

# MPS NEWS

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Editor: Meagan Floyd

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

## President's Column

### What MPS Is Doing: Assisted Outpatient Treatment

For my second President's Column, I want to introduce some new initiatives. I want to use the column to tackle a few problems that have been expressed. First, many often wonder what MPS does – even current members. Secondly, it is important that we profile members who are doing great work for our community. Lastly, members have asked for unique ways to receive information in addition to written content. To respond to these issues, I will intermittently use the column to highlight work that MPS is doing. In addition to the column, we will post brief videos of conversations with members who are doing work in key areas.

This month, I wanted to highlight the work that MPS has done to support the creation of Assisted Outpatient Treatment (AOT) in Maryland. AOT is a civil, court-ordered treatment that mandates individuals with serious mental illness to adhere to a community-based treatment plan or be committed for involuntary inpatient treatment. Until 2024, Maryland was one of only three states that did not have AOT as part of the treatment continuum for those with severe mental illness. In 2024, MPS members were extremely active in advocacy efforts that resulted in the passage of the law that established AOT. Along with others, Dr. Cynthia Lewis worked to educate legislators about the treatment option, and her diligent work resulted in her being awarded the 2024 MPS Presidential Award of Excellence.

AOT is due to begin this summer, and work is being done by the State to create an AOT program that will be successful.

Fortunately, MPS continues to be an active source of information in the planning for the program, and recently, key members of the Behavioral Health Administration requested input from MPS on important aspects of the program. We remain excited about helping to create an AOT program that will result in more comprehensive care for the most severely ill patients in Maryland. A recent [article](#) in *Psychiatric Research and Clinical Practice* highlights the need for this treatment option, but also, please watch my [brief interview](#) with Dr. Lewis to help understand its importance.

Ronald Means, M.D.  
MPS President

### Join the MPS MOORE Equity in Mental Health 5K Team!

We want you! [Registration is now open](#) for the fifth annual APA & APAF MOORE Equity in Mental Health 5K Run, Walk, & Roll. Join some of your fellow MPS members on Saturday, July 19, in Wheaton, Maryland to take part in this fun family event! [Please click here](#) to donate to the MPS team or to join our team and take part in the event either onsite or remotely. Everyone is welcome! Donations support the [APA & APAF MOORE Equity in Mental Health Community Grants Program](#), which provides funding to nonprofit organizations addressing mental health inequities for youth of color. If you're interested in joining the MPS team to participate in this fun event, please email [mps@mdpsych.org](mailto:mps@mdpsych.org).

The MPS Council  
will meet by  
videoconference on  
June 10 at 7:30 PM.  
All members welcome!

## Special Member Rate for MPS Directory Ad

MPS members can advertise their practice, new office location, specialty, new book, etc. for a special members-only rate of \$100 for 1/3 page in the directory. The 2025-2026 directory will be out in fall 2025, so order soon!

For details, email Jora at [jhritz@mdpsych.org](mailto:jhritz@mdpsych.org).

## Member Update Forms

Your member update form will be sent this month via USPS, along with your Annual Survey. The MPS membership directory will be published in late Summer. Please ensure that your information on file with MPS is up to date. If you opt in, this data is also used for the online Find a Psychiatrist and the telephone patient referral service. Please indicate all insurance plans where you participate in-network. You can also log in to your member account on the MPS website to directly enter updates. **The deadline for directory changes is August 10th.**

## 2025 MPS Member Survey

The annual MPS member check in on a variety of topics will be sent via email and USPS. Please respond to help guide how MPS committees, Council and staff will work for you in the coming year.

**INCENTIVE:** Three respondents who complete the entire survey and provide their names will be chosen at random for a **\$100 credit** that can be applied toward MPS dues or an MPS event.

[CLICK HERE](#) to start – this should take less than 5 minutes!



## Attention Graduating Residents

Congratulations! As you prepare to move on from your residency training program, please complete the [APA membership advancement form](#). This lets us know if you are continuing in a fellowship or advancing to practice. As a General Member, you can access additional benefits, including [resources](#) for early career psychiatrists. Your MPS dues will remain the same! The [form](#) takes less than 5 minutes to complete.

