly for immune globulin (human) or mental disorder treatments.

### **Assisted Outpatient Treatment**

The Maryland Department of Health (MDH) introduced Senate Bill 453/House Bill 576 to establish Assisted Outpatient Treatment (AOT) programs aimed at providing specific outpatient treatment for individuals with serious and persistent mental illnesses who are court-ordered to adhere to the regimen. Under these programs, a multidisciplinary care coordination team, supervised by a local behavioral health authority or core service agency, oversees the development and implementation of treatment plans. These plans include crucial outpatient services deemed essential for maintaining the individual's health and safety. Such services typically include those provided by a treating psychiatrist, case management, certified peer recovery specialists, and assertive community treatment services when clinically appropriate.

Counties are granted the authority to establish their own AOT programs, and they may choose to partner with other counties for this purpose. If a county opts not to establish such a program, the responsibility falls on MDH to establish one.

Petitions for AOT may be filed by the director of a mental health program receiving state funding or by any individual at least 18 years old who has a legitimate interest in the respondent's welfare. These petitions must be supported by an affidavit from a psychiatrist affirming the respondent's eligibility for AOT.

AOT may be ordered by the court if clear and convincing evidence demonstrates the respondent's eligibility based on specific criteria. These criteria include the presence of a serious and persistent mental illness, a history of nonadherence to treatment leading to significant hospitalization or violent behavior, and the necessity of AOT to prevent harm to the individual or others. Throughout the process, respondents have the right to legal representation and may voluntarily agree to the treatment plan developed by the care coordination team. The team is responsible for ensuring that the treatment plan is recovery-oriented and consistent with evidence-based practices. The court oversees hearings where evidence, including testimony from psychiatrists, is presented. If ordered, the respondent must comply with the AOT plan, and failure to do so does not result in contempt of court.

Reports on AOT programs' effectiveness and outcomes are to be submitted annually to the MGA. Counties must notify MDH of their intention to establish AOT programs by January 1, 2025, with the law taking effect on July 1, 2024, except for specific provisions effective July 1, 2025.

### **Parity Reporting**

Senator Malcolm Augustine (D –

Continued on next page

## Maryland News

Prince George's County) and Delegate Heather Bagnall (D – Anne Arundel County) introduced Senate Bill 684/House Bill 1074 to amend and broaden reporting obligations for carriers to demonstrate adherence to the federal Mental Health Parity and Addiction Equity Act. Under the bill, each carrier is mandated to, among other provisions, (1) identify specific non-quantitative treatment limitations (NQTLs) for each Parity Act classification; (2) conduct and document specified comparative analyses as per the Parity Act; and (3) furnish the requisite comparative analysis for NQTLs within a stipulated timeframe set by the Commissioner.

Commencing July 1, 2024, each carrier must submit a biennial compliance report for every product offered across individual, small, and large group markets. This report must encompass designated details, including information on selected NQTLs and findings from carrier-conducted comparative analyses. Furthermore, the bills empower the Maryland Insurance Commissioner to take additional measures to ensure compliance with reporting mandates.

The bill becomes effective July 1, 2024.

### **Student Telehealth Appointments**

Senate Bill 492/House Bill 522, introduced by Senator Cheryl Kagan (D – Montgomery County) and Delegate Dana Jones (D – Anne Arundel County), provides detailed guidelines and regulations concerning telehealth services in Maryland schools. The bill defines "telehealth" as the use of telecommunications technologies by healthcare practitioners to provide services to patients at different physical locations. According to the bill, each middle and high school must designate a private space for student telehealth appointments. This space must be private, have internet access, include at least one seating option with a flat surface and nearby electrical outlet to accommodate a laptop, and importantly, it must not be a bathroom or closet. Moreover, the bill mandates that schools implement measures to ensure the safety and privacy of students participating in telehealth appointments. The bill does not mandate schools to construct new spaces to comply with these requirements nor does it change the responsibilities of healthcare providers regarding the disclosure of medical records under current law, especially in emergency situations. The bill becomes effective July 1, 2024.

### **Coaches Mental Health Training**

Senate Bill 165/House Bill 201 mandates mental health training for coaches in all public schools and institutions of higher education in Maryland that offer athletic programs. MSDE and MHEC will collaborate with the MDH, local boards of education, and the Maryland Public Secondary Schools Athletic Association to develop guidelines for recognizing mental illness and behavioral distress indicators, including depression, trauma, violence, youth suicide, and substance abuse. For elementary and secondary schools, an "athletic

program" refers to intramural, interscholastic, or other school-sponsored athletic programs meeting State Board of Education criteria. For higher education institutions, it includes any intercollegiate athletic program. The bill becomes effective on July 1, 2024.

## MedChi Legislative Wrap-Up

The Maryland General Assembly began its 446th Session at noon on January 10th and concluded its legislative work at midnight on Monday, April 8th. In addition to the budget issues, this Session was particularly challenging due to the unusually large volume of bills. As opposed to the typical introduction of 2200-2300 bills, there were 2,714 bills introduced this Session. As a result, committees were forced to take the atypical step of holding hearings on Fridays and Mondays. Some bills were not passed this year due simply to a lack of time. Despite these challenges, MedChi reported that it had another successful Session, with several key legislative victories.

Despite obstacles, MedChi successfully maintained Medicaid E&M codes for physician payment at 100% of Medicare, a long-standing advocacy goal of MedChi. Given that the federal government recently increased Medicare rates, MedChi will be working to ensure that this increase is applied to Maryland's rate as well. In addition, MedChi received \$3 million for the Physician Assistance Repayment Program.

The bills MedChi defeated deserve celebration too. House Bill 425/Senate Bill 359: Advance Practice Registered Nurse Compact failed this session. This bill would have created a Compact for Advanced Practice Registered Nurses, which include Certified Registered Nurse Anesthetists, Nurse Midwives, Certified Nurse Specialists, and Nurse Practitioners. Maryland would have been one of the first five states to adopt it.

For more details, [please see the Final Report](#).

## NAMI MD: End of Session Report

During the 2024 session, NAMI MD amplified their grassroots advocacy efforts by bolstering their [Action Alert System](#). 758 advocates generated 5,270 emails to legislators, urging support of critical legislation that impacts people with lived experience and the mental healthcare system in our state. Read their full [End of Session Report](#) here.

# Maryland News

## Prior Authorization Update

The utilization review bill, HB 932, has passed both chambers [in this amended form](#). Key provisions of the bill are as follows:

Carriers required to establish and maintain an online system by July 1, 2026

- Integration with e-prescribing and electronic health record systems
- Streamline electronic prior authorization requests
- Provide real-time information on patient out-of-pocket costs and alternative medications
- Prohibited from charging fees for accessing the online process
- Prohibited from accessing healthcare provider data without consent

Healthcare providers must ensure electronic systems can access prior authorization processes and patient cost information by the same deadline

Carriers required to allow indication of drug treatment for chronic conditions during prior authorization for mental disorder or immune globulin prescriptions

- Entity cannot request reauthorization for repeat prescription for one year or standard course of treatment if indicated

Mandate for detailed written explanations for denial of coverage, including basis on prior authorization requirements

Entities must honor prior authorizations from previous insurer for at least 90 days or length of treatment upon receipt of documentation

- Entities can conduct their own review during this period

Specification of conditions where prior authorizations must be honored despite changes in health benefit plans or dosage

Exemption for certain opioid dosage changes from prior authorization requirements

Requirement for entities to notify insured individuals and healthcare providers at least 60 days before implementing new prior authorization requirements

While this is not everything that we had expected, this is a meaningful step towards more systemic change.

## MHAMD 2024 Session Summary

After working in 2023 to pass a landmark package of behavioral health reforms, the MHAMD public policy team and their coalition partners saw success again in 2024, coordinating effectively with the legislature and with leaders in Governor Wes Moore's administration to enact policies designed to improve access to quality mental health and substance use care for Marylanders of all ages.

There will be a great deal of work required to properly implement the various initiatives enacted this session, so keep watching the [MHAMD policy pages](#) for more information and updates on high priority items.

## Training Opportunity

The Maryland Department of Health is partnering with the Substance Abuse and Mental Health Services Administration and the University of Maryland School of Medicine to provide a free, one-day virtual training for clinical healthcare professionals Treating Pregnant and Parenting Women with Opioid Use Disorder and their Infants. This course will be held on Friday, May 10th, from 8:15 am to 5:00 PM EDT. Visit [www.MarylandPPW.org](http://www.MarylandPPW.org) for more information and to register. You may also email Jenny Lancaster with any questions at [jenny@terzettocreative.com](mailto:jenny@terzettocreative.com).