## Support for Medical Students

The MPS offers a free category of membership for medical students to help them learn more about psychiatry and connect to potential mentors. This includes access to MPS communications, interest groups, committees, and listserv. MPS membership is an invaluable opportunity for students looking to enter psychiatry. Email [mfloyd@mdpsych.org](mailto:mfloyd@mdpsych.org) to volunteer to serve as a resource to medical students.

## Are you a General Member? Become an APA Fellow!

Are you ready to take the next step in your career? Fellows of the APA (FAPA) are part of a select group dedicated to shaping the role of psychiatry in our healthcare system. Fellow status is an honor that enhances professional credentials and reflects dedication to the psychiatric profession. Dues rates stay the same. **The deadline is September 1.** Visit the [APA website](#) for more details and instructions for how to apply.

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 advocating for equity in psychiatry.

Each year, recipients will receive \$500 to aid in work that supports underrepresented individuals seeking psychiatric care.

Contribute to the Dr. Ikwunga Wonodi Award



Donate Here:



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

## 2025-2026 MPS Committee Chairs

**Academic Psychiatry**

Matthew E. Peters, M.D., Co-Chair (410) 955-6114  
 Traci J. Speed, M.D., Ph.D. Co-Chair (410) 550-7985

Enhances collaboration between the MPS and the academic community, focuses on its needs and highlights its accomplishments via annual paper and poster contests.

**APA Assembly Delegation**

Adefolake Akinsanya, M.D., Co-Chair (404) 819-8132  
 Elias K. Shaya, M.D., Co-Chair (443) 444-4540  
 Brian Zimnitzky, M.D., Co-Chair (443) 603-1344

This group of MPS members serving in the APA Assembly is co-chaired by MPS's Assembly Reps. It coordinates MPS representation in the APA and is a forum for MPS members with concerns they would like APA to address.

**Community Psychiatry & Diversity Coalition**

Theodora G. Balis, M.D., Co-Chair (410) 469-5238  
 Ann L. Hackman, M.D., Co-Chair (410) 328-2564

Advocates for integrating the elements of diversity into the MPS by acting as a liaison to other community organizations with related interests, both clinically and academically. In addition, it represents the MPS on issues related to community psychiatry, including the proper use and role of psychiatrists in public settings and the quality of psychiatric care for patients. There is a recovery focus on under-served individuals with serious mental illness.

**Distinguished Fellowship**

Karen L. Swartz, M.D., Chair (410) 955-5212

Selects the MPS nominees for APA Distinguished Fellow in accordance with APA guidelines. Committee members must be Distinguished Fellows or Distinguished Life Fellows.

**Editorial Advisory Board**

Bruce A. Hershfield, M.D., Editor (410) 771-4575

Responsible to the Council for supervising and advising the Editor of [\*The Maryland Psychiatrist\*](#) regarding policies, article selections, and general management of the publication.

**Ethics**

Tyler Hightower, M.D., MPH, Co-Chair (410) 596-4413  
 Ronald F. Means, M.D., Co-Chair (410) 724-3000

Reviews ethical dilemmas in psychiatric practice and provides leadership and guidance to members. Also responsible for investigating ethical complaints against members. It is constitutionally limited to ten members, two of whom must be past presidents.

**Legislative**

Cynthia Major Lewis, M.D., Co-Chair (410) 995-3861  
 Michael A. Young, M.D., Co-Chair (410) 938-3891

Pursues the interests of the membership in all mental health matters, initiating and responding to proposed state legislation as well as proposed regulations affecting psychiatry. Liaison with our lobbyist, other MPS committees, MedChi, and other patient and professional advocacy groups is integral to this work, much of which occurs during the legislative session from early January to early April each year. Members critique bills and can testify in Annapolis on bills the committee feels are most important.

**Membership & Recruitment**

Adefolake Akinsanya, M.D., Co-Chair (410) 938-3000  
 Tyler Hightower, M.D., MPH, Co-Chair (410) 596-4413

Recruits and evaluates applicants for membership, in accordance with MPS and APA policy. Also considers special member requests, works on recruitment, including outreach to area residency training programs, and carries out retention efforts.