## Free CME

Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP) is pleased to partner with the Cecil County Health Department to offer an in-person, complimentary CME/CEU training event for primary care, urgent care, emergency medicine, and mental health providers and care teams working with children and families in Cecil, Kent, Harford, and neighboring counties. A light breakfast and lunch will be provided, as well as opportunities for providers to meet and network. May 18th from 8:30am-2:00pm. [Register here](#).

## Depakote Changes

Effective May 1<sup>st</sup> Depakote Sprinkle Capsule (divalproex sprinkle capsule) is no longer preferred over its respective generic equivalent. Claims for the brand will now adjudicate only if there is a prior authorization based on an approved [Maryland Department of Health \(MDH\) MedWatch form](#).



# Maryland News

## MIA Help on Health Claim Denials

When insurance coverage for medically necessary care or emergency services is denied, contact the Maryland Insurance Administration (MIA) 24/7, 365 days a year for immediate help with physical as well as mental health and substance use disorder care. Dial 1-800-492-6116. For more information, visit the [MIA website](#).

The MIA's second podcast, [Medical Necessity and Emergency Appeals](#), features host Joe Sviatko, Communications Director, and Louis Butler, Director of Appeals & Grievance Unit.

## Electronic Advance Directives Flyer

The Maryland Health Care Commission (MHCC) has published a [new flyer](#) highlighting ways to create and share electronic advance directives. The flyer and other resources are included in MHCC's [Communications Toolkit](#) and can be used to promote the benefits of advance care planning and pathways for Marylanders to document future decisions about their physical or mental health care.

## Multi-Factor Authentication on Incedo

Optum Maryland is working with the Maryland Department of Health (MDH) to activate Multi-factor authentication (MFA) for Incedo users. Multi-factor authentication is an increasingly common feature of online applications which enhances login security for application users and aligns with best practices. This functionality will be required for all Incedo users.

### What does this mean for me – an Incedo user?

The first time you login to Incedo following this update, you will be asked to set up MFA by selecting one of three possible validation methods and you will be prompted to change your password.

### When will this happen?

All users went live at the end of April.

### What should I do to prepare?

Please continue to look out for provider communications as more information on timing and training opportunities.

### Will there be training and support?

Yes. The enrollment process for MFA is self-guided and quite intuitive. However, to offer further support to Incedo users prior to go-live, Optum will provide [webinars, a walkthrough video, step-by-step guide, and a frequently asked questions \(FAQ\) document](#). In addition, providers may direct MFA-related questions or issues to [Optum's email box](#), or to Optum Maryland Customer Service (1-800-888-1965) which has a team dedicated to support providers with MFA concerns and questions as needed.

## Parity Compliance Reporting Notification

During the 2024 Legislative Session, the Maryland General Assembly unanimously passed [Senate Bill 684/House Bill 1074](#), Health Insurance – Mental Health and Substance Use Disorder Benefits – Sunset Repeal and Modification of Reporting Requirements. This bill was passed as an emergency measure that will become effective upon being signed by the Governor.

This bill significantly modified § 15-144 of the Insurance Article, Annotated Code of Maryland,<sup>1</sup> which requires carriers to submit non-quantitative treatment limitation reports (NQTL) to demonstrate compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. The Maryland Insurance Administration (MIA) has selected the following 5 NQTLs for the next [biennial report](#), which will focus on key access issues:

- Prior Authorization Review Process
- Prescription Drug Formulary Design
- Provider (Including Facility) Reimbursement
- Strategies for Addressing Provider Shortages
- Provider Network Directories

Carriers are required to conduct and document a comparative analysis for all NQTLs annually and submit those reports upon request to the MIA and plan members. It also states that failure to submit an NQTL report or provide the compliance analysis to the MIA or a member constitutes non-compliance with the Parity Act.

## Optum Form Update for Substance Use Disorder Providers

Effective April 6th an additional question has been added to the Data Capture form within Incedo to capture consumer Release of Information (ROI) data. The question is titled MCO SUD ROI Information and states: "In order to improve coordination of care for all consumers, SUD providers are reminded to ensure that participants have had the opportunity to sign the Managed Care Organization Substance Use Disorder Release of Information (MCO SUD ROI) form that allows Optum to share with their MCO and primary care provider the fact that they are receiving SUD treatment."

Please note that providers must complete this information field for all data capture forms and do not need to wait for authorization entry to complete this question.

[Please click here](#) for more information and instructions.



# Maryland News

## Prescription Drug Affordability Update

Despite the great progress made in educating the legislature and elevating the issue, General Assembly leadership has decided to wait to expand the Prescription Drug Affordability Board's authority until it completes its initial phase, where it will work to address prescription drug costs for state and local government entities. The Board has recently announced the first prescription drugs they will consider for cost review, which includes Vyvanse. It is critical that the Board hears from patients who have been hurt by the costs of these medications. If you have patients who have struggled to afford this medication, please consider submitting comments to the Prescription Drug Affordability Board or sharing your story at [www.healthcareforall.com/CostReviewInput](http://www.healthcareforall.com/CostReviewInput)

## Maryland Insurance Commissioner Resigns

Maryland Insurance Commissioner Kathleen Birrane has announced her intent to resign effective June 30. Commissioner Birrane was appointed by Governor Larry Hogan in 2020. She was confirmed by the Senate in 2021 and remained as Commissioner under the Moore-Miller administration.

During her tenure, the Insurance Administration made significant progress in rebuilding its enforcement teams and infrastructure, as well as expanding the State's oversight of insurers with respect to cybersecurity and the development and deployment of artificial intelligence. The agency also adopted network adequacy standards and mental health parity reporting requirements that are the most comprehensive in the nation.

A search is underway for the next Commissioner and interested [candidates may apply here](#).

## Advancing Parity for Substance Use Disorder

In Maryland, the Legal Action Center has been working to move forward multiple pieces of legislation that would [enhance parity act compliance and reporting](#), [increase reimbursement rates for out-of-network providers](#), [strengthen the utilization review process](#), [ensure access to evidence-based opioid use disorder care in emergency rooms](#), and more. Visit our website to read our various testimonies on the different proposed bills [here](#). You can also read [this Maryland Matters commentary](#) co-authored by Ellen Weber and Dr. Laura Willing of Children's National Hospital, which urges prompt legislative action as overdose rates and mental health needs continue to rise statewide.

*Ellen Weber  
Legal Action Center*

## Maryland's EQUIP Saved \$20 Million

In its first year, the Episode Quality Improvement Program (EQIP) saved \$20 million for Medicare. Under EQIP, physicians can earn a portion of the Medicare savings they create through delivering efficient and high-quality patient care.

EQIP engages non-hospital Medicare practitioners who care for Medicare beneficiaries in care transformation and value-based payment. Through the Episode Quality Improvement Program, specialist physicians help the state meet its Medicare savings target under the TCOC model. Each year, the Maryland Health Services Cost Review Commission calculates the Medicare savings generated by the program.

Participation in EQIP is voluntary for practitioners that participate in Medicare. In 2022, the first year of the program, 1980 practitioners participated. In 2023, participation expanded to 2733 practitioners and 3217 practitioners are enrolled for 2024, representing 43 specialties. An introduction to EQIP can be found on [CRISP's website here](#).

## Maryland Overdose Training

The Maryland Reinforcing Overdose Prevention through Training and Advocacy (ROPTA) initiative from the University of Maryland Extension offers a wide range of training, materials, and programs to address the overdose crisis in Maryland. ROPTA is working to strengthen Maryland's capacity to address substance use and mental health crises by educating, empowering, and training communities to respond to mental health and substance use challenges through no-cost, evidence-based programs, and public outreach. Visit their website, [marylandropta.org](http://marylandropta.org), for more information.

## Statewide Behavioral Health Survey Results

The Mental Health Association of Maryland asked members of the mental health community to share concerns on some of Maryland's biggest mental health and substance use challenges and their opinions on the most effective strategies to address them. 82% of those surveyed indicated that they are very concerned about children's behavioral health.

The top 2 priorities of those survey are:

- Expanding access to prevention and early intervention services for children and youth
- To restore efforts to create a comprehensive, integrated system of care for children and youth

[CLICK HERE](#) to read the full results.

## CLIMATE CORNER

Let's continue exploring how plastics can harm brain health (read part 1 [here](#)). Microplastics and nanoplastics are tiny pieces of plastics polymers that measure less than 5 millimeters or 1 micrometers, respectively. They are generated at every stage of the plastics life cycle and end up in our environment and our bodies. In the production stage, natural gas or oil are turned into tiny plastics pellets, called nurdles, which are melted to create plastics products. Nurdles frequently [spill](#) when transported to factories. At the use stage, microplastics are released through cosmetics (like microbeads), washing of synthetic textiles (like polyester, elastane, microfiber), and erosion of tires. At the disposal stage, most plastics end up in landfills or as pollution and eventually erode partially into micro/nanoplastics.