**Subspecialty**

Vittoria DeLucia, M.D. (301) 785-9473

The MPS Subspecialties Committee acts as a liaison with psychiatric subspecialty organizations, including Maryland and regional affiliates of the [American Academy of Addiction Psychiatry](#), the [American Academy of Child and Adolescent Psychiatry](#), the [Academy of Consultation-Liaison Psychiatry](#), the [American Academy of Psychiatry and the Law](#), and the [American Association for Geriatric Psychiatry](#).

**Program & Continuing Medical Education**

Joshua J. Chiappelli, M.D., Co-Chair (410) 328-6735  
 Paul Nestadt, M.D., Co-Chair (410) 955-6114

Plans MPS scientific programs and ensures that they qualify for CME credit.

**Join the MPS Listserv**

MPS members are encouraged to join the listserv to easily share information with colleagues. An email message sent to the listserv goes to all members who have joined. Posts can be questions, information, thought-provoking articles and more. To join the listserv, please go to: <http://groups.google.com/group/mpslist> or email [mps@mdpsych.org](mailto:mps@mdpsych.org). The listserv is open to members only so you will have to wait for membership approval and will be notified by email. If you have any trouble, please call or text the MPS office at 410-625-0232.



Join us for the 2025  
Maryland Psychiatric Society's

**DAY AT THE BALLPARK!**

**SUNDAY SEPTEMBER 7**  
**@1:35 PM**

Orioles Park at Camden Yards

CLICK HERE  
FOR \$15  
RFM AND ECP  
TICKETS!

ALL OTHER  
MEMBERS CLICK  
HERE FOR  
DISCOUNTED  
TICKETS AT JUST  
\$45!

All tickets include a \$15 food and drink voucher



Limited tickets available!

email [JHritz@mdpsych.org](mailto:JHritz@mdpsych.org) with any  
questions



# Maryland News

## New Bills Signed Into Law

Please see bills of interest to MPS members that were signed into law on May 12th by Governor Wes Moore that passed during the 2025 legislative session of the Maryland General Assembly.

### **HB 1209: Child Abuse and Neglect - Reports and Records – Disclosure -**

Requiring a local director of a local department of social services or the Secretary of Human Services to disclose certain reports and records of child abuse and neglect within 30 days after receiving a request if certain conditions are met; requiring the Secretary to notify the State's Attorney's office of a request to disclose certain reports and records of child abuse and neglect; requiring the State's Attorney's office to be given 30 days during which the office is authorized to redact certain portions of the reports and records; etc. Effective date October 1, 2025.

### **SB 372/HB 869: Preserve Telehealth Access Act of 2025 -**

Repealing the limitation on the period during which the Maryland Medical Assistance Program and certain insurers, nonprofit health service plans, and health maintenance organizations are required to provide reimbursement for certain health care services provided through telehealth on a certain basis and at a certain rate; altering the circumstances under which health care practitioners are authorized to prescribe certain controlled dangerous substances for the treatment of pain through telehealth; etc. Effective date June 1, 2025.

### **SB 969/HB 962: Public Health - Pediatric Hospital Overstay Patients and Workgroup on Children in Unlicensed Settings and Pediatric Overstays**

- Specifying that the scope of the Maryland Mental Health and Substance Use Disorder Registry and Referral System includes private and State inpatient and outpatient mental health and substance use services; requiring the Maryland Department of Health and the Department of Human Services, under certain circumstances, to ensure pediatric hospital overstay patients are placed in the least restrictive setting when clinically indicated and when possible; etc. Effective date July 1, 2025.

### **SB 458/HB 783: Health Occupations - Implicit Bias and Structural Racism Training**

- Requiring applicants for renewal of certain licenses and certain certificates issued by certain health occupation boards to attest that the applicant completed an implicit bias and structural racism training program, rather than an implicit bias training program, approved by the Cultural and Linguistic Health Care Professional Competency Program; authorizing certain health occupations boards to adopt regulations allowing applicants renewing licenses to receive continuing education credits for completing certain training; etc.

Effective date October 1, 2025.

**HB 1292: Health Insurance - Provider Directory - Required Updates** - Renaming "network directory" to be "provider directory" to conform to a certain federal law; altering the time period from 15 to 2 working days within which certain carriers are required to update the information that must be made available in the carrier's provider directory on the Internet; altering the information required to be included in a provider directory; requiring that a provider directory in printed form include a statement regarding the accuracy of the provider information; etc. Effective date October 1, 2025.