Because these particles are so small, they disperse easily. They are [ubiquitous](#) in the environment, found on top of Mt. Everest and in the deepest oceanic trench. One [study](#) estimates there are 14 million tons of microplastics on the ocean floor.

Because these particles are so small, they can easily pass through biological membranes. They have been [detected](#) in various human tissues and fluids, and they get there through dermal absorption, inhalation, or ingestion of [food](#) and water (bottled water has more particles than tap; a 1L plastic water bottle [has](#) 240,000 micro/nanoplastics). [A recent prospective study published in the New England Journal of Medicine](#) assessed outcomes in patients who underwent carotid endarterectomy for asymptomatic disease. Plastic polymers were detected in the removed plaques of 58% of patients, and these patients had a higher composite risk of myocardial infarction, stroke, or all-cause death over a 34-week follow-up period (hazard ratio, 4.53,  $p < 0.001$ ).

Unfortunately, the health burden of plastics will only increase due to the sheer scale of plastics in our world. Annual global plastics production has grown from 72 million tons in 1980 to 445 million tons in 2020, and [will double by 2040 and triple by 2060](#). Single-use plastics will account for a significant part of that, which is why it is important to advocate for its reduction and support a rigorous and binding [Global Plastics Treaty](#).

If you will attend APA this weekend, be mindful of ways to reduce single-use plastic: bring your own reusable bag, water container (Javitts center has water refill stations), and hot beverage container for coffee/tea. Feel free to email me at [Elizabeth.ryznar@sheppardpratt.org](mailto:Elizabeth.ryznar@sheppardpratt.org) to discuss ways of decreasing your own plastics use.

*Elizabeth Ryznar MD MSc*

## APA News & Information

### APA Issues Statement

APA issued a [statement](#) opposing the dozens of bills introduced in state legislatures and Congress aiming to ban diversity, equity, and inclusion (DEI) initiatives in higher education. APA affirmed that "the principles of diversity, equity, and inclusion are critical to ensure that the next generation of physicians can serve the needs of evolving, diverse, underrepresented, and underserved patient populations."

### Updated APA "Find a Psychiatrist" Site

The "Find a Psychiatrist" directory allows patients and the public to search for a psychiatrist based on geographic or other criteria. Practicing APA members in the U.S. or Canada may opt in to the directory via their [member profile](#) under "Promote My Psychiatry Practice" from the left menu. [View the directory here](#).

### Having Issues with Buprenorphine Access?

APA is in discussion with its partner medical societies about the challenges patients are facing in accessing buprenorphine due to the opioid settlements. If you are experiencing or hearing about challenges, please email the details to [practicemanagement@psych.org](mailto:practicemanagement@psych.org). APA will continue to advocate for access and reduced burdens of helping patients receive the treatment they deserve.

### 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.](#)

### Shoutout an MPS Member!

Last fall MPS leaders started a "Member Shoutout" recognition program where anyone can request that MPS publicize a member's accomplishment or good work, such as great clinical care for a particular patient, publication of research, etc. Members are encouraged to submit their own or others' activities for MPS publication to [mgs@mdpsych.org](mailto:mgs@mdpsych.org). Don't be modest! We want to celebrate all the rich contributions that our members are making to the profession.

## Behavioral Health Impacts of Climate Change

Understanding climate change and its impacts on mental health can help individuals, communities, first responders, and other healthcare and mental health providers better understand and tailor their responses to behavioral health issues that arise as people experience climate change and its effects on their environment. The [American Counseling Association](#) has found that the changing climate impacts mental health in three ways: 1) thinking about climate change can cause ecological and eco-anxiety in addition to despair and hopelessness; 2) existing mental health issues may be amplified during climate change or climate change-fueled disasters; and 3) mental health issues can be caused directly by climate change in survivors of floods, fires, drought, excessive heat, or displacement because of disasters.

The resources below explore strategies, key information, and important next steps for behavioral health professionals, individuals, and communities impacted by climate change-related disasters:

- [Climate Change and Trauma](#)
- [How Extreme Weather Events Affect Mental Health](#)
- [What Do Natural Disasters Mean for Our Mental Health?](#)
- [U.S. Climate Resilience Toolkit](#)

## HIPAA Covered Entity Decision Tool

According to the Health Insurance Portability and Accountability Act covered entities must comply with [standards for electronic transactions](#) – not just privacy and security provisions. The Centers for Medicare & Medicaid Services (CMS) offers a [tool](#) to help health care providers and organizations [check whether or not they are considered HIPAA covered entities](#). Visit the [CMS Administrative Simplification website](#) to learn about the standards and operating rules that are required for [electronic health care transactions](#) conducted by HIPAA covered entities.

## 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.*

Rishi Gautam, M.D.

## Member Shoutouts

Congratulations to **Robert Roca, M.D., M.P.H.** on becoming the new president of the [Group for the Advancement of Psychiatry \(GAP\)](#)! He will hold this position for the next two years.

**Bimla Rai, MD** was the 2024 recipient of the Michael Edelstein, MD Humanitarian Award. The award recognizes a physician who goes above and beyond to provide quality, compassionate care to those we serve.

**Elizabeth Ryznar, MD** and **Todd Peters, MD** were celebrated at [The American College of Psychiatrists](#) Annual Meeting. The ACP comprises more than 750 psychiatrists who have demonstrated excellence in the field of psychiatry, and achieved national recognition in clinical practice, research, academic leadership, or teaching.

## Member Publications

**Aditya Pawar, M.D.** helped publish a paper, "[Systematic Review and Meta-Analysis: Medical and Recreational Cannabis Laws and Cannabis Use Among Youth in the United States](#)," in the *Journal of the American Academy of Child and Adolescent Psychiatry*. The researchers examined whether the legalization of cannabis has led to an increase in cannabis use amongst young people.

In April, **Marc Fishman, M.D.** published a paper in the *Journal of Substance Use in Addiction Treatment* studying whether involving significant others in extended-release naltrexone treatment for individuals with opioid use disorder and/or alcohol use disorder increases the likelihood of patients taking the medication.

## Members Out & About

[WYPR](#) interviewed **Vittoria DeLucia, M.D.** after the collapse of the Francis Scott Key Bridge. She spoke about the trauma that this event can cause and shared ways to support those who are struggling with the aftermath.

**Harsh K. Trivedi, MD, MBA** helped announce that [the state and county will be funding a new 16 bed crisis stabilization center in Howard County](#). He said, "It will help Howard County residents in crisis avoid higher levels of care such as emergency departments or inpatient units, and it will help other county residents transition from those higher levels of care sooner than they otherwise could."



The Maryland Psychiatric Society

# Ikwunga Wonodi Social Justice and Health Equity in Psychiatry Award

Recognizing Residents, Fellows, and Early-Career Psychiatrists who demonstrate distinction in working toward equity in psychiatry through teaching, research, clinical work, and/or public health advocacy.

Each year, recipients will receive \$500 to support their education, research, mentorship, and cultural activities in psychiatric care for people with severe mental illness from historically underserved communities.

## Contribute to the Dr. Ikwunga Wonodi Award

Donations are not tax deductible as a charitable contribution.



Donate Here:



[Click here](#) for award details.

Email [JHritz@mdpsych.org](mailto:JHritz@mdpsych.org) for more information



## New AMA Playbook

Overcome payment methodology challenges for value-based care practices in a new AMA playbook developed in collaboration with AHIP and NAACOS. [Creating a Sustainable Future for Value-Based Care: A Playbook of Voluntary Best Practices for VBC Payment Arrangements \(PDF\)](#) offers voluntary best practices for overcoming key challenges associated with underlying payment methodologies for value-based care (VBC) arrangements. This playbook provides physicians, participating practices, VBC entities, health plans, purchasers and employers access to best practices for aligning payment with performance on quality, cost, and patient and physician experience. These economic incentives are intended to enable changes in care delivery to further evidence-based, preventative, equitable and coordinated whole-person care.

## Substance Use Disorder Workforce Act

In March the AMA and over 40 other members of the Graduate Medical Education (GME) Advocacy Coalition sent a [letter](#) (PDF) of support for the Substance Use Disorder Workforce Act of 2024. This bipartisan legislation would provide 1,000 additional Medicare-supported GME positions over five years in hospitals that have, or are in the process of establishing, accredited residency programs in addiction medicine, addiction psychiatry or pain medicine. This bill will help address the nation's drug overdose and death epidemic by training more physicians to meet the needs of patients across the country who require treatment for substance use disorder. The AMA supported this bill last Congress, and sent an [individual letter](#) (PDF) supporting this legislation.