### **SB 900/HB 1146: Maryland Behavioral Health Crisis Response System - Integration of 9-8-8 Suicide and Crisis Lifeline Network and Outcome Evaluations**

- Requiring the Maryland Behavioral Health Crisis Response System to have a State 9-8-8 Suicide and Crisis Lifeline, rather than a crisis communication center, in each jurisdiction; requiring each State 9-8-8 Suicide and Crisis Lifeline in the System to coordinate with the national 9-8-8 Suicide and Crisis Lifeline Network to provide supportive counseling, suicide prevention, crisis intervention, referrals to additional resources, and direct dispatch to other services as needed; etc. Effective date July 1, 2025.

## Governor Signs Legislation

Last month Maryland Governor Wes Moore signed into law a landmark bill to bring down the cost of prescription drugs across the state. The legislation ([HB 424/SB 357](#)) will expand the authority of the Maryland Prescription Drug Affordability Board, empowering it to bring down costs of some high-cost medications for all Marylanders. Currently, the Board has the authority to cap costs of drugs purchased by state and local governments. Maryland has been a leader in this effort by establishing the first such board in the nation, and several states have followed suit.

The governor also signed a second major bill that will make health insurance more affordable for young adults. The legislation ([HB 297/SB 5](#)) extends a successful program to provide health insurance subsidies for young adults. This year the Young Adult Health Insurance Subsidy Pilot Program has helped more than 64,000 young Marylanders enroll in insurance coverage. Thanks to this program, which is administered by the Maryland Health Benefit Exchange, many young adults (ages 18 to 37) have been able to access health coverage through Maryland Health Connection for the first time, improving health equity. This legislation extends this program permanently with full funding through at least 2028.

# Maryland News

## Proposed Action on Regulations

### Community-based behavioral health programs and services (COMAR 10.63)

The purpose of this action is to repeal existing regulations within [COMAR 10.63 \(Community Behavioral Health Programs and Services\)](#) to align with current statutory requirements and include additional regulatory requirements to support improved quality of services compliance and provide a more equitable and sustainable operating environment for community-based behavioral health programs in the State.

Comments may be sent to:  
Jordan Fisher Blotter, Director, Office of Regulation and Policy Coordination, MDH  
201 West Preston Street, Room 534  
Baltimore, Maryland 21201

You can also call 410-767-0938 or email [mdh.regs@maryland.gov](mailto:mdh.regs@maryland.gov). Comments will be accepted through **June 16, 2025**. A public hearing has not been scheduled.

### Maryland Insurance Administration (COMAR 31.10.51)

The purpose of this action is to amend [COMAR 31.10.51 Mental Health Benefits and Substance Use Disorder Benefits—Reports on Nonquantitative Treatment Limitations and Data](#) to conform to recent changes to corresponding federal regulations under 45 C.F.R. §146.136, and to implement amendments made to Insurance Article, §15-144, Annotated Code of Maryland during the 2024 General Assembly legislative session. Chapter 234 (H.B. 1074) modified the nonquantitative treatment limitation reporting requirements, necessitating certain revisions to the uniform definitions and methodologies for the reporting requirements currently described in COMAR 31.10.51.

Comments may be sent to:  
Jessica Blackmon, Administrative Law Clerk  
Maryland Insurance Administration  
200 Saint Paul Place, Suite 2700  
Baltimore, MD 21202

You can also call 4104682019, or email [insuranceregview.mia@maryland.gov](mailto:insuranceregview.mia@maryland.gov). Comments will be accepted through **June 2, 2025**. A public hearing has not been scheduled.

## MedChi Working with Members to File Claim in BCBS Class Action Suit

Blue Cross Blue Shield (BCBS) recently agreed to a \$2.8 billion settlement to resolve allegations of anticompetitive practices that negatively impacted healthcare providers. The lawsuit claimed that BCBS suppressed competition by allocating exclusive service areas, leading to reduced reimbursements and increased costs for providers. The settlement fund is designated to compensate healthcare providers for these alleged practices.