## Mental Health Awareness Month

May is Mental Health Awareness Month. The [Mental Health Association of Maryland](#) and the [Maryland Department of Health's Office of Suicide Prevention](#) are working to spread the message that ***mental health is health***.

Mental Health Awareness Week: May 13<sup>th</sup> – May 19<sup>th</sup>  
[Mental Health America](#) is asking buildings, landmarks, and communities to light up green in support of mental health awareness. Learn more about the [Light Up Green Campaign](#).

Children's Mental Health Awareness Week: May 5<sup>th</sup> – May 11<sup>th</sup>

The Children's Mental Health Awareness Campaign brings together nonprofits, schools, local business, and communities across Maryland, learn more about becoming a [Children's Mental Health Champion](#).

## Disparities in Access to Mental Health Care

A new study by health economists at nonprofit research institute RTI International adds to recent research demonstrating a lack of access to affordable mental health and substance use treatment in the United States. Authors of the study used claims and enrollment data from more than 22 million individuals captured annually from 2019 through 2021 to evaluate out-of-network use and reimbursement rates across all 50 states.

The study's findings, detailed in the report [Behavioral Health Parity – Pervasive Disparities in Access to In-Network Care Continue](#), show that patients went out-of-network 3.5 times more often to see a behavioral health clinician than a medical/surgical clinician, 8.9 times more often to see a psychiatrist, 10.6 times more often to see a psychologist, 6.2 times more often for acute behavioral inpatient care, and 19.9 times more often for sub-acute behavioral inpatient care.

The study also revealed that in-network office visit reimbursement, a key lever that health plans use to encourage provider participation in their networks was, on average, 22% higher for office visits with medical/surgical clinicians than office visits with behavioral clinicians. Notably, physician assistants were reimbursed for office visits at an average amount 19% higher than psychiatrists and 23% higher than psychologists.

## Advancing Equity Through Language

Join SAMHSA for a [series this month](#) that will explore equitable terminology that promotes social justice for populations where language has often been used to shame individuals, patronize, enforce prejudice, or limit visibility. Each session will provide updated language that helps advance equity within their population of focus. Behavioral health professionals and those who interact with or write about these populations, including those leading other Centers of Excellence, Technology Transfer Centers, and others administering programs aimed at increasing access to mental health care are [encouraged to attend](#).

## PRMS Case of the Quarter

[Click here](#) to find PRMS' latest "Case of the Quarter" column, a sample case study highlighting best practices in actual scenarios encountered through PRMS' extensive experience in litigation and claims management, on the topic of termination.

# Medicare Updates

## Pre-Publication Review & Dispute Open

The Pre-publication review and dispute period provides covered recipients the opportunity to review data attributed to them prior to the data publication. During this time covered recipients may review and affirm that the data is correct or if necessary, they may dispute data that they believe to be incorrect or inaccurate in any way. Please note that simply reviewing the data does not indicate if it is correct.

To note that you agree with the data attributed to you, you should take the action of affirming.

Please keep in mind the following reminders:

- Disputes must be initiated by May 15, 2024 in order to be reflected in the June 2024 data publication. For more information on review and dispute timing and publication, refer to the [Review and Dispute Timing and Data Publication Quick Reference Guide](#).
- CMS does not mediate or facilitate disputes. Covered recipients should work directly with reporting entities to resolve disputes. Remember to provide your most up to date contact information when initiating a dispute; this is beneficial in case the reporting entity needs to contact you directly to reach a dispute resolution.
- Registration in the Open Payments system is required to participate in review and dispute activities.

Detailed information about the Review and Dispute process is available in the [Review and Dispute Tutorial for Covered Recipients](#), located on the Resources for Covered Recipients page.

In order to participate in the Pre-Publication Review and Dispute period, covered recipients must be registered in the CMS Identity Management System (IDM) and have access to the Open Payments System. Registration details are available on the [Covered Recipient Registration Page](#).

## CMS Finalizes 2024 Medicare Advantage

On April 1, CMS [finalized](#) the Calendar Year 2025 Rate Announcement for the Medicare Advantage and Medicare Part D Prescription Drug (Part D) Programs. Overall, MA payments are expected to increase on average by 3.7%, or over \$16 billion, from 2024 to 2025. In [comments](#) to the agency, the AMA raised strong concerns over the growing discrepancy between the nearly 4% increase in MA rates for 2025 and the repeated cuts in Medicare physician payment rates.