You may be eligible to participate if you or your organization provided healthcare services and submitted claims to BCBS during the claim period and/or experienced reimbursement payments that may have been impacted by BCBS's practices. [CLICK HERE](#) for more information

For more information on resources available to you and/or your organization, contact: [claims@medchi.org](mailto:claims@medchi.org)

## Maryland Overdose Deaths Fell in 2024

Maryland recorded 74 fewer overdose deaths in 2024 than in 2023, a 29.2% drop that mirrored a sharp decline nationally, according to preliminary data released Wednesday by the Centers for Disease Control and Prevention.

The decline – from 2,493 in 2023 to 1,747 in 2024 in Maryland – continues a promising trend that indicates that overdose prevention efforts have been effective, federal health officials said. The trend began in 2023, when deaths nationally fell 10% from the year before, and in Maryland they fell 6.16%.

Maryland slightly outpaced the national decline last year, when overdose deaths fell an estimated 25.6% from 2023, according to the CDC's [annual Provisional Drug Overdose Death Counts](#) released last month.

While the data suggests a significant improvement, federal health officials say there is more work to be done to prevent overdose deaths nationwide – including in Maryland. “Despite these overall improvements, overdose remains the leading cause of death for Americans aged 18-44, underscoring the need for ongoing efforts to maintain this progress,” the CDC said in a written statement.

Last year, there were more than 79,500 people who died from overdoses across the United States, according to the new estimates, down from the 106,881 people who died from overdose in 2023.



## Maryland News

### Carelon New Authorization Grace Period

After thorough evaluation, the Maryland Department of Health and Carelon approved a final grace period extension through August 31, 2025, with a detailed plan to transition providers to the updated process. There will be no additional extensions. Providers remain responsible for ensuring all authorizations are in place prior to September 1, 2025, but this grace period allows additional time to navigate this new system. To avoid a backlog of authorization entries, providers should continue entering authorizations now.

#### Grace Period Phased Approach:

##### Phase 1: NOW - July 31, 2025

- Carelon will offer targeted outreach and educational efforts to help providers adapt to the system.

##### Phase 2: August 1 - August 31, 2025

- This phase marks a soft launch of the updated authorization process. Carelon will engage in supportive outreach to providers who have not entered authorizations to date, allowing a 30-day period to catch up and prepare for the final implementation date of September 1, 2025. During this time, claims related to missing authorizations may be denied for no authorization and require resubmission.

##### Phase 3: September 1, 2025, onwards

- The final phase involves a return to standard operations and full compliance with authorization requirements will be necessary.

This phased plan is designed to support providers during this transition to regulatory compliance.

### Maryland's Gains in Maternal Mental Health Stall

Maryland is slightly ahead of most states when it comes to supporting maternal mental health, but other states have been gaining ground in the last year while Maryland has been static, according to an analysis that assesses states on a A-F grading scale.

The 2025 Maternal Mental Health [State Report Card](#), released in May, gave [Maryland a 'C'](#) this year, pushing the state just ahead of the national average score of a C-. But health advocates note that 26 other states boosted their "grades" over last year's report card, and say Maryland needs to increase mental health screening efforts to help improve its score for next year's report card.

The Policy Center for Maternal Mental Health released its third annual report last month to update grades on states' accessibility to maternal mental health services. This year, five states received B grades, 27 states received C grades, 17 states received D grades and 2 states received F's. That's an improvement from last year, when 24 states received D grades and 5 states receiving failing grades. [Read more here.](#)

### MPHP CME Lecture Series

Join the Maryland Physician Health Program for a Virtual CME lecture, "Recovery from Chronic Pain: Addressing the 90% of What We Don't See" Presented by Dr. Greg Hobelmann, Co-CEO of Ashley Addiction Treatment. Attendees can earn 1 CME credit, free of charge, this event will be held on Zoom, Thursday, June 12th from 6-7:30PM. [Register now!](#)

### Reminders from the Maryland Insurance Administration

#### Appeals and Grievance

If someone is denied insurance coverage for medically necessary care or emergency services, you can contact the Maryland Insurance Administration 24/7, 365 days a year for immediate help for physical care as well as mental health and substance use disorder care. Call 1-800-492-6116. For more information about 24/7 services and how to get help for all health claim denials [click here](#).

#### Insurance Complaints

If you would like to file an insurance complaint, please visit the Maryland Insurance Administration's [online portal](#). The Maryland Insurance Administration can also be reached at 1-800-492-6116.

### Refer a Colleague and Support the MFP

The Professional Risk Management Services, Inc. (PRMS) "[Refer a Colleague](#)" program resulted in a recent \$110 donation to the Maryland Foundation for Psychiatry! For each referral to its medical professional liability insurance program, PRMS donates to the referring physician's district branch or foundation (regardless of whether insurance is purchased). This is an easy way to help boost financial support for research, education, and public awareness activities in Maryland.

# Medicare Updates

## 2025 QPP Exception Applications Are Now Available

The 2025 Quality Payment Program (QPP) Exception applications are available now through December 31, 2025. There are 2 types of exception applications that allow users to indicate the reason they're unable to report data for one or more Merit-based Incentive Payment System (MIPS) performance categories.

### **MIPS Promoting Interoperability Performance Category Hardship Exception Application**

- Individual clinicians, groups, and virtual groups (or a third-party representative) can submit a MIPS Promoting Interoperability Performance Category Hardship Exception application for the following reasons:
- You have decertified Electronic Health Record (EHR) technology (must be decertified under the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP/ONC) Health IT Certification Program).
- You have insufficient internet connectivity.
- You face extreme and uncontrollable circumstances such as a disaster, practice closure, severe financial distress, or vendor issues.
- You lack control over the availability of certified EHR technology (CEHRT).
- This application is specific to the MIPS Promoting Interoperability performance category. If your application is approved, you won't be required to report data for this performance category.

### **MIPS Extreme and Uncontrollable Circumstances Exception Application**

Individual clinicians, groups, and virtual groups (or a third-party representative) can submit a MIPS Extreme and Uncontrollable Circumstances (EUC) Exception application for one or more MIPS performance categories (quality, cost, improvement activities, and Promoting Interoperability) due to extreme and uncontrollable circumstances, defined as rare events entirely outside of your control and the control of the facility in which you practice. These circumstances would:

- Cause you to be unable to collect information necessary to submit for a MIPS performance category.
- Cause you to be unable to submit information that would be used to score a MIPS performance category for an extended period of time (for example, if you were unable to collect data for the quality performance category for 3 months).
- Impact your normal processes, affecting your performance on cost measures and other administrative claims measures.
- Alternate Payment Model (APM) Entities can submit applications as well, but they must apply for all performance categories.

If your application is approved, you won't be required to report data for the performance category or categories

included in your approved application. However, please note that a qualifying data submission will override approved reweighting on a category-by-category basis. We'll score any qualifying data you, or someone on your behalf, submits and those performance categories will contribute to your final score.

### **How to Apply**

To submit either Exception application:

- Sign in to the [QPP website](#) with your Health Care Quality Information System (HCQIS) Access Roles and Profile (HARP) account.
- Choose "Exceptions Application" from the left-hand navigation.
- Click "Add New QPP Exception" on the right side of the screen.
- Choose your exception type.

## Preview Period is Open

The Doctors and Clinicians Preview Period is open. You can now preview your 2023 Quality Payment Program (QPP) performance information before it appears on the profile pages of clinicians and groups on the Medicare.gov [compare tool](#) and in the [Provider Data Catalog \(PDC\)](#). You can access the secure preview on the [QPP website](#).

To learn how to preview your information, review the following resource:

- [2023 Doctors and Clinicians Performance Information: Guide to the Preview Period \(PDF, 445KB\)](#)

For more help accessing the QPP website or getting your Health Care Quality Improvement Systems (HCQIS) Access Roles and Profile (HARP) user role, email the QPP Service Center at [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov). To learn how to [sign up for a HARP account](#), review the [QPP Access User Guide \(ZIP, 4MB\)](#).

To learn more about the 2023 QPP performance information available for preview, download the following resources on the [Care Compare: Doctors and Clinicians Initiative webpage](#) and in the [2023 Doctors and Clinicians Preview Period file \(ZIP, 1MB\)](#) on the [QPP Resource Library](#):

- [Doctors and Clinician Performance Information on the Medicare.gov Compare Tool: 2023 Doctors and Clinicians Public Reporting \(PDF, 445KB\)](#)
- [2023 Medicare.gov Compare Tool Clinician Star Rating Cut-offs for Clinicians and Groups \(XLSX, 69KB\)](#)

Medicare Shared Savings Program ACOs can also review quality performance information in their previously provided 2023 Quality Performance Reports. The list of ACO performance information planned for public reporting is available on the [Care Compare: Doctors and Clinicians Initiative webpage](#) and in the [QPP Resource Library](#). The 2023 Preview Period will close Wednesday, June 25, 2025, at 8PM.