## Submit Medical Review Documentation

Learn about the [CMS Health Information Handler \(CMS HIH\)](#), a free service to help providers upload and submit [medical documentation electronically](#) to their Medicare Administrative Contractor easily. Providers can respond electronically to prior authorization and additional document requests. Contact [cmsjih@cms.hhs.gov](mailto:cmsjih@cms.hhs.gov) for more information.

## Final Guidance on Coverage Costs

Continuing the implementation of the Inflation Reduction Act of 2022's prescription drug pricing law, CMS released the [final part one guidance \(PDF\)](#) for the new [Medicare Prescription Payment Plan](#). This guidance helps ensure that Medicare Part D plan sponsors can successfully implement the Medicare Prescription Payment Plan and effectively build the necessary infrastructure to provide a seamless experience for people enrolled in a Medicare Part D prescription drug plan who elect to participate in this program.

More Information:

- [Full press release](#)
- [Fact sheet \(PDF\)](#)
- [Updated implementation timeline \(PDF\)](#)

## Prescriber Alert

Effective July 1, 2024, Maryland Medicaid will deny all pharmacy claims regardless of drug class if the prescriber is not enrolled. **All practitioners—including medical trainees, interns, and unlicensed residents—who prescribe to Maryland Medicaid participants must be actively enrolled Medicaid providers for their prescriptions to be covered at the point-of-sale.** It is critical that practitioners who prescribe to Medicaid participants [enroll](#) ASAP to ensure that patients can receive Medicaid covered medications. Prescriber enrollment status can be checked via the [Provider Verification System](#). Updates and resources are available on MDH's [Ordering, Referring, and Prescribing \(ORP\) Providers](#) webpage.

## 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.



# Adult, Child & Addiction Psychiatry



The Mid-Atlantic Permanente Medical Group (MAPMG) proudly provides the highest quality integrated care for over 800,000 members in Virginia, Maryland, and the District of Columbia. In collaboration with the Kaiser Foundation Health Plan of the Mid-Atlantic States we provide high-quality, patient-centered health care.

## RESPONSIBILITIES

- ✘ Provide psychiatric care for patients in the outpatient clinic Monday–Friday (no Saturday or Sunday clinic) with support from a multi-disciplinary team of physicians, therapists, advanced practice nurses and clinical pharmacists
- ✘ Document visit notes in Kaiser’s Health Connect - EPIC EMR
- ✘ Treat patients in clinic and via video/phone (hybrid schedule)

## OUR PHYSICIANS

- ✘ Lead with integrity
- ✘ Value teamwork and collaboration
- ✘ Provide patient-centered care
- ✘ Practice culturally competent medical care
- ✘ Have a balanced work schedule!

## WE PROVIDE

- ✘ No inpatient rounding
- ✘ 20% of daily work time allotted to electronic patient care management
- ✘ Competitive compensation
- ✘ Balanced (hybrid) work schedule
- ✘ Robust benefits, including pension
- ✘ Shareholder pathway with MAPMG

Eligible for \$150,000 - \$200,000 forgivable loan / recruitment retention sign on bonus - OR - \$150,000 in student loan repayment as a new hire incentive!





# Intensive treatment for patients requiring higher level psychiatric care.

The **Adult Psychiatric Day Hospital (ADH)**, located on the University of Maryland Medical Center Midtown Campus, provides personalized care for patients in need of advanced psychiatric treatments. Patients experience the academic medical center difference, as University of Maryland School of Medicine faculty staff the ADH, accessing leading specialists with extraordinary expertise. Patients also benefit from a quick turnaround. In some cases, the ADH can get them into treatment within a couple days.

Visit [ummidtown.org/dayhospital](http://ummidtown.org/dayhospital) for more information.

UNIVERSITY  
OF MARYLAND  
MEDICAL  
CENTER



## SERVICES

- Individual assessment
- Daily groups
- Individual meetings with psychiatrist
- Medication management
- Referrals to community resources

## HOW TO REFER

Referring clinicians call the **Psychiatric Assessment and Referral Center (PARC)** **410-328-6231 or 410-225-8739**

to obtain referral paperwork, complete prior authorization, and schedule intake.

Intake typically scheduled within the following 1-2 weeks, sometimes as soon as the following day.

A better state of care.



# 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:

## Chief of Medical Staff

Child and Adolescent Services | Towson, MD

## Chief of Medical Staff

Outpatient and Specialty Services | Towson, MD

## Medical Director of Psychiatry

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

### About Sheppard Pratt

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



[sheppardpratt.org](http://sheppardpratt.org)