# Medicare Updates

## 2023 MIPS Participation and Payment Insights

CMS recently released the 2023 [Quality Payment Program \(QPP\) Participation and Performance Results At-a-Glance](#) (PDF), which includes high-level metrics on participation, scoring and Medicare payment adjustments resulting from the Merit-based Incentive Payment System (MIPS) and advanced alternative payment models (APMs) for 2023 which affect payments in 2025. Due to AMA advocacy to continue expanded access to hardship exceptions in MIPS in 2023 due to the COVID-19 public health emergency and lobbying to maintain the performance threshold needed to avoid a penalty, 86% of MIPS-eligible clinicians avoided a penalty in 2025 based on performance in 2023. However, MIPS continues to disproportionately harm small and rural practices due to its administrative complexity and burden. Compared to 14% of MIPS-eligible clinicians overall who are receiving a penalty of up to -9% of their Medicare paid amount for covered services as a result of MIPS, 29% of small practices, 49% of solo practitioners, and 18% of rural practices are receiving a MIPS penalty. Of those practices receiving a penalty, 13% of small practices and 29% of solo practitioners are receiving the maximum MIPS penalty of -9%. The AMA is [strongly urging](#) (PDF) the Trump administration to make regulatory changes that will help relieve the administrative burden of MIPS and even the playing field for small and rural practices and their patients.

Additional notable takeaways from the report include:

- The number of Qualifying APM Participants (QPs) who are exempt from MIPS increased from 384,105 in 2022 to 463,669 in 2023. QPs will receive a 3.5% lump-sum APM incentive payment in 2025 due to AMA's continued advocacy to support physician participation in value-based payment models.
- The maximum bonus for MIPS-eligible clinicians who received a perfect score is 2.15%, which is lower than the year prior due to expiration of the \$500 million exceptional performance bonus pool.
- There were 541,421 MIPS-eligible clinicians in 2023. Only 20,484 reported via the MIPS Value Pathway (MVP) and 6,790 received their final score from an MVP. Physicians and other clinicians who were scored based on an MVP did slightly better than participants in Traditional MIPS. CMS states that most MVP reporters also reported in traditional MIPS, so they only received the MVP score when it was higher than the traditional MIPS score.
- APM Entities in MIPS continue to receive higher scores than other participants in large part because they are exempt from the Cost Performance Category.

CMS indicated that it would release the 2023 QPP Experience Report which includes more detailed information about participation, scoring, and payment adjustments in MIPS and APMs in July.

## CMS Suspends Improvement Activities

CMS is suspending eight improvement activities for the 2025 MIPS performance year. CMS intends to propose removing these improvement activities in future rulemaking. Physicians should select other improvement activities to complete. However, if any of the suspended improvement activities have already been completed or were in the process of being completed, clinicians will still be able to attest to completing them and receive credit. Please review the 2025 Improvement Activities Inventory for available improvement activities. Visit the [QPP website](#) for more information.

*MIPS improvement activities suspended for PY 2025*

- **IA\_AHE\_5:** MIPS Eligible Clinician Leadership in Clinical Trials or CBPR
- **IA\_AHE\_8:** Create and Implement an Anti-Racism Plan
- **IA\_AHE\_9:** Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols
- **IA\_AHE\_11:** Create and Implement a Plan to Improve Care for Lesbian, Gay, Bisexual, Transgender, and Queer Patients
- **IA\_AHE\_12:** Practice Improvements that Engage Community Resources to Address Drivers of Health
- **IA\_PM\_6:** Use of Toolsets or Other Resources to Close Health and Health Care Inequities Across Communities (Use of toolset or other resources to close health care disparities across communities)
- **IA\_ERP\_3:** COVID-19 Clinical Data Reporting with or without Clinical Trial

## Psychiatric Care: Prevent Claim Denials

In 2023, the improper payment rate for outpatient psychiatry services was 13.5%, with a projected improper payment amount of \$186.1 million (see [2023 Medicare Fee-for-Service Supplemental Improper Payment Data \(PDF\)](#)).

Learn how to bill correctly for these services. Review the [Outpatient Psychiatric Care](#) provider compliance tip for more information, including:

- Billing codes
- Denial reasons and how to prevent them
- Covered and non-covered services
- Service frequency and duration
- Resources

## Member Publications

**Robin Weiss, M.D.** published an op-ed in *The Baltimore Sun* titled "[Mental health service cuts endanger lives of Marylanders](#)." The article highlights funding cuts planned for SAMHSA by the Trump administration, emphasizing the critical role of SAMHSA in mental health and substance use disorder services and the potential negative impact these cuts could have on public health and safety.

**Max Spaderna, M.D.** is the first author of "[Elevated rate of suicide risk in individuals with opioid use disorder](#)" published in *The American Journal on Addictions*. The study administered three screening tools to individuals with OUD to compare rates of and variables associated with suicide risks over 12 months.

## Member Shoutouts

**Todd Peters, M.D.** was recognized on *The Daily Record's 2025 Health Care Power List*. The list highlights leaders of health care institutions who are working every day to improve the care of patients. Congratulations Dr. Peter's on this recognition!

**James Aluri, M.D.** was awarded a 2-year \$140,000 grant from the American Foundation for Suicide Prevention which will focus on preventing suicide on college campuses. He will analyze information from the Healthy Minds Survey and data about suicide deaths and mental health intervention efforts to formulate ideas about how to make improvements.

**Victoria Lenihan, M.D.** was inducted into the Distinguished Teaching Society of Johns Hopkins. This resulted from a rigorous judging process that determined she met the highest standards in clinical teaching excellence. Congrats!

## 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.*

## NEW MEMBERS

Ozan Toy, M.D.  
Diane Ukwuoma, M.D.  
Christopher Lee, D.O.

## TRANSFERS

Syed Akhtar Naqvi, M.D.

## CLASSIFIEDS

## OFFICE SPACE AVAILABLE

Ellicott City for Mental Health Practitioners seeking a professional and inviting space. Amenities: Wi-Fi, copier, fax, waiting rooms, staff kitchen, adequate parking, and handicapped access. Available Full/Part time with a comfortable and friendly atmosphere with Active in-office Listserv for referrals and consultations (40-50 current members). Easily accessible via routes 40, 29, 32, 70, and 695. Contact: Dr. Mike Boyle at 410-206-6070, [psycmike@gmail.com](mailto:psycmike@gmail.com) for more details.

Ellicott City/Waverly Woods/Columbia: near Rt. 70, Rt. 32 and Rt. 29. Office and Group Room are in a beautiful suite ready for immediate occupancy. Daily and hourly rentals are available. Includes large fully furnished office with 2 windows, large beautifully decorated waiting room, receptionist/file room, 2 bathrooms, Kitchen and a warm community of other therapists who cross-refer. WiFi and fax available. Free ample parking. Contact Jenniferplassnig@gmail.com or 410-203-2411.

## Advertise Position Openings and Office Space with MPS!

The MPS offers timely ads in [MPS News](#) (includes online post), [The Maryland Psychiatrist](#) and the MPS [home page](#). [Click here](#) for ad rates. Please help MPS generate non-dues income by using MPS ads to connect with psychiatrists.

## Expand Your MPS Engagement

**MPS Interest Groups:** Interest Groups are a way to connect with other psychiatrists around areas of mutual interest. Most communication occurs over email, but other options are possible. MPS members can opt in indefinitely to receive information and the opportunity to share news, ideas and concerns with participating members. Email [jhrizt@mdpsych.org](mailto:jhrizt@mdpsych.org) to join

## Engage with Digital Options

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

## 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 or text 410-625-0232.

# 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:

## Service Chief

Child and Adolescent Inpatient Psychiatrist | Towson, MD

## Psychiatrist

Adult Service Line | Towson, MD

## Medical Director of Psychiatry

CalvertHealth - A Sheppard Pratt Partner | 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

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For more information, scan the QR code or contact Kathleen Hilzendeger, Director of Professional Services, [khilzendeger@sheppardpratt.org](mailto:khilzendeger@sheppardpratt.org) or 443-465-6142.

### 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